

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 206

SUMMARY PAGE

| | | | | | |
|--|---------------|----------------------------------|-----------------|---|--|
| 1. NAME OF COMMITTEE | | | | 2. TYPE OF COMMITTEE | |
| Jodi Rell, Governor | | | | <input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee | |
| 3. TREASURER NAME | | | | | |
| Title | First | MI | Last | Suffix | |
| | Thomas | J | Filomeno | | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address | | City | State | Zip Code | |
| 31 Bonny View Rd | | West Hartford | CT | 06107 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (if applicable) | | 7. DISTRICT CODE (if applicable) | |
| 11/02/2010 | | | | | |
| 8. CANDIDATE NAME | | | | | |
| Title | First | MI | Last | Suffix | |
| | M. | Jodi | Rell | | |
| 9. TYPE OF REPORT | | | | | |
| April 10 Filing - Original | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 01/01/2009 | | thru | | 03/31/2009 | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing | | Thomas Filomeno | | 04/13/2009 | |
| SIGNATURE | | PRINT NAME OF THE SIGNER | | DATE CERTIFIED | |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

| NAME OF COMMITTEE | FILING DUE DATE | |
|--|-------------------------|-----------------------|
| Jodi Rell, Governor | 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 | \$18,321.36 | |
| 14. Contributions received from Individuals (Section A and B) | \$49,388.00 | \$70,453.00 |
| 15. Receipts from Other Committees (Sections C1 + C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D-1) | \$0.00 | \$0.00 |
| 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) | \$49,388.00 | \$70,453.00 |
| 19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B) | \$67,709.36 | \$70,453.00 |
| 20. Expenses Paid by Committee (Section N) | \$9,338.78 | \$12,082.42 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19) | \$58,370.58 | \$58,370.58 |
| 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) | \$0.00 | \$0.00 |
| 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) | \$21.96 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--|---|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | Subtotal Section A \$0.00 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Rafal | First Name Dyanne | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0227 | Amount of Contribution |
| Residential Street Address 4 Johnnycake Hill Rd | City Old Lyme | State CT | Zip Code 06371 | Date Received 01/05/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Bondeson | First Name Janet | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0230 | Amount of Contribution |
| Residential Street Address 48 Lambert Cmn | City Wilton | State CT | Zip Code 06897 | Date Received 01/05/2009 | |
| Principal Occupation Treasurer | Name of Employer Town of Wilton | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Fitzgerald | First Name John | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0234 | Amount of Contribution |
| Residential Street Address 99 Gregory Rd | City Bristol | State CT | Zip Code 06010-3239 | Date Received 01/05/2009 | |
| Principal Occupation Attorney | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Serenbetz, Jr. | First Name Warren | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0232 | Amount of Contribution |
| Residential Street Address 165 Signal Hill Rd | City Wilton | State CT | Zip Code 06897 | Date Received 01/05/2009 | |
| Principal Occupation Investment Management | Name of Employer Radcliff Group, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Rudolph | First Name Michael | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0228 | Amount of Contribution |
| Residential Street Address 101 Indian Hill Rd | City Wilton | State CT | Zip Code 06897 | Date Received 01/05/2009 | |
| Principal Occupation Attorney | Name of Employer Self Employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Longo | First Name Patricia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0233 | Amount of Contribution |
| Residential Street Address 444 Thayer Pond Rd | City Wilton | State CT | Zip Code 06897 | Date Received 01/05/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Marvin | First Name Deborah | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0226 | Amount of Contribution |
| Residential Street Address 3159 South St | City Coventry | State CT | Zip Code 06238 | Date Received 01/05/2009 | |
| Principal Occupation RN | Name of Employer Middlesex Hospital | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Pratt | First Name Dona | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0229 | Amount of Contribution |
| Residential Street Address 253 Katydid Ln | City Wilton | State CT | Zip Code 06897 | Date Received 01/05/2009 | |
| Principal Occupation V.P. Marketing | Name of Employer HEH Associates | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$15.00 | \$15.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Tymniak | First Name Christopher | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0231 | Amount of Contribution |
| Residential Street Address 235 Ridge Rd | City Stratford | State CT | Zip Code 06614 | Date Received 01/05/2009 | |
| Principal Occupation Director | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| <hr/> | | | | | |
| Last Name Fulco, III | First Name Dominic | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0240 | Amount of Contribution |
| Residential Street Address 35 Bancroft Rd | City East Hartford | State CT | Zip Code 06118 | Date Received 01/13/2009 | |
| Principal Occupation Attorney | Name of Employer Reid & Riege, P.C. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| <hr/> | | | | | |
| Last Name Fulco | First Name Ann | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0239 | Amount of Contribution |
| Residential Street Address 35 Bancroft Rd | City East Hartford | State CT | Zip Code 06118 | Date Received 01/13/2009 | |
| Principal Occupation Trust Officer | Name of Employer U.S. Trust/Bank of America | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| <hr/> | | | | | |
| Last Name Boucher | First Name Henry | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0241 | Amount of Contribution |
| Residential Street Address 5 Wicks End Ln | City Wilton | State CT | Zip Code 06897 | Date Received 01/13/2009 | |
| Principal Occupation Manager | Name of Employer FWT Tesuro Corp. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Boucher | First Name Antonietta | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0243 | Amount of Contribution |
| Residential Street Address 5 Wicks End Ln | City Wilton | State CT | Zip Code 06897 | Date Received 01/13/2009 | |
| Principal Occupation State Senator | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Butler | First Name Walter | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0245 | Amount of Contribution |
| Residential Street Address 30 Woodland St | City Hartford | State CT | Zip Code 06105 | Date Received 01/13/2009 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Sullivan | First Name Thomas | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0235 | Amount of Contribution |
| Residential Street Address 73 Masters Dr | City Southington | State CT | Zip Code 06489 | Date Received 01/13/2009 | |
| Principal Occupation Insurance Commissioner | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sullivan | First Name Georgia | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0236 | Amount of Contribution |
| Residential Street Address 73 Masters Dr | City Southington | State CT | Zip Code 06489 | Date Received 01/13/2009 | |
| Principal Occupation Attorney | Name of Employer Polinsky, Siegel & Polinsky | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Preble | First Name Annella | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0237 | Amount of Contribution |
| Residential Street Address 88 Belknap Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 01/13/2009 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Bare | First Name Maureen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0238 | Amount of Contribution |
| Residential Street Address 254 Olmstead Hill Rd | City Wilton | State CT | Zip Code 06897 | Date Received 01/13/2009 | |
| Principal Occupation Admin | Name of Employer Siegel & Therrien, CPA's | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Lavielle | First Name Gail | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0242 | Amount of Contribution |
| Residential Street Address 109 Hickory Hill Rd | City Wilton | State CT | Zip Code 06897 | Date Received 01/13/2009 | |
| Principal Occupation Instructor/P.h.D. candidate | Name of Employer University of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name McCarthy, Jr. | First Name Donald | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0244 | Amount of Contribution |
| Residential Street Address 30 Crossroads Ln | City Glastonbury | State CT | Zip Code 06033 | Date Received 01/13/2009 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name O'Connor | First Name Mary | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0246 | Amount of Contribution |
| Residential Street Address 342 Highland St | City Wethersfield | State CT | Zip Code 06109 | Date Received 01/21/2009 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Plunkett | First Name Timothy | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0247 | Amount of Contribution |
| Residential Street Address 220 Madison Ave Apt 12Q | City New York | State NY | Zip Code 10116-3422 | Date Received 01/21/2009 | |
| Principal Occupation | Name of Employer McKenna, Long & Aldodge | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Haberstroh | First Name Charles | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0248 | Amount of Contribution |
| Residential Street Address 3 Hermit Ct | City Westport | State CT | Zip Code 06880 | Date Received 01/21/2009 | |
| Principal Occupation Investment Advisor | Name of Employer Casheep Investment Advisors | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Fasano, M.D. | First Name Leonard | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0249 | Amount of Contribution |
| Residential Street Address 980 Whalley Ave | City New Haven | State CT | Zip Code 06515-1733 | Date Received 01/21/2009 | |
| Principal Occupation Doctor | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Plunkett | First Name Caryl | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0252 | Amount of Contribution |
| Residential Street Address 45 Benedict Ave | City Tarrytown | State NY | Zip Code 10591 | Date Received 01/21/2009 | |
| Principal Occupation | Name of Employer McKenna, Long & Aldodge | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| <hr/> | | | | | |
| Last Name Plunkett, Jr. | First Name William | MI F | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0253 | Amount of Contribution |
| Residential Street Address 45 Benedict Ave | City Tarrytown | State NY | Zip Code 10591 | Date Received 01/21/2009 | |
| Principal Occupation Attorney | Name of Employer McKenna, Long & Aldodge | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| <hr/> | | | | | |
| Last Name DeMaio | First Name Louis | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0256 | Amount of Contribution |
| Residential Street Address 130 Talcott Rd | City Guilford | State CT | Zip Code 06437 | Date Received 01/21/2009 | |
| Principal Occupation Accountant | Name of Employer Borrano & Company | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| <hr/> | | | | | |
| Last Name DeMaio | First Name Deborah | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0254 | Amount of Contribution |
| Residential Street Address 130 Talcott Rd | City Guilford | State CT | Zip Code 06437 | Date Received 01/21/2009 | |
| Principal Occupation Controller | Name of Employer Jehan Mechanical | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Fasano | First Name Kristen | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0255 | Amount of Contribution |
| Residential Street Address 7 Sycamore Ln | City North Haven | State CT | Zip Code 06473-1283 | Date Received 01/21/2009 | |
| Principal Occupation Student | Name of Employer Not Applicable | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name DeMaio | First Name Richard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0257 | Amount of Contribution |
| Residential Street Address 6 Cold Spring Rd | City West Haven | State CT | Zip Code 06516 | Date Received 01/21/2009 | |
| Principal Occupation Accountant | Name of Employer Burrano & Company | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Fasano | First Name Leonard | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0250 | Amount of Contribution |
| Residential Street Address 7 Sycamore Ln | City North Haven | State CT | Zip Code 06473 | Date Received 01/21/2009 | |
| Principal Occupation Senator/ Atty. | Name of Employer State of Connecticut/Fasano, Ippolito & Lee | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Fasano | First Name Jill | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0251 | Amount of Contribution |
| Residential Street Address 7 Sycamore Ln | City North Haven | State CT | Zip Code 06473 | Date Received 01/21/2009 | |
| Principal Occupation | Name of Employer Not Applicable | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--------------------------|--|--|-----------------------------|-------------------------------------|----------|
| Last Name Bufano | First Name Libby | MI V | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0259 | Amount of Contribution | |
| Residential Street Address 66 Bald Hill Rd | City Wilton | State CT | Zip Code 06897 | Date Received 01/28/2009 | | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$50.00 | \$50.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Last Name Stolpen | First Name Adam | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0258 | Amount of Contribution | |
| Residential Street Address 1 Spring Hill Rd | City Westport | State CT | Zip Code 06880-1903 | Date Received 01/28/2009 | | |
| Principal Occupation Investments | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Last Name Izzo | First Name A | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0260 | Amount of Contribution | |
| Residential Street Address 62 Richmondville Ave | City Westport | State CT | Zip Code 06880 | Date Received 02/17/2009 | | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Last Name Bedford | First Name Ruth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0261 | Amount of Contribution | |
| Residential Street Address 66 Beachside Ave | City Greens Farms | State CT | Zip Code 06838 | Date Received 02/17/2009 | | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Savage | First Name Thomas | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0263 | Amount of Contribution |
| Residential Street Address 15-3 Pilgrim Trl | City Woodbury | State CT | Zip Code 06798 | Date Received 03/12/2009 | |
| Principal Occupation Business Owner | Name of Employer Monograms of Distinction | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Jenkins | First Name Sandra | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0264 | Amount of Contribution |
| Residential Street Address 17 Greenhouse Rd Unit B | City Bridgeport | State CT | Zip Code 06606 | Date Received 03/12/2009 | |
| Principal Occupation Executive Assistant | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Connors | First Name Susan | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0265 | Amount of Contribution |
| Residential Street Address 2 Dory Lndg | City Old Lyme | State CT | Zip Code 06371 | Date Received 03/12/2009 | |
| Principal Occupation Attorney | Name of Employer Krevolin, Roth & Connors, LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Hajjar | First Name George | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0266 | Amount of Contribution |
| Residential Street Address 64 Southgate Rd | City Waterbury | State CT | Zip Code 06708 | Date Received 03/12/2009 | |
| Principal Occupation Deacon | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|-------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Reid | First Name Laura | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0267 | Amount of Contribution |
| Residential Street Address 388 Timberlane Dr | City Orange | State CT | Zip Code 06477 | Date Received 03/12/2009 | |
| Principal Occupation Owner & President | Name of Employer Fish Mart, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Whitmore, Jr. | First Name Donadl | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0269 | Amount of Contribution |
| Residential Street Address 73 River Crest Dr | City Plantsville | State CT | Zip Code 06479-2058 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Woodward | First Name Richard | MI N | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0271 | Amount of Contribution |
| Residential Street Address 154 Foxwood Ln | City Milford | State CT | Zip Code 06461-2732 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Scherin | First Name Ruth | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0272 | Amount of Contribution |
| Residential Street Address 88 Notch Hill Rd # 183 | City North Branford | State CT | Zip Code 06471 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Clark | First Name Michael | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0273 | Amount of Contribution |
| Residential Street Address 18 Morgan Pl | City Unionville | State CT | Zip Code 06085-1178 | Date Received 03/12/2009 | |
| Principal Occupation Manager of Security/Town Council | Name of Employer Otis Elevator | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Phelps | First Name Dwight | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0274 | Amount of Contribution |
| Residential Street Address 7 Middle Dr | City Windsor Locks | State CT | Zip Code 06096 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name O'Brien, Jr. | First Name Brian | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0275 | Amount of Contribution |
| Residential Street Address PO Box 448 | City Quinebaug | State CT | Zip Code 06262 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name May, III | First Name Edwin | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0277 | Amount of Contribution |
| Residential Street Address 802 Prospect St | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/12/2009 | |
| Principal Occupation President | Name of Employer May, Bonee & Walsh | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Pbert | First Name Herman | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0278 | Amount of Contribution |
| Residential Street Address 67 Jerzeskia Rd | City North Grosvenordale | State CT | Zip Code 06255-1107 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Thomas, Jr. | First Name Thomas | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0280 | Amount of Contribution |
| Residential Street Address 7 Stage Coach Rd | City Bristol | State CT | Zip Code 06010 | Date Received 03/12/2009 | |
| Principal Occupation Fiscal Manager | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Roddy, Sr. | First Name John | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0281 | Amount of Contribution |
| Residential Street Address 2 Sandgate Ct | City Suffield | State CT | Zip Code 06078 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |
| Last Name Liegot | First Name Adam | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0282 | Amount of Contribution |
| Residential Street Address 28 Kent St | City Plainville | State CT | Zip Code 06062 | Date Received 03/12/2009 | |
| Principal Occupation Dep. Director of Communications | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
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| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Blauvelt | First Name Mary | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0283 | Amount of Contribution |
| Residential Street Address 72 Kozley Rd | City Tolland | State CT | Zip Code 06084-2509 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Gardber | First Name Bruce | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0284 | Amount of Contribution |
| Residential Street Address PO Box 369 | City Windham | State CT | Zip Code 06280-0369 | Date Received 03/12/2009 | |
| Principal Occupation Manager | Name of Employer State of Connecticut DOC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sigman | First Name Brian | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0285 | Amount of Contribution |
| Residential Street Address 32 Rustic Ter | City Portland | State CT | Zip Code 06480 | Date Received 03/12/2009 | |
| Principal Occupation Executive Director | Name of Employer State of CT-BESB | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Stevenson | First Name Elizabeth | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0286 | Amount of Contribution |
| Residential Street Address 484 Brewster Rd | City Bristol | State CT | Zip Code 06010 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

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| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Petroni | First Name Elizabeth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0287 | Amount of Contribution |
| Residential Street Address 448 Jones Hollow Rd | City Marlborough | State CT | Zip Code 06447 | Date Received 03/12/2009 | |
| Principal Occupation Manager | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Pendelton | First Name Arthur | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0288 | Amount of Contribution |
| Residential Street Address 31 Brensan | City Manchester | State CT | Zip Code 06040 | Date Received 03/12/2009 | |
| Principal Occupation MFG Agent | Name of Employer Pendelton Associates Inc | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dimock | First Name Stanley | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0289 | Amount of Contribution |
| Residential Street Address 21 Braintree Dr | City West Hartford | State CT | Zip Code 06117 | Date Received 03/12/2009 | |
| Principal Occupation Retired Attorney | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Leary, Jr. | First Name Edward | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0290 | Amount of Contribution |
| Residential Street Address 19 Whispering Rod Rd | City Unionville | State CT | Zip Code 06085-1436 | Date Received 03/12/2009 | |
| Principal Occupation Registrar of Voters | Name of Employer Town of Farmington | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---------------------------|--|--|-------------------------------------|------------------------|
| Last Name Burns | First Name Ronda | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0291 | Amount of Contribution |
| Residential Street Address 587 Litchfield St | City Torrington | State CT | Zip Code 06790 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Grant | First Name Ellsworth | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0292 | Amount of Contribution |
| Residential Street Address T204 20 Loeffler Rd | City Bloomfield | State CT | Zip Code 06002 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Leighton | First Name Kingsley | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0293 | Amount of Contribution |
| Residential Street Address 46 Vineyard Ave | City Guilford | State CT | Zip Code 06437-3235 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Daly | First Name Marian | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0296 | Amount of Contribution |
| Residential Street Address 6 Park Pl | City South Glastonbury | State CT | Zip Code 06073 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Bickford | First Name Jane | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0297 | Amount of Contribution |
| Residential Street Address 919 Derby Milford Rd | City Orange | State CT | Zip Code 06477-0719 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Herbst | First Name Marie | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0298 | Amount of Contribution |
| Residential Street Address 175 Taylor Ave | City Cheshire | State CT | Zip Code 06410 | Date Received 03/12/2009 | |
| Principal Occupation Semi-retired | Name of Employer Integrated Industrial Systems | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Whelan | First Name Frank | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0299 | Amount of Contribution |
| Residential Street Address 61 Harbor St | City Branford | State CT | Zip Code 06405-4408 | Date Received 03/12/2009 | |
| Principal Occupation Sportsman | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Godfrey | First Name Edward | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0300 | Amount of Contribution |
| Residential Street Address 4 Gregory Pl | City Old Saybrook | State CT | Zip Code 06475-2031 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer Temp @ H&R Block | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$35.00 | \$35.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Pellegrino | First Name James | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0301 | Amount of Contribution |
| Residential Street Address 54 Rem Dr | City Meriden | State CT | Zip Code 06451 | Date Received 03/12/2009 | |
| Principal Occupation Independent Consultant | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Stiller | First Name Bertram | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0302 | Amount of Contribution |
| Residential Street Address 5 Spice Bush Ln | City Branford | State CT | Zip Code 06405 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Rice | First Name Robert | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0303 | Amount of Contribution |
| Residential Street Address 1 Johnny Appleseed Dr | City Sandy Hook | State CT | Zip Code 06482 | Date Received 03/12/2009 | |
| Principal Occupation Engineer | Name of Employer RCM Technologies | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$15.00 | \$15.00 |
| Last Name Bieber | First Name Ingeborg | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0304 | Amount of Contribution |
| Residential Street Address 102 Derry Hill Rd | City Uncasville | State CT | Zip Code 06382 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name McConnell, Jr. | First Name William | MI N | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0305 | Amount of Contribution |
| Residential Street Address 8202 Chester Vlg W | City Chester | State CT | Zip Code 06412 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Champman | First Name Michael | MI K | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0306 | Amount of Contribution |
| Residential Street Address 228 Woodchuck Hill Rd | City Canterbury | State CT | Zip Code 06331 | Date Received 03/12/2009 | |
| Principal Occupation Field Service Technician | Name of Employer Diller Power Systems USA | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Fedor, Jr. | First Name Richard | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0307 | Amount of Contribution |
| Residential Street Address 66 Wylie School Rd | City Voluntown | State CT | Zip Code 06384 | Date Received 03/12/2009 | |
| Principal Occupation Liquor Control Casino Agent | Name of Employer State of CT-Dept. of Consumer Protection | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Keller | First Name Jacqueline | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0308 | Amount of Contribution |
| Residential Street Address 104 Lamphere Rd | City Mystic | State CT | Zip Code 06355-1435 | Date Received 03/12/2009 | |
| Principal Occupation Consultant-Communications | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Brooks | First Name Helen | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0309 | Amount of Contribution |
| Residential Street Address 221 Essex Mdws | City Essex | State CT | Zip Code 06426 | Date Received 03/12/2009 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Garthwait, Sr. | First Name Robert | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0311 | Amount of Contribution |
| Residential Street Address 14 Hemingway Ave | City Waterbury | State CT | Zip Code 06721 | Date Received 03/12/2009 | |
| Principal Occupation Chairman | Name of Employer Cly-Del Mfg. Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Jones | First Name Robert | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0312 | Amount of Contribution |
| Residential Street Address 15 Tunxis Vlg | City Farmington | State CT | Zip Code 06032 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |
| Last Name Thal | First Name Rita | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0313 | Amount of Contribution |
| Residential Street Address 22 Country Ridge Rd | City Danbury | State CT | Zip Code 06811 | Date Received 03/12/2009 | |
| Principal Occupation Housewife | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
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| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name McNamee | First Name Sean | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0315 | Amount of Contribution |
| Residential Street Address 15 S Elm St | City Wallingford | State CT | Zip Code 06492 | Date Received 03/12/2009 | |
| Principal Occupation CPA | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name McGeever | First Name John | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0316 | Amount of Contribution |
| Residential Street Address 339 Rimmon Hill Rd | City Beacon Falls | State CT | Zip Code 06403 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Corrado | First Name Fred | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0318 | Amount of Contribution |
| Residential Street Address 6 Georgetown N | City Greenwich | State CT | Zip Code 06831-4732 | Date Received 03/12/2009 | |
| Principal Occupation Executive | Name of Employer Oceanic Elec. Mfg. Co, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Posner, M.D. | First Name Lawrence | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0319 | Amount of Contribution |
| Residential Street Address 633 Round Hill Rd | City Greenwich | State CT | Zip Code 06831-2742 | Date Received 03/12/2009 | |
| Principal Occupation Physicia Executive | Name of Employer Vedanta Capital | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Walbert, Jr. | First Name William | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0321 | Amount of Contribution |
| Residential Street Address 319 Valley Rd | City New Canaan | State CT | Zip Code 06840 | Date Received 03/12/2009 | |
| Principal Occupation Management | Name of Employer Walbert Capital | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Harpie, Jr. | First Name P. Joseph | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0322 | Amount of Contribution |
| Residential Street Address 36 Baldwin Ct | City Newington | State CT | Zip Code 06111-5325 | Date Received 03/12/2009 | |
| Principal Occupation Chief Loan Officer | Name of Employer CT Development Authority | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Welna | First Name Cecilia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0323 | Amount of Contribution |
| Residential Street Address 31 Clover Hill Pl | City Kensington | State CT | Zip Code 06037-1139 | Date Received 03/12/2009 | |
| Principal Occupation Professor Emerita | Name of Employer University of Hartford | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Carino | First Name Joseph | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0324 | Amount of Contribution |
| Residential Street Address PO Box 503 | City South Windsor | State CT | Zip Code 06074 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Fauliso | First Name Anne Marie | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0325 | Amount of Contribution |
| Residential Street Address 998 Prospect Ave | City Hartford | State CT | Zip Code 06105 | Date Received 03/12/2009 | |
| Principal Occupation At home | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Marsilius | First Name Philip | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0327 | Amount of Contribution |
| Residential Street Address 340 Sailors Ln | City Bridgeport | State CT | Zip Code 06605 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Schwesinger, Jr | First Name Edmund | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0328 | Amount of Contribution |
| Residential Street Address 94 Cutler Rd | City Greenwich | State CT | Zip Code 06831 | Date Received 03/12/2009 | |
| Principal Occupation President | Name of Employer Greenwich Mgmt | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Belbruno | First Name Vincentia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0329 | Amount of Contribution |
| Residential Street Address 162 Ocean Ave | City New London | State CT | Zip Code 06320-3407 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Raccio | First Name Howard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0330 | Amount of Contribution |
| Residential Street Address 1970 Shepard Ave | City Hamden | State CT | Zip Code 06518 | Date Received 03/12/2009 | |
| Principal Occupation Contractor | Name of Employer Howard Paving Co., Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$75.00 | \$75.00 |
| Last Name Thiessen | First Name William | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0332 | Amount of Contribution |
| Residential Street Address 103 Currituck Rd | City Newtown | State CT | Zip Code 06470 | Date Received 03/12/2009 | |
| Principal Occupation Engrg Consultant | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Morgan | First Name Leon | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0333 | Amount of Contribution |
| Residential Street Address 43 Forest Brook Rd | City Guilford | State CT | Zip Code 06437 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Brennan | First Name Francis | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0334 | Amount of Contribution |
| Residential Street Address 13 Caveson Ct | City Middlebury | State CT | Zip Code 06762 | Date Received 03/12/2009 | |
| Principal Occupation Semi-Retired Educator | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Morkus | First Name Florence | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0337 | Amount of Contribution |
| Residential Street Address 25 Dexter St | City Hartford | State CT | Zip Code 06106-3937 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Robinson, M.D. | First Name John | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0338 | Amount of Contribution |
| Residential Street Address 130 Avery Hts | City Hartford | State CT | Zip Code 06106-4264 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dzubay | First Name Peter | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0339 | Amount of Contribution |
| Residential Street Address 16 Hudson St | City Berlin | State CT | Zip Code 06037 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Prucha | First Name Joseph | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0341 | Amount of Contribution |
| Residential Street Address 21 Broadway Rd | City Union | State CT | Zip Code 06076 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|----------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Walton | First Name Frank | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0342 | Amount of Contribution |
| Residential Street Address 1 West St # 204 | City Simsbury | State CT | Zip Code 06070 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Bundy, Jr. | First Name Richard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0343 | Amount of Contribution |
| Residential Street Address 55 Thomas St | City Rockville | State CT | Zip Code 06084 | Date Received 03/12/2009 | |
| Principal Occupation CEO | Name of Employer Bundy Motors | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Vannie | First Name Richard | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0344 | Amount of Contribution |
| Residential Street Address 4 Alpine Meadow Ln | City Avon | State CT | Zip Code 06001 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Babcock | First Name Stuart | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0345 | Amount of Contribution |
| Residential Street Address 400 Seabury Dr # 3187 | City Bloomfield | State CT | Zip Code 06002 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Deresienski | First Name Peter | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0346 | Amount of Contribution |
| Residential Street Address 128 Hayden Station Rd | City Windsor | State CT | Zip Code 06095 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Sullivan | First Name John | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0347 | Amount of Contribution |
| Residential Street Address 124 Stonebridge Rd | City Coventry | State CT | Zip Code 06238-3345 | Date Received 03/12/2009 | |
| Principal Occupation Manager of Treasury Services | Name of Employer University of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Stevensen | First Name Doris | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0348 | Amount of Contribution |
| Residential Street Address 15 Manning Rd | City Windsor Locks | State CT | Zip Code 06096-2701 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Burt | First Name Ronald | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0351 | Amount of Contribution |
| Residential Street Address 5 Wentworth Park | City Farmington | State CT | Zip Code 06032 | Date Received 03/12/2009 | |
| Principal Occupation Physician | Name of Employer Milford Anesthesia Associates | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Neumeister | First Name Robert | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0353 | Amount of Contribution |
| Residential Street Address 150 Shipman Dr | City Glastonbury | State CT | Zip Code 06033 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Tingey | First Name Ian | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0354 | Amount of Contribution |
| Residential Street Address 20 Great Oak Ln | City Unionville | State CT | Zip Code 06085 | Date Received 03/12/2009 | |
| Principal Occupation Dentist | Name of Employer CT Maxillofacial Surgeons, LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Harris | First Name Henry | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0355 | Amount of Contribution |
| Residential Street Address 19 Old Kentwood Rd | City East Haddam | State CT | Zip Code 06423 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Reider, Jr. | First Name George | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0356 | Amount of Contribution |
| Residential Street Address 9 Glenmore Dr | City Farmington | State CT | Zip Code 06032 | Date Received 03/12/2009 | |
| Principal Occupation Part Time Insurance Consultant | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Bish | First Name Ronald | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0358 | Amount of Contribution |
| Residential Street Address 167 Sisk St | City Middletown | State CT | Zip Code 06457-2315 | Date Received 03/12/2009 | |
| Principal Occupation Electrical Contractor | Name of Employer Bish Electric, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Luppi | First Name Howard | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0359 | Amount of Contribution |
| Residential Street Address 4 Oakwood Dr | City North Haven | State CT | Zip Code 06473 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Jusyik | First Name Margaret | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0361 | Amount of Contribution |
| Residential Street Address 53 Sea Spray Ave | City Niantic | State CT | Zip Code 06357 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Walberg | First Name Donald | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0362 | Amount of Contribution |
| Residential Street Address 7 Clifton Pl | City Norwich | State CT | Zip Code 06360 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
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| Last Name McBroome | First Name Mildred | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0363 | Amount of Contribution |
| Residential Street Address 38 Dow Rd | City Plainfield | State CT | Zip Code 06374 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Rinek | First Name Marilynn | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0364 | Amount of Contribution |
| Residential Street Address 143 Essex Mdws | City Essex | State CT | Zip Code 06426 | Date Received 03/12/2009 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Krzywicki | First Name Frank | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0365 | Amount of Contribution |
| Residential Street Address 7 Inwood Ct | City Shelton | State CT | Zip Code 06484 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Meya | First Name Wilhelm | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0366 | Amount of Contribution |
| Residential Street Address 66-3 Elys Ferry Rd | City Lyme | State CT | Zip Code 06371-3447 | Date Received 03/12/2009 | |
| Principal Occupation Farmer | Name of Employer Franklin Organic Mushrooms, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Lamb | First Name J. Allen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0368 | Amount of Contribution |
| Residential Street Address 122 Winward Pl | City Southington | State CT | Zip Code 06489 | Date Received 03/12/2009 | |
| Principal Occupation President & CEO | Name of Employer System Aire Supply Co., Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Pacocho | First Name Betty | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0369 | Amount of Contribution |
| Residential Street Address 71 Kent Cornwall Rd | City Kent | State CT | Zip Code 06757 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Ruoppolo | First Name Matt | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0370 | Amount of Contribution |
| Residential Street Address 5 Hotchkiss Grove Rd | City Branford | State CT | Zip Code 06405-5409 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Palmer | First Name Russell | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0371 | Amount of Contribution |
| Residential Street Address PO Box 1521 | City Middletown | State CT | Zip Code 06457 | Date Received 03/12/2009 | |
| Principal Occupation Attorney | Name of Employer Law Office of AJ Sprecker | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Gerstenberger | First Name Virginia | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0372 | Amount of Contribution |
| Residential Street Address 115 Cedarhurst Ln | City Milford | State CT | Zip Code 06460 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Galluzzo | First Name Donna | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0373 | Amount of Contribution |
| Residential Street Address 224 R Skeet Club Rd | City Durham | State CT | Zip Code 06422 | Date Received 03/12/2009 | |
| Principal Occupation CEO/President | Name of Employer HMS Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Stannard | First Name Ethel | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0374 | Amount of Contribution |
| Residential Street Address 13 Wiley St | City Milford | State CT | Zip Code 06461-2337 | Date Received 03/12/2009 | |
| Principal Occupation Housewife | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Farnsworth | First Name Fredrick | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0376 | Amount of Contribution |
| Residential Street Address 119 Neck Rd | City Guilford | State CT | Zip Code 06437 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|---------------------------|
| Last Name Field | First Name Jonathan | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0377 | Amount of Contribution |
| Residential Street Address 134 Ridgewood Rd | City East Hartford | State CT | Zip Code 06118 | Date Received 03/12/2009 | |
| Principal Occupation Court Clerk, J.D. | Name of Employer State of CT Judicial Branch | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Livieri | First Name Samuel | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0378 | Amount of Contribution |
| Residential Street Address 145 Northrop Rd | City Woodbridge | State CT | Zip Code 06525 | Date Received 03/12/2009 | |
| Principal Occupation | Name of Employer Self- Apple Oil Co | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dunham | First Name Thomas | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0380 | Amount of Contribution |
| Residential Street Address 40 Millbrook Rd | City North Haven | State CT | Zip Code 06473 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$40.00 | \$40.00 |
| Last Name Kolar | First Name John | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0382 | Amount of Contribution |
| Residential Street Address 612 Exeter Rd | City Lebanon | State CT | Zip Code 06249 | Date Received 03/12/2009 | |
| Principal Occupation Rural Carrier | Name of Employer US Postal Service | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name McGee | First Name Thomas | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0384 | Amount of Contribution |
| Residential Street Address 4 Westborough Dr | City Weatogue | State CT | Zip Code 06089-9786 | Date Received 03/12/2009 | |
| Principal Occupation Executive | Name of Employer PMP Corporation | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Rodriguez | First Name Felix | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0385 | Amount of Contribution |
| Residential Street Address 19 Eric Ln | City Waterbury | State CT | Zip Code 06704 | Date Received 03/12/2009 | |
| Principal Occupation Executive Secretary | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name St. George | First Name Louis | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0386 | Amount of Contribution |
| Residential Street Address 548 Middletown Ave | City North Haven | State CT | Zip Code 06473 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Osborne | First Name Michael | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0388 | Amount of Contribution |
| Residential Street Address 25 Zoar Rd | City Sandy Hook | State CT | Zip Code 06482-1430 | Date Received 03/12/2009 | |
| Principal Occupation Management | Name of Employer Connecticut Cool Inc | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Mogridge | First Name E.H. | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0389 | Amount of Contribution |
| Residential Street Address 1412 Whitney Ave # J1 | City Hamden | State CT | Zip Code 06517 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Burton | First Name Kathryn | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0390 | Amount of Contribution |
| Residential Street Address 38 Pattagansett Dr | City East Lyme | State CT | Zip Code 06333-1120 | Date Received 03/12/2009 | |
| Principal Occupation Environmental Writer | Name of Employer Self Employed-NGO | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Myjak | First Name Judith | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0391 | Amount of Contribution |
| Residential Street Address 45 Bryan Rd | City Branford | State CT | Zip Code 06405-4503 | Date Received 03/12/2009 | |
| Principal Occupation Office Manager | Name of Employer Roslyn P. Einbinder, M.D. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name MacKinney | First Name Mark | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0392 | Amount of Contribution |
| Residential Street Address 7 Towantic Hill Rd | City Oxford | State CT | Zip Code 06478 | Date Received 03/12/2009 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--------------------------|--|--|------------------------------------|---------------------------|
| Last Name Carboni | First Name Marguerite | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0393 | Amount of Contribution |
| Residential Street Address 202 Quinnipiac Ave | City North Haven | State CT | Zip Code 06473-3626 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Giulian | First Name Catherine | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0395 | Amount of Contribution |
| Residential Street Address 202 Belden St | City Falls Village | State CT | Zip Code 06031 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Blessing | First Name Warren | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0396 | Amount of Contribution |
| Residential Street Address 103 Baneberry Ln | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Blaurock | First Name Jane | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0397 | Amount of Contribution |
| Residential Street Address 258A Heritage Vlg | City Southbury | State CT | Zip Code 06488 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|----------------------|--|--|-------------------------------------|------------------------|
| Last Name Ashton | First Name Philip | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0398 | Amount of Contribution |
| Residential Street Address 39 Daffodil Ln | City Meriden | State CT | Zip Code 06450 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Frank | First Name Janice | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0399 | Amount of Contribution |
| Residential Street Address 352 Welch's Point Rd | City Milford | State CT | Zip Code 06460 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Liegot | First Name Rene | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0401 | Amount of Contribution |
| Residential Street Address 163 Dayl Dr | City Kensington | State CT | Zip Code 06037 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Lips | First Name Anne | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0402 | Amount of Contribution |
| Residential Street Address 277 Cook Hill Rd | City Lebanon | State CT | Zip Code 06249 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Rogers | First Name Kevin | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0403 | Amount of Contribution |
| Residential Street Address 23 Quail Hill Rd | City Wethersfield | State CT | Zip Code 06101-0610 | Date Received 03/12/2009 | |
| Principal Occupation Special Agent | Name of Employer OIG-SSA | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Garneau | First Name Robert | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0404 | Amount of Contribution |
| Residential Street Address 47 Bittersweet Ln | City South Glastonbury | State CT | Zip Code 06073 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Berglund | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0406 | Amount of Contribution |
| Residential Street Address 671 Flatbush Ave | City West Hartford | State CT | Zip Code 06110-1315 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Miller | First Name Hamilton | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0409 | Amount of Contribution |
| Residential Street Address 14 Sandy Ln | City Marlborough | State CT | Zip Code 06477 | Date Received 03/12/2009 | |
| Principal Occupation Attorney | Name of Employer Bingham McCutchen, LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Leffingwell | First Name Eleanor | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0410 | Amount of Contribution |
| Residential Street Address 625 Buckley Hwy | City Union | State CT | Zip Code 06076 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Slattery | First Name Carole | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0411 | Amount of Contribution |
| Residential Street Address 35 Wilson Ln | City Vernon | State CT | Zip Code 06066-2313 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Witter | First Name Dwayne | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0412 | Amount of Contribution |
| Residential Street Address 24 Wagon Hill Ln | City Avon | State CT | Zip Code 06001 | Date Received 03/12/2009 | |
| Principal Occupation Attorney | Name of Employer Pratt & Whitney UTC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Bloodgood | First Name John | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0413 | Amount of Contribution |
| Residential Street Address 3 Eagles Gln | City Avon | State CT | Zip Code 06001 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Black | First Name Sandra | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0414 | Amount of Contribution |
| Residential Street Address 21 Vineyard Dr | City Kensington | State CT | Zip Code 06037 | Date Received 03/12/2009 | |
| Principal Occupation HR | Name of Employer Reflexite | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Miller | First Name Anita | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0415 | Amount of Contribution |
| Residential Street Address 45 Highland St | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/12/2009 | |
| Principal Occupation n/a | Name of Employer n/a | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wraight | First Name Thomas | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0418 | Amount of Contribution |
| Residential Street Address 22 Coleman Rd | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Bernstein | First Name Paul | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0420 | Amount of Contribution |
| Residential Street Address 524 Denslow St | City Windsor Locks | State CT | Zip Code 06096 | Date Received 03/12/2009 | |
| Principal Occupation State Employee | Name of Employer Conn. Division of Special Revenue | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Malinowski | First Name S. John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0421 | Amount of Contribution |
| Residential Street Address 59 Norwood Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 03/12/2009 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dombrowski | First Name Dorothy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0422 | Amount of Contribution |
| Residential Street Address 28 N Main St | City Windsor Locks | State CT | Zip Code 06096 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Richardson | First Name Randolph | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0424 | Amount of Contribution |
| Residential Street Address 248 B Heritage Vlg | City Southbury | State CT | Zip Code 06488-1798 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Pavone | First Name Mary | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0425 | Amount of Contribution |
| Residential Street Address 19 Chandler Dr | City Prospect | State CT | Zip Code 06712 | Date Received 03/12/2009 | |
| Principal Occupation Executive | Name of Employer Prospect Machine Products, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|------------------------|--|--|------------------------------------|------------------------|
| Last Name Von Hacht | First Name Dorothy | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0426 | Amount of Contribution |
| Residential Street Address 122 Knobb Hill Rd | City Milford | State CT | Zip Code 06460 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Pelletier | First Name P. James | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0427 | Amount of Contribution |
| Residential Street Address 7 Homer Clark Ln | City Sandy Hook | State CT | Zip Code 06482 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Miserendino | First Name Ralph | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0428 | Amount of Contribution |
| Residential Street Address 297 Poplar St | City New Haven | State CT | Zip Code 06513 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Fairbanks | First Name Richard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0429 | Amount of Contribution |
| Residential Street Address 112 Poplar Dr | City Shelton | State CT | Zip Code 06484 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$35.00 | \$35.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Conner | First Name Deborah | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0430 | Amount of Contribution |
| Residential Street Address 54 Laurel Leaf Dr | City Gales Ferry | State CT | Zip Code 06335 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Vogt | First Name Marion | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0431 | Amount of Contribution |
| Residential Street Address 125 Harding St | City New Britain | State CT | Zip Code 06052 | Date Received 03/12/2009 | |
| Principal Occupation | Name of Employer n/a | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Ettinger | First Name Irwin | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0432 | Amount of Contribution |
| Residential Street Address 631 Long Ridge Rd Unit 40 | City Stamford | State CT | Zip Code 06902 | Date Received 03/12/2009 | |
| Principal Occupation VP Chairman | Name of Employer Travelers Insurance | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Susi | First Name Enio | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0434 | Amount of Contribution |
| Residential Street Address 15 Grissom Dr | City Stratford | State CT | Zip Code 06614 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$15.00 | \$15.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Moody | First Name Marilyn | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0436 | Amount of Contribution |
| Residential Street Address 23 Juniper Ridge Rd | City Danbury | State CT | Zip Code 06811 | Date Received 03/12/2009 | |
| Principal Occupation Business woman | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Branch | First Name David | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0438 | Amount of Contribution |
| Residential Street Address 681 Weed St | City New Canaan | State CT | Zip Code 06840 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Jacullo III | First Name Peter | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0439 | Amount of Contribution |
| Residential Street Address 61 High Ridge Ave | City Ridgefield | State CT | Zip Code 06877 | Date Received 03/12/2009 | |
| Principal Occupation Investments/Consulting | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Casale, Jr | First Name Louis | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0441 | Amount of Contribution |
| Residential Street Address 155 Fredrick St | City Stamford | State CT | Zip Code 06902 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
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| Last Name Smith | First Name Alfred | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0442 | Amount of Contribution |
| Residential Street Address 534 High Street Ext | City Thomaston | State CT | Zip Code 06787 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Emery | First Name E. Hope | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0443 | Amount of Contribution |
| Residential Street Address 92 Mountain Spring Rd | City Farmington | State CT | Zip Code 06032 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Klapatch | First Name Eleanore | MI K | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0276 | Amount of Contribution |
| Residential Street Address 44 Arbor Ct | City Bristol | State CT | Zip Code 06010 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name O'Brien | First Name Thomas | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0295 | Amount of Contribution |
| Residential Street Address 272 Center St | City Bristol | State CT | Zip Code 06010 | Date Received 03/12/2009 | |
| Principal Occupation Funeral Director | Name of Employer O'Brien Funeral Home | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Sanders | First Name Mary Lou | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0381 | Amount of Contribution |
| Residential Street Address 322 Glen St | City New Britain | State CT | Zip Code 06051 | Date Received 03/12/2009 | |
| Principal Occupation Senate transcriber-sessional | Name of Employer Senate GOP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Bond | First Name Richard | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0437 | Amount of Contribution |
| Residential Street Address 60 Pepper Ln | City New Canaan | State CT | Zip Code 06840 | Date Received 03/12/2009 | |
| Principal Occupation | Name of Employer n/a | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Kronen | First Name Joseph | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0349 | Amount of Contribution |
| Residential Street Address 56 Farnham Dr | City East Hartford | State CT | Zip Code 06118-3024 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Mott | First Name Robert | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0262 | Amount of Contribution |
| Residential Street Address 80 N Main St | City Kent | State CT | Zip Code 06757 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Ocif | First Name Andrew | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0268 | Amount of Contribution |
| Residential Street Address 193 Segar Mountain Rd | City Kent | State CT | Zip Code 06757 | Date Received 03/12/2009 | |
| Principal Occupation Retired State Policeman | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Kokoruda | First Name Noreen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0375 | Amount of Contribution |
| Residential Street Address 85 Liberty St | City Madison | State CT | Zip Code 06443 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Geschimsky | First Name Donald | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0417 | Amount of Contribution |
| Residential Street Address 173 Grandview Ave | City Kensington | State CT | Zip Code 06037 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wilmot | First Name Helen | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0360 | Amount of Contribution |
| Residential Street Address 308 D Gunntown Rd | City Naugatuck | State CT | Zip Code 06770 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Jezierny | First Name Mary | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0387 | Amount of Contribution |
| Residential Street Address 93 Walnut St | City Seymour | State CT | Zip Code 06483 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Heiser | First Name John | MI V | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0379 | Amount of Contribution |
| Residential Street Address 14 W Hills Rd | City Ivoryton | State CT | Zip Code 06442 | Date Received 03/12/2009 | |
| Principal Occupation Registrar of Voters | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Hodges | First Name Jacqueline | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0435 | Amount of Contribution |
| Residential Street Address 51 Prospect Rdg Unit 18 | City Ridgefield | State CT | Zip Code 06877 | Date Received 03/12/2009 | |
| Principal Occupation Property Management | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Simmons | First Name Robert | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0367 | Amount of Contribution |
| Residential Street Address 268 N Main St | City Stonington | State CT | Zip Code 06378 | Date Received 03/12/2009 | |
| Principal Occupation | Name of Employer unemployed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|-------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Suntup | First Name Cynthia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0394 | Amount of Contribution |
| Residential Street Address 2 Cove View Rd | City New London | State CT | Zip Code 06320 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Nicholas | First Name Phyllis | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0335 | Amount of Contribution |
| Residential Street Address 40 Howard Rd | City Greenwich | State CT | Zip Code 06831 | Date Received 03/12/2009 | |
| Principal Occupation None | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Suisman | First Name Michael | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0279 | Amount of Contribution |
| Residential Street Address 48 Orchard Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 03/12/2009 | |
| Principal Occupation Investments | Name of Employer The Danny Corp. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dudley | First Name Edward | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0352 | Amount of Contribution |
| Residential Street Address 24 Southbridge Ct | City Simsbury | State CT | Zip Code 06070 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
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| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Gardner | First Name William | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0340 | Amount of Contribution |
| Residential Street Address 53 Highridge Rd | City West Simsbury | State CT | Zip Code 06092 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Opie | First Name John | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0331 | Amount of Contribution |
| Residential Street Address 15 Buena Vista Rd | City Stony Creek | State CT | Zip Code 06405 | Date Received 03/12/2009 | |
| Principal Occupation Engineer | Name of Employer Strahn Measurement Devices Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Donaldson | First Name Douglas | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0294 | Amount of Contribution |
| Residential Street Address 53 Rushforde Dr | City Manchester | State CT | Zip Code 06040 | Date Received 03/12/2009 | |
| Principal Occupation Restaurant Developer | Name of Employer Subway Development Corp. of New England | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Thompson | First Name Clifton | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0350 | Amount of Contribution |
| Residential Street Address 26 Pondview Dr | City Manchester | State CT | Zip Code 06040 | Date Received 03/12/2009 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|---------------------------|
| Last Name Price | First Name Michael | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0419 | Amount of Contribution |
| Residential Street Address 1 Kings Hwy | City Chester | State CT | Zip Code 06412 | Date Received 03/12/2009 | |
| Principal Occupation Non Profit Executive | Name of Employer Goodspeed Opera House | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Huse | First Name George | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0433 | Amount of Contribution |
| Residential Street Address 121 Stadley Rough Rd | City Danbury | State CT | Zip Code 06811 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Houck | First Name Kenneth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0405 | Amount of Contribution |
| Residential Street Address 314 Grant Hill Rd | City Tolland | State CT | Zip Code 06084 | Date Received 03/12/2009 | |
| Principal Occupation Registrar of Voters | Name of Employer Town of Tolland | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$40.00 | \$40.00 |
| Last Name Wasch | First Name William | MI K | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0423 | Amount of Contribution |
| Residential Street Address 150 Coleman Rd | City Middletown | State CT | Zip Code 06457 | Date Received 03/12/2009 | |
| Principal Occupation Gerontologist | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name DiPentima | First Name Anthony | MI F | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0357 | Amount of Contribution |
| Residential Street Address 22 Bald Hill Rd | City Kent | State CT | Zip Code 06785 | Date Received 03/12/2009 | |
| Principal Occupation Attorney | Name of Employer Guion, Stevens & Rybak, LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dettmer | First Name Robert | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0407 | Amount of Contribution |
| Residential Street Address 80 Round Hill Rd | City Greenwich | State CT | Zip Code 06831 | Date Received 03/12/2009 | |
| Principal Occupation Retird | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Byers | First Name Wheaton | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0383 | Amount of Contribution |
| Residential Street Address 25 Hollow Brook Ln | City Canaan | State CT | Zip Code 06018 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$75.00 | \$75.00 |
| Last Name Landers | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0440 | Amount of Contribution |
| Residential Street Address 96 Mimosa Cir | City Ridgefield | State CT | Zip Code 06877 | Date Received 03/12/2009 | |
| Principal Occupation Self Employed LLC | Name of Employer Total Care of CT, LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Sammis | First Name Robert | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0314 | Amount of Contribution |
| Residential Street Address 107 Margherita Lawn | City Stratford | State CT | Zip Code 06615 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Parizek | First Name Jerry | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0336 | Amount of Contribution |
| Residential Street Address 29 Fisher Hill Rd | City Willington | State CT | Zip Code 06279 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Pogmore | First Name Frederick | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0326 | Amount of Contribution |
| Residential Street Address 379 Station Rd | City Hampton | State CT | Zip Code 06247 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$15.00 | \$15.00 |
| Last Name Kurmay | First Name F. Paul | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0320 | Amount of Contribution |
| Residential Street Address 45 Alexandra Dr | City Stratford | State CT | Zip Code 06614 | Date Received 03/12/2009 | |
| Principal Occupation Probate Judge | Name of Employer Stratford Probate Ct. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Curtis | First Name Raeanna | MI V | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0317 | Amount of Contribution |
| Residential Street Address 1649 Shepard Ave | City Hamden | State CT | Zip Code 06518 | Date Received 03/12/2009 | |
| Principal Occupation Commissioner | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Staley | First Name Thomas | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0270 | Amount of Contribution |
| Residential Street Address 1146 Fox Hill Rd | City Cheshire | State CT | Zip Code 06410 | Date Received 03/12/2009 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Naab | First Name Geoffrey | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0400 | Amount of Contribution |
| Residential Street Address 188 S Main St | City Manchester | State CT | Zip Code 06040-6544 | Date Received 03/12/2009 | |
| Principal Occupation Lawyer | Name of Employer LaBelle, LaBelle & Naab | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Martino | First Name Dorothy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0310 | Amount of Contribution |
| Residential Street Address 38 Merritt Ave | City Woodbridge | State CT | Zip Code 06525 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Armstrong | First Name Dorothy | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0408 | Amount of Contribution |
| Residential Street Address 522 Foster St | City South Windsor | State CT | Zip Code 06074 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Derby | First Name James | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0416 | Amount of Contribution |
| Residential Street Address 564 East St | City Hebron | State CT | Zip Code 06248 | Date Received 03/12/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Feldman | First Name Michael | MI O | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0566 | Amount of Contribution |
| Residential Street Address 122 W Haviland Ln | City Stamford | State CT | Zip Code 06903 | Date Received 03/18/2009 | |
| Principal Occupation Real Estate Sales | Name of Employer William Raveis Real Estate | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Savage, Jr. | First Name Henry | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0649 | Amount of Contribution |
| Residential Street Address 68 High Farms Rd | City West Hartford | State CT | Zip Code 06107 | Date Received 03/18/2009 | |
| Principal Occupation Public Relations | Name of Employer Self employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Cicchetti | First Name Cynthia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0743 | Amount of Contribution |
| Residential Street Address 1886 Asylum Ave | City West Hartford | State CT | Zip Code 06117 | Date Received 03/18/2009 | |
| Principal Occupation Sales / Marketing | Name of Employer Recently job eliminated at Bank of America | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Massa | First Name Robert | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0802 | Amount of Contribution |
| Residential Street Address 914 Cloverdale Cir | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/18/2009 | |
| Principal Occupation Consultant | Name of Employer Self employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Rosa | First Name Pete | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0540 | Amount of Contribution |
| Residential Street Address 596 D Mountain Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 03/18/2009 | |
| Principal Occupation Program Officer | Name of Employer Hartford Foundation | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Arisian | First Name Jack | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0457 | Amount of Contribution |
| Residential Street Address 179 Honey Hill Rd | City Watertown | State CT | Zip Code 06795-1403 | Date Received 03/18/2009 | |
| Principal Occupation Retired H.S. Science Teacher | Name of Employer Waterbury Board of Education | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Sheridan | First Name Kathleen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0713 | Amount of Contribution | |
| Residential Street Address 65 North St | City Ridgefield | State CT | Zip Code 06877 | Date Received 03/18/2009 | | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$50.00 | \$50.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Last Name Best | First Name Edward | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0554 | Amount of Contribution | |
| Residential Street Address 190 Goodhill Rd | City Weston | State CT | Zip Code 06883 | Date Received 03/18/2009 | | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$50.00 | \$50.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Last Name Riess | First Name Norma | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0603 | Amount of Contribution | |
| Residential Street Address 16 Shady Ln | City Redding | State CT | Zip Code 06896 | Date Received 03/18/2009 | | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Last Name Olson | First Name Brian | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0464 | Amount of Contribution | |
| Residential Street Address 44 Mayo Ave | City Greenwich | State CT | Zip Code 06830 | Date Received 03/18/2009 | | |
| Principal Occupation Retired | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Gamerdinger | First Name Margot | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0744 | Amount of Contribution |
| Residential Street Address 65 High St | City Deep River | State CT | Zip Code 06417 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Nedobity | First Name Carol | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0632 | Amount of Contribution |
| Residential Street Address 22 Glen Grove Rd | City Deep River | State CT | Zip Code 06417 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Perkins | First Name Dorothy | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0534 | Amount of Contribution |
| Residential Street Address 275 Steele Rd Apt A118 | City West Hartford | State CT | Zip Code 06117 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$35.00 | \$35.00 |
| Last Name Hahn | First Name Brynnen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0690 | Amount of Contribution |
| Residential Street Address 148 Skyline Ln | City Stamford | State CT | Zip Code 06903 | Date Received 03/18/2009 | |
| Principal Occupation Security Consultant | Name of Employer Clovis Point Solutions | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Lindeman | First Name Edward | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0562 | Amount of Contribution |
| Residential Street Address 43 Sunrise Hill Dr | City West Hartford | State CT | Zip Code 06107 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Nappi | First Name Phyllis | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0505 | Amount of Contribution |
| Residential Street Address 42 Perch Rd | City Shelton | State CT | Zip Code 06484 | Date Received 03/18/2009 | |
| Principal Occupation Clerk | Name of Employer CT Legislature-Sessional | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name King | First Name William | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0521 | Amount of Contribution |
| Residential Street Address 8 Indian Point Ln | City Riverside | State CT | Zip Code 06878 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Barton | First Name Scott | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0509 | Amount of Contribution |
| Residential Street Address 14 Amber Dr | City Seymour | State CT | Zip Code 06483 | Date Received 03/18/2009 | |
| Principal Occupation Workers Compensation Commissioner | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
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| Last Name Hanzalek | First Name Astrid | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0609 | Amount of Contribution |
| Residential Street Address 31 Abraham Ter | City Suffield | State CT | Zip Code 06078 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Perillo | First Name Joseph | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0641 | Amount of Contribution |
| Residential Street Address 7 Plaskon Drive Ext | City Shelton | State CT | Zip Code 06484 | Date Received 03/18/2009 | |
| Principal Occupation Sales Associate | Name of Employer Shelton Walmart | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Herrick, Jr. | First Name Ernest | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0532 | Amount of Contribution |
| Residential Street Address 178 Ravine Rd | City Storrs | State CT | Zip Code 06268 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Belding | First Name Maxwell | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0797 | Amount of Contribution |
| Residential Street Address 28 Smith Neck Rd | City Old Lyme | State CT | Zip Code 06371 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Birkenruth | First Name Harry | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0652 | Amount of Contribution |
| Residential Street Address 81 Ball Hill Rd | City Storrs | State CT | Zip Code 06268 | Date Received 03/18/2009 | |
| Principal Occupation Retired CEO | Name of Employer Formerly Rogers Corp. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Delaney | First Name Francis | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0644 | Amount of Contribution |
| Residential Street Address 607 W Wakefield Blvd | City Winsted | State CT | Zip Code 06098 | Date Received 03/18/2009 | |
| Principal Occupation Administrator | Name of Employer West State Mechanical, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Mashikian | First Name Margarethe | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0798 | Amount of Contribution |
| Residential Street Address 525 Gurley V Rd | City Storrs | State CT | Zip Code 06268 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Blose | First Name Marion | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0800 | Amount of Contribution |
| Residential Street Address 153 W Hill Rd | City New Canaan | State CT | Zip Code 06846 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Carolan | First Name Hugh | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0801 | Amount of Contribution |
| Residential Street Address 205 Whisconier Rd , P.O. Box 5188 | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Smith | First Name Matthew | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0803 | Amount of Contribution |
| Residential Street Address 12 Standish Rd | City Ellington | State CT | Zip Code 06029 | Date Received 03/18/2009 | |
| Principal Occupation Corp. Officer | Name of Employer Accurate Wire, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Prelli | First Name Frank | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0804 | Amount of Contribution |
| Residential Street Address 12 Alexandria Dr | City Barkhamsted | State CT | Zip Code 06063 | Date Received 03/18/2009 | |
| Principal Occupation Comm. of Agriculture | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wakefield | First Name Darward | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0805 | Amount of Contribution |
| Residential Street Address 278 Ellington Rd | City East Hartford | State CT | Zip Code 06108-1106 | Date Received 03/18/2009 | |
| Principal Occupation Title Examiner | Name of Employer State of CT/DMV | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-----------------------------|-------------------------------------|----------|
| Last Name Thorne | First Name Ann | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0806 | Amount of Contribution | |
| Residential Street Address 302 Ocean Dr W . | City Stamford | State CT | Zip Code 06902 | Date Received 03/18/2009 | | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$25.00 | \$25.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Last Name Gibson | First Name Gordon | MI F | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0697 | Amount of Contribution | |
| Residential Street Address 836 Hartford Tpke | City Vernon | State CT | Zip Code 06066 | Date Received 03/18/2009 | | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$50.00 | \$50.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Last Name Cox | First Name Judith | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0549 | Amount of Contribution | |
| Residential Street Address 98 Ryefield Rd | City Middletown | State CT | Zip Code 06457 | Date Received 03/18/2009 | | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Last Name Fisher | First Name Everett | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0799 | Amount of Contribution | |
| Residential Street Address 45 Lismore Ln | City Greenwich | State CT | Zip Code 06831 | Date Received 03/18/2009 | | |
| Principal Occupation Attorney | Name of Employer Fogarty, Cohen, Selby & Nemroff | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|-----------------------|--|--|-------------------------------------|------------------------|
| Last Name Lener | First Name Rita | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0687 | Amount of Contribution |
| Residential Street Address 4 Ridge Dr | City Westport | State CT | Zip Code 06880-4936 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Gereg-Bradley | First Name Joan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0458 | Amount of Contribution |
| Residential Street Address 66 Ridgedale Rd | City Bethel | State CT | Zip Code 06801 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Williams | First Name C. Webb | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0451 | Amount of Contribution |
| Residential Street Address 11 Colonial Ln | City Riverside | State CT | Zip Code 06878 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Simones | First Name Joan | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0494 | Amount of Contribution |
| Residential Street Address 3 Longview Ave | City Waterford | State CT | Zip Code 06385 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$5.00 | \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Fitts | First Name Howard | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0575 | Amount of Contribution |
| Residential Street Address 239 Oak St | City South Windsor | State CT | Zip Code 06074 | Date Received 03/18/2009 | |
| Principal Occupation Insurance | Name of Employer Travelers | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Stegemann | First Name Murry | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0734 | Amount of Contribution |
| Residential Street Address 31 Briar Brae Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/18/2009 | |
| Principal Occupation Investment Advisor | Name of Employer Kilimanjaro Advisors | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Moffly IV | First Name John | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0446 | Amount of Contribution |
| Residential Street Address 100 Meadow Rd | City Riverside | State CT | Zip Code 06878 | Date Received 03/18/2009 | |
| Principal Occupation Publishing | Name of Employer Moffly Publications, Inc | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Benvenuto | First Name Emil | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0593 | Amount of Contribution |
| Residential Street Address 255 Palmer Hill Rd | City Old Greenwich | State CT | Zip Code 06870 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Curtiss | First Name Martha | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0617 | Amount of Contribution |
| Residential Street Address 25 Tall Timbers Ln | City Glastonbury | State CT | Zip Code 06033 | Date Received 03/18/2009 | |
| Principal Occupation Director of Mktg | Name of Employer Mt.Laurel Sr. Living Community | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Phelps | First Name Julie | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0708 | Amount of Contribution |
| Residential Street Address 215 Congdon St E | City Middletown | State CT | Zip Code 06457 | Date Received 03/18/2009 | |
| Principal Occupation Associate Director | Name of Employer Bristol Myers Squibb | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Phelps | First Name S. Derek | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0707 | Amount of Contribution |
| Residential Street Address 215 Congdon St E | City Middletown | State CT | Zip Code 06457 | Date Received 03/18/2009 | |
| Principal Occupation Executive Director | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Bzdyra | First Name Amalia | MI V | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0544 | Amount of Contribution |
| Residential Street Address 47 Fairlawn Dr | City Wallingford | State CT | Zip Code 06492 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Stephens | First Name Duncan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0595 | Amount of Contribution |
| Residential Street Address 26 Judson Ave | City Woodbury | State CT | Zip Code 06798 | Date Received 03/18/2009 | |
| Principal Occupation Author | Name of Employer Self employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Celentano | First Name Frank | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0694 | Amount of Contribution |
| Residential Street Address 79 Stratton Forest Way | City Simsbury | State CT | Zip Code 06070 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Halpert | First Name Jack | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0629 | Amount of Contribution |
| Residential Street Address 77 Cricket Ln | City Stamford | State CT | Zip Code 06903 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Vance | First Name Carmen | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0482 | Amount of Contribution |
| Residential Street Address 1 Beach Rd | City Columbia | State CT | Zip Code 06237 | Date Received 03/18/2009 | |
| Principal Occupation College Administrator | Name of Employer Retired from Univ. of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Cibes | First Name William | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0710 | Amount of Contribution |
| Residential Street Address 31 Woodland St # 12B | City Hartford | State CT | Zip Code 06105 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Mastropietro | First Name John | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0500 | Amount of Contribution |
| Residential Street Address 350 Whispering Hill Rd | City Watertown | State CT | Zip Code 06795 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Meade | First Name Andrew | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0664 | Amount of Contribution |
| Residential Street Address 362 East St | City Southington | State CT | Zip Code 06489 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Schuster | First Name Steven | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0667 | Amount of Contribution |
| Residential Street Address 386 Westchester Rd | City Colchester | State CT | Zip Code 06415 | Date Received 03/18/2009 | |
| Principal Occupation Service Coordinator | Name of Employer Central CT Truck Fab & Truck Repair, LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Tortorella | First Name Novella | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0480 | Amount of Contribution |
| Residential Street Address 38 Friendlee Ln | City Wilton | State CT | Zip Code 06897 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$15.00 | \$15.00 |
| Last Name Buckley | First Name Eileen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0516 | Amount of Contribution |
| Residential Street Address 248 Lyons Plain Rd | City Weston | State CT | Zip Code 06883 | Date Received 03/18/2009 | |
| Principal Occupation Registrar of Voters | Name of Employer Town of Weston | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Young | First Name Penelope | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0719 | Amount of Contribution |
| Residential Street Address 52 Indian Rock Rd | City New Canaan | State CT | Zip Code 06840 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Young | First Name Robert | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0720 | Amount of Contribution |
| Residential Street Address 52 Indian Rock Rd | City New Canaan | State CT | Zip Code 06840 | Date Received 03/18/2009 | |
| Principal Occupation Investments | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Wilensky | First Name Edward | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0736 | Amount of Contribution |
| Residential Street Address 9 Sheraton Dr | City Wolcott | State CT | Zip Code 06716 | Date Received 03/18/2009 | |
| Principal Occupation Patient Advocate | Name of Employer Wolcott View Manor | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Capano | First Name Ken | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0645 | Amount of Contribution |
| Residential Street Address 6 Trails End | City Old Saybrook | State CT | Zip Code 06475 | Date Received 03/18/2009 | |
| Principal Occupation Retail Food | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name DeNicola | First Name Barbara | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0639 | Amount of Contribution |
| Residential Street Address 10 Dante Pl | City Hamden | State CT | Zip Code 06514 | Date Received 03/18/2009 | |
| Principal Occupation Retired Teacher | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Miller | First Name Chester | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0622 | Amount of Contribution |
| Residential Street Address 15 Morgan Dr | City Wallingford | State CT | Zip Code 06492 | Date Received 03/18/2009 | |
| Principal Occupation Registrar of Voters | Name of Employer Town of Wallingford | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Nickerson | First Name Nancy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0536 | Amount of Contribution |
| Residential Street Address 45 Farmington Ridge Dr | City Farmington | State CT | Zip Code 06032 | Date Received 03/18/2009 | |
| Principal Occupation n/a | Name of Employer n/a | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Garrey | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0587 | Amount of Contribution |
| Residential Street Address 10 Morrison Ave | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/18/2009 | |
| Principal Occupation Vice President | Name of Employer ING | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Scialabba | First Name Art | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0543 | Amount of Contribution |
| Residential Street Address 2 Acacia St | City Norwalk | State CT | Zip Code 06855 | Date Received 03/18/2009 | |
| Principal Occupation Norwalk | Name of Employer Lane Telecommunications | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Miyashiro | First Name Gary | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0683 | Amount of Contribution |
| Residential Street Address 41 Sullivan Dr | City Redding | State CT | Zip Code 06896 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Stone, Jr. | First Name John | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0686 | Amount of Contribution |
| Residential Street Address 195 Carroll Rd | City Fairfield | State CT | Zip Code 06824 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Orchulli | First Name Jack | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0556 | Amount of Contribution |
| Residential Street Address 446 Hollow Tree Ridge Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Mazzucco | First Name Ward | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0462 | Amount of Contribution |
| Residential Street Address PO Box 511 | City Redding Ridge | State CT | Zip Code 06876 | Date Received 03/18/2009 | |
| Principal Occupation Lawyer | Name of Employer Chapman Mazzucco | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Errickson | First Name Susan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0615 | Amount of Contribution |
| Residential Street Address 55 Hilltop Rd | City Tolland | State CT | Zip Code 06084 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Russo | First Name Evelyn | MI V | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0742 | Amount of Contribution |
| Residential Street Address 108 High St | City Middletown | State CT | Zip Code 06457 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Oliveira | First Name Frank | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0517 | Amount of Contribution |
| Residential Street Address 7 Hefflon Farm Rd | City Old Lyme | State CT | Zip Code 06371 | Date Received 03/18/2009 | |
| Principal Occupation Business Owner | Name of Employer A.D.A Machinery Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Oliveira | First Name Delores | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0518 | Amount of Contribution |
| Residential Street Address 7 Hefflon Farm Rd | City Old Lyme | State CT | Zip Code 06371 | Date Received 03/18/2009 | |
| Principal Occupation Housewife | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Pitkin | First Name Donald | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0576 | Amount of Contribution |
| Residential Street Address 39 Timber Trl | City East Hartford | State CT | Zip Code 06118 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Walsh | First Name Ronald | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0474 | Amount of Contribution |
| Residential Street Address 1146 Main St Apt 2D | City Manchester | State CT | Zip Code 06040 | Date Received 03/18/2009 | |
| Principal Occupation CPA | Name of Employer Walsh, Merrill & Brosseau | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wawer | First Name David | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0456 | Amount of Contribution |
| Residential Street Address 34 Carriage Dr | City Enfield | State CT | Zip Code 06082 | Date Received 03/18/2009 | |
| Principal Occupation Consultant | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Konspore | First Name Jeffrey | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0498 | Amount of Contribution |
| Residential Street Address 33 Fox Run Rd | City Norwalk | State CT | Zip Code 06850 | Date Received 03/18/2009 | |
| Principal Occupation disabled | Name of Employer unemployed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Mirkin | First Name Scott | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0605 | Amount of Contribution |
| Residential Street Address 10 E Ridge Rd | City Stamford | State CT | Zip Code 06903 | Date Received 03/18/2009 | |
| Principal Occupation Sales | Name of Employer IBM | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Papantones | First Name Melissa | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0499 | Amount of Contribution |
| Residential Street Address 98 Alden Ave | City New Haven | State CT | Zip Code 06515 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer Allstate Ins. Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name McQueen | First Name Jared | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0671 | Amount of Contribution |
| Residential Street Address 29 High Hill Rd | City Wallingford | State CT | Zip Code 06492 | Date Received 03/18/2009 | |
| Principal Occupation CPA | Name of Employer Seward & Monde | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name McNamara | First Name Charles | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0758 | Amount of Contribution |
| Residential Street Address 39 Washington Ave | City Danbury | State CT | Zip Code 06810 | Date Received 03/18/2009 | |
| Principal Occupation Teacher | Name of Employer Disability | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Adinolfi | First Name Al | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0608 | Amount of Contribution |
| Residential Street Address 235 Sorghum Mill Dr | City Cheshire | State CT | Zip Code 06410 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer PT-State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Reynolds | First Name Thomas | MI F | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0495 | Amount of Contribution |
| Residential Street Address 122 Old West Mountain Rd | City Ridgefield | State CT | Zip Code 06877 | Date Received 03/18/2009 | |
| Principal Occupation CPA | Name of Employer Reynolds & Rowella, LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Ulrich | First Name Barbara | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0698 | Amount of Contribution |
| Residential Street Address 22 Pleasant St | City West Hartford | State CT | Zip Code 06107 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Loeb | First Name Roger | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0658 | Amount of Contribution |
| Residential Street Address 26 Ferncliff Dr | City West Hartford | State CT | Zip Code 06117 | Date Received 03/18/2009 | |
| Principal Occupation Owner | Name of Employer Allan S. Goodman | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Knierim | First Name Gloria | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0560 | Amount of Contribution |
| Residential Street Address 4 Somerset Ln | City Simsbury | State CT | Zip Code 06070 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer n/a | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Boord | First Name Maryann | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0529 | Amount of Contribution |
| Residential Street Address 139 Tuttle Rd | City Durham | State CT | Zip Code 06422 | Date Received 03/18/2009 | |
| Principal Occupation Exec. Sec. Office of Ombudsman | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Finneran | First Name Janet | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0586 | Amount of Contribution |
| Residential Street Address 648 Carrington Rd | City Bethany | State CT | Zip Code 06524 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dybas | First Name Barbara | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0729 | Amount of Contribution |
| Residential Street Address 22 O'Sullivan Rd | City Derby | State CT | Zip Code 06418 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Wagner | First Name William | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0674 | Amount of Contribution |
| Residential Street Address 172 Stollman Rd | City Colchester | State CT | Zip Code 06415 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Wagner | First Name Elizabeth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0663 | Amount of Contribution |
| Residential Street Address 172 Stollman Rd | City Colchester | State CT | Zip Code 06415 | Date Received 03/18/2009 | |
| Principal Occupation E.S. Review Board | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Norton | First Name Andrew | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0676 | Amount of Contribution |
| Residential Street Address 94 Westchester Rd | City Colchester | State CT | Zip Code 06415 | Date Received 03/18/2009 | |
| Principal Occupation Legislative Liason | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Kuck | First Name John | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0444 | Amount of Contribution |
| Residential Street Address 14 Verona Dr | City Riverside | State CT | Zip Code 06878 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Ellefsen | First Name Grace | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0445 | Amount of Contribution |
| Residential Street Address 187 Havenford St | City Hamden | State CT | Zip Code 06517 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|-----------------------|--|--|-------------------------------------|------------------------|
| Last Name Prokupek | First Name George | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0447 | Amount of Contribution |
| Residential Street Address 5 Hollow Tree Ct | City South Norwalk | State CT | Zip Code 06854-2813 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Linehan | First Name William | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0448 | Amount of Contribution |
| Residential Street Address 56 Hubinger St | City New Haven | State CT | Zip Code 06511-4035 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Joslin | First Name Ramsey | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0449 | Amount of Contribution |
| Residential Street Address 379 Hollow Tree Ridge Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Louziotis | First Name Evelyn | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0450 | Amount of Contribution |
| Residential Street Address 194 Lower Blvd | City New London | State CT | Zip Code 06320 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Riordan | First Name Corinne | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0452 | Amount of Contribution |
| Residential Street Address 17 Linda Ln | City Bethel | State CT | Zip Code 06801 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Steele | First Name G. Donald | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0453 | Amount of Contribution |
| Residential Street Address 150 Cook Hill Rd | City Cheshire | State CT | Zip Code 06410-3763 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Nathanson | First Name Norma | MI p | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0454 | Amount of Contribution |
| Residential Street Address 62A Greenwood Ave | City Bethel | State CT | Zip Code 06801 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sebestyen | First Name Louis | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0455 | Amount of Contribution |
| Residential Street Address 2340 North Ave | City Bridgeport | State CT | Zip Code 06604-2313 | Date Received 03/18/2009 | |
| Principal Occupation Educator Retired | Name of Employer City of Bridgeport | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
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| Last Name Morgan | First Name Mair | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0459 | Amount of Contribution |
| Residential Street Address 9 Park Ln | City Westport | State CT | Zip Code 06880 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$5.00 | \$5.00 |
| Last Name Hollander | First Name Milton | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0460 | Amount of Contribution |
| Residential Street Address PO Box 2903 | City Stamford | State CT | Zip Code 06906 | Date Received 03/18/2009 | |
| Principal Occupation Director | Name of Employer Newport | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Hollander | First Name Betty Ruth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0461 | Amount of Contribution |
| Residential Street Address PO Box 2903 | City Stamford | State CT | Zip Code 06906 | Date Received 03/18/2009 | |
| Principal Occupation Business Manager | Name of Employer Omega Engineering | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Kosloskey | First Name Marie | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0577 | Amount of Contribution |
| Residential Street Address 28 Spicer Ave | City Groton | State CT | Zip Code 06340 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Kurtz | First Name Donald | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0463 | Amount of Contribution |
| Residential Street Address 163 Davenport Dr | City Stamford | State CT | Zip Code 06902 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Allen | First Name Anita | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0465 | Amount of Contribution |
| Residential Street Address 27 Neagle St | City Naugatuck | State CT | Zip Code 06770 | Date Received 03/18/2009 | |
| Principal Occupation Office Manager | Name of Employer B&E Juice, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Smith | First Name Roger | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0466 | Amount of Contribution |
| Residential Street Address 34464 SW Firdale Rd | City Cornelius | State OR | Zip Code 97113 | Date Received 03/18/2009 | |
| Principal Occupation Retired physician | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Mengacii | First Name John | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0467 | Amount of Contribution |
| Residential Street Address 95 Hockanum Blvd # 4407 | City Vernon | State CT | Zip Code 06066 | Date Received 03/18/2009 | |
| Principal Occupation Undersecretary | Name of Employer State of CT Office of Policy & Mgmnt | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Bailey | First Name Sidney | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0468 | Amount of Contribution |
| Residential Street Address 46 Candlewood Spgs | City New Milford | State CT | Zip Code 06776 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Shapleigh | First Name Marjorie | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0469 | Amount of Contribution |
| Residential Street Address 1742 Nichols Dr | City Stratford | State CT | Zip Code 06614 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Dew | First Name Alice | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0470 | Amount of Contribution |
| Residential Street Address 6 High Acres Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Substitute Teacher | Name of Employer Brookfield Public Schools | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Mancini, Sr. | First Name Pellegrino | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0471 | Amount of Contribution |
| Residential Street Address 88 Vernon St | City Waterbury | State CT | Zip Code 06708 | Date Received 03/18/2009 | |
| Principal Occupation Bus Driver | Name of Employer Land/Jet Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Braccia | First Name Jane | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0472 | Amount of Contribution |
| Residential Street Address 61 Kenilworth Dr W | City Stamford | State CT | Zip Code 06902 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Meyers | First Name Earl | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0473 | Amount of Contribution |
| Residential Street Address 14 Fillmore Ln | City Ridgefield | State CT | Zip Code 06877 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Dix | First Name Robert | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0475 | Amount of Contribution |
| Residential Street Address 3484 Meadow Rdg | City Redding | State CT | Zip Code 06896 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Nieman | First Name Joan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0476 | Amount of Contribution |
| Residential Street Address 129 North St | City Trumbull | State CT | Zip Code 06611 | Date Received 03/18/2009 | |
| Principal Occupation VP of Operation | Name of Employer Best Friends Pet Care | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Pennington | First Name Harold | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0477 | Amount of Contribution |
| Residential Street Address 7 Bliss Rd | City New Preston | State CT | Zip Code 06777 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Studwell | First Name Chloe | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0478 | Amount of Contribution |
| Residential Street Address PO Box 5053 48 Whisconien Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |
| Last Name Donaldson | First Name James | MI N | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0479 | Amount of Contribution |
| Residential Street Address 300 Steiner St | City Fairfield | State CT | Zip Code 06430 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer New Alliance Bank | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Halibozek, Jr | First Name Stanley | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0481 | Amount of Contribution |
| Residential Street Address 1258 Troutbrook Dr . | City West Hartford | State CT | Zip Code 06119 | Date Received 03/18/2009 | |
| Principal Occupation Manager | Name of Employer State of CT DMV | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Neal | First Name Gerald | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0483 | Amount of Contribution |
| Residential Street Address 4 Lakeshore N | City New Fairfield | State CT | Zip Code 06812 | Date Received 03/18/2009 | |
| Principal Occupation Retired accountant | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Eckenfelder | First Name Jene | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0484 | Amount of Contribution |
| Residential Street Address 5 Baldwin Pl | City Westport | State CT | Zip Code 06880 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Holmes | First Name Jonathan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0485 | Amount of Contribution |
| Residential Street Address 10 Saxton Brook Dr | City Simsbury | State CT | Zip Code 06070 | Date Received 03/18/2009 | |
| Principal Occupation DEP CMMRS | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Lucas | First Name John | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0486 | Amount of Contribution |
| Residential Street Address 23 Beech Tree Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Security Director | Name of Employer Danbury Hospital | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Dukes | First Name Philip | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0487 | Amount of Contribution |
| Residential Street Address 270 James St | City Fairfield | State CT | Zip Code 06824 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer CT Dept. of Public Utility Control | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Collins | First Name Francis | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0488 | Amount of Contribution |
| Residential Street Address 157 Country Club Dr | City Oxford | State CT | Zip Code 06478 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer Collins, Hannafin etal | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Fuller | First Name Samuel | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0489 | Amount of Contribution |
| Residential Street Address 40 Contentment Island Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/18/2009 | |
| Principal Occupation Redevelopment | Name of Employer Fuller Development, LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Russell | First Name Robert | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0490 | Amount of Contribution |
| Residential Street Address 15 Hemmelskamp Rd | City Wilton | State CT | Zip Code 06897-2104 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Margenot, Jr. | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0491 | Amount of Contribution |
| Residential Street Address 18 Clover Pl . | City Cos Cob | State CT | Zip Code 06807 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Fattibene | First Name Paul | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0492 | Amount of Contribution |
| Residential Street Address 235 Village Ln | City Southport | State CT | Zip Code 06890 | Date Received 03/18/2009 | |
| Principal Occupation Patent Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wollenberg | First Name Nancy | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0493 | Amount of Contribution |
| Residential Street Address 38 Northwoods Rd | City Farmington | State CT | Zip Code 06032 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Shields | First Name Bruce | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0496 | Amount of Contribution |
| Residential Street Address 5 Quarry Ln | City Hamden | State CT | Zip Code 06518 | Date Received 03/18/2009 | |
| Principal Occupation Physician | Name of Employer Yale University | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Martinoli | First Name Beverly | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0497 | Amount of Contribution |
| Residential Street Address 35 Hunters Mountain Rd | City Oxford | State CT | Zip Code 06478 | Date Received 03/18/2009 | |
| Principal Occupation Retired Town Clerk | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Romanow | First Name John | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0501 | Amount of Contribution |
| Residential Street Address 401 Whitney Ave | City New Haven | State CT | Zip Code 06511 | Date Received 03/18/2009 | |
| Principal Occupation Arbitrator | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Forrow | First Name Brian | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0502 | Amount of Contribution |
| Residential Street Address 704 Lake Ave | City Greenwich | State CT | Zip Code 06830 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sholanich | First Name Roseann | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0503 | Amount of Contribution |
| Residential Street Address 26 Porter St | City Stratford | State CT | Zip Code 06614-2937 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Nearing | First Name Michael | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0504 | Amount of Contribution |
| Residential Street Address 19 Sun Ridge Ln | City Cromwell | State CT | Zip Code 06416 | Date Received 03/18/2009 | |
| Principal Occupation Security & Safety | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Coplen | First Name Patricia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0506 | Amount of Contribution |
| Residential Street Address 119 Harvest Cmn | City Westport | State CT | Zip Code 06880 | Date Received 03/18/2009 | |
| Principal Occupation Ageing | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name O'Hearn | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0507 | Amount of Contribution |
| Residential Street Address 206 Walek Farms Rd | City Manchester | State CT | Zip Code 06040 | Date Received 03/18/2009 | |
| Principal Occupation Deputy Commissioner DPW | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name McCleery | First Name Derek | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0508 | Amount of Contribution |
| Residential Street Address 24 Franklin Ct | City Newtown | State CT | Zip Code 06470 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Mascia | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0510 | Amount of Contribution |
| Residential Street Address 9 Obtuse Rd N | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Physician | Name of Employer Danbury Hospital | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Scheel | First Name Anne | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0511 | Amount of Contribution |
| Residential Street Address 31 Upper Walnut Hill Rd | City East Lyme | State CT | Zip Code 06333 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Uzzo | First Name Vickie | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0512 | Amount of Contribution |
| Residential Street Address 5 Woodvale Rd | City Branford | State CT | Zip Code 06405 | Date Received 03/18/2009 | |
| Principal Occupation Registered Nurse | Name of Employer Branford Bd of Ed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Bowden | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0513 | Amount of Contribution |
| Residential Street Address 305 Georgetown Dr . | City Glastonbury | State CT | Zip Code 06033 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Hollister, Jr., M.D. | First Name Dickerman | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0514 | Amount of Contribution |
| Residential Street Address 4 Cedarwood Dr | City Greenwich | State CT | Zip Code 06830 | Date Received 03/18/2009 | |
| Principal Occupation Physician | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Reilly | First Name Ed | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0515 | Amount of Contribution |
| Residential Street Address 5 Old Field Pl | City Rowayton | State CT | Zip Code 06853 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Thompson | First Name Thomas | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0519 | Amount of Contribution |
| Residential Street Address 29 Cypress St | City Bristol | State CT | Zip Code 06010 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Makowski | First Name Thomas | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0520 | Amount of Contribution |
| Residential Street Address 5 Bayberry Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Export Operations Mg. | Name of Employer Odyssey Logistics | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Godkin | First Name Louis | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0522 | Amount of Contribution |
| Residential Street Address 3 McDonnell Dr | City Bethel | State CT | Zip Code 06801-3022 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Piggott | First Name Ed | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0523 | Amount of Contribution |
| Residential Street Address 93 Gary Rd | City Stamford | State CT | Zip Code 06903 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Steck, III | First Name Charles | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0524 | Amount of Contribution |
| Residential Street Address PO Box 26 131 Putnam Park Rd | City Bethel | State CT | Zip Code 06801 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Zezenia | First Name Donald | MI F | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0525 | Amount of Contribution |
| Residential Street Address 68 Cross Country Trl | City Stamford | State CT | Zip Code 06903 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Nardi | First Name Nicholas | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0526 | Amount of Contribution |
| Residential Street Address PO Box 846 | City Norwalk | State CT | Zip Code 06852-0846 | Date Received 03/18/2009 | |
| Principal Occupation Officer | Name of Employer Culpeper Foundation | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Isaacs | First Name Jed | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0527 | Amount of Contribution |
| Residential Street Address 2 Wallenberg Dr | City Stamford | State CT | Zip Code 06903 | Date Received 03/18/2009 | |
| Principal Occupation CPA/Atty | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Ning | First Name Teresa | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0528 | Amount of Contribution |
| Residential Street Address 110 Fishing Trl | City Stamford | State CT | Zip Code 06903 | Date Received 03/18/2009 | |
| Principal Occupation Physician | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Richardson, Jr. | First Name Lunsford | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0530 | Amount of Contribution |
| Residential Street Address 7 Indian Spring Rd | City Rowayton | State CT | Zip Code 06853-1304 | Date Received 03/18/2009 | |
| Principal Occupation Director of several family companie | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Jones | First Name Denise | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0531 | Amount of Contribution |
| Residential Street Address 7 W Ledge Dr | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Malkin | First Name Warren | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0533 | Amount of Contribution |
| Residential Street Address 42 Whiscooner Rd Box 5085 | City Brookfield | State CT | Zip Code 06804-5085 | Date Received 03/18/2009 | |
| Principal Occupation CPA | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Stramel | First Name Joan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0535 | Amount of Contribution |
| Residential Street Address 16 Steeple Chase Rd | City East Windsor | State CT | Zip Code 06088 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Lindberg | First Name Charles | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0537 | Amount of Contribution |
| Residential Street Address 44 Indian Trl | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|---------------------------|
| Last Name Cannella | First Name Philip | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0538 | Amount of Contribution |
| Residential Street Address 41 LedgeWood Dr | City Wilton | State CT | Zip Code 06897 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Sheehan, III | First Name Eugene | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0539 | Amount of Contribution |
| Residential Street Address 511 E Carriage Dr | City Glastonbury | State CT | Zip Code 06033 | Date Received 03/18/2009 | |
| Principal Occupation Public Relations Executive | Name of Employer Sullivan & Leshane Public Relations | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Susnitzky | First Name Carl | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0541 | Amount of Contribution |
| Residential Street Address 8 Field Rd | City Danbury | State CT | Zip Code 06811 | Date Received 03/18/2009 | |
| Principal Occupation Stock Broker | Name of Employer Oppenheimer & Co., Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Zeender | First Name Eileen | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0542 | Amount of Contribution |
| Residential Street Address 34 N Elm St | City Wallingford | State CT | Zip Code 06492 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Mahon | First Name Arthur | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0545 | Amount of Contribution |
| Residential Street Address 41 Middle Beach Rd W | City Madison | State CT | Zip Code 06443 | Date Received 03/18/2009 | |
| Principal Occupation Executive | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Barrieau | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0546 | Amount of Contribution |
| Residential Street Address 338 N Quaker Ln | City West Hartford | State CT | Zip Code 06119 | Date Received 03/18/2009 | |
| Principal Occupation Fuel Oil Retailer | Name of Employer Barrieau Oil Co., Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Marino | First Name Robert | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0547 | Amount of Contribution |
| Residential Street Address 135 Eastridge Dr | City Waterbury | State CT | Zip Code 06708 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer Self employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Ciaccio | First Name George | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0548 | Amount of Contribution |
| Residential Street Address 20 Freedom Way | City Shelton | State CT | Zip Code 06897 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|-------------------------|--|--|-------------------------------------|------------------------|
| Last Name McPadden | First Name Emily | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0550 | Amount of Contribution |
| Residential Street Address 3 Arbor Dr | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Kroher | First Name Elizabeth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0551 | Amount of Contribution |
| Residential Street Address 3 Mohican Trl | City Old Saybrook | State CT | Zip Code 06475 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Perkin | First Name Robert | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0552 | Amount of Contribution |
| Residential Street Address 160 Brookside Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wilson | First Name Muriel | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0553 | Amount of Contribution |
| Residential Street Address 122 Palmers Hill Rd Unit 3319 | City Stamford | State CT | Zip Code 06902 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$35.00 | \$35.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--------------------------------|--|--|-------------------------------------|------------------------|
| Last Name DiZenzo | First Name Ann Marie | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0555 | Amount of Contribution |
| Residential Street Address 200 Orchard Hill Dr | City Stratford | State CT | Zip Code 06614 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer Umemployed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Merritt | First Name Henry | MI F | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0557 | Amount of Contribution |
| Residential Street Address Old Hattertwon Road #25 | City Redding Ridge | State CT | Zip Code 06896 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Efrece | First Name Jeanne | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0558 | Amount of Contribution |
| Residential Street Address 3 Candview Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Nevillo | First Name Mahrukh | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0559 | Amount of Contribution |
| Residential Street Address 11 Macintosh Rd | City Norwalk | State CT | Zip Code 06851 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$75.00 | \$75.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|------------------------|--|--|-------------------------------------|------------------------|
| Last Name Ober | First Name Marilyn | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0561 | Amount of Contribution |
| Residential Street Address 23 Obtuse Rd S | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Jackson | First Name William | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0563 | Amount of Contribution |
| Residential Street Address 33 Hilda St | City East Haven | State CT | Zip Code 06512 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Galda | First Name Charles | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0564 | Amount of Contribution |
| Residential Street Address 36 Arapahoe Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Executive | Name of Employer GE | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Houghton | First Name Aileen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0565 | Amount of Contribution |
| Residential Street Address 20 Copper Beach Ln | City Ridgefield | State CT | Zip Code 06877 | Date Received 03/18/2009 | |
| Principal Occupation Housewife | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Hickey | First Name Charles | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0567 | Amount of Contribution |
| Residential Street Address 29 Lewis Rd | City Marlborough | State CT | Zip Code 06447 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer Feldman & Hickey | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Borst | First Name Barbara | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0568 | Amount of Contribution |
| Residential Street Address 10 Beechwood Dr | City Sandy Hook | State CT | Zip Code 06482 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Pacelli | First Name Louis | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0569 | Amount of Contribution |
| Residential Street Address 9 Twin Bridge Rd | City Madison | State CT | Zip Code 06443 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer Self employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Ulbrich | First Name Chris | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0570 | Amount of Contribution |
| Residential Street Address 24 Shunpike Rd | City Durham | State CT | Zip Code 06422 | Date Received 03/18/2009 | |
| Principal Occupation Executive | Name of Employer Ulbrich Steel | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Booth | First Name John | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0571 | Amount of Contribution |
| Residential Street Address 182 Whites Woods Rd Box 25 | City Litchfield | State CT | Zip Code 06759 | Date Received 03/18/2009 | |
| Principal Occupation Investments | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Boris | First Name Greg | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0572 | Amount of Contribution |
| Residential Street Address 33 Elderslie Ln | City Woodbridge | State CT | Zip Code 06525 | Date Received 03/18/2009 | |
| Principal Occupation Physician | Name of Employer Griffin Hospital | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Steers | First Name William | MI V | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0573 | Amount of Contribution |
| Residential Street Address 214 Painter Hill Rd | City Roxbury | State CT | Zip Code 06283 | Date Received 03/18/2009 | |
| Principal Occupation Retired pilot | Name of Employer American Airlines | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Brignole | First Name Kimberly | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0574 | Amount of Contribution |
| Residential Street Address 117 Peak Mountain Dr | City East Granby | State CT | Zip Code 06026 | Date Received 03/18/2009 | |
| Principal Occupation Office manager | Name of Employer Brignole, Bush & Lewis | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Toomey | First Name Tom | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0578 | Amount of Contribution |
| Residential Street Address 22 Hebron Rd | City Bolton | State CT | Zip Code 06043 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Millington | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0579 | Amount of Contribution |
| Residential Street Address 49 Kinney Hill Rd | City New Preston | State CT | Zip Code 06777 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Regina | First Name Alfred | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0580 | Amount of Contribution |
| Residential Street Address 1397 Old Colchester Rd | City Oakdale | State CT | Zip Code 06370 | Date Received 03/18/2009 | |
| Principal Occupation Director, Strategic Servicing | Name of Employer Phoenix Life Insurance Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Monteith | First Name Jane | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0581 | Amount of Contribution |
| Residential Street Address 1130 Ridge Rd | City North Haven | State CT | Zip Code 06473 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Shiller | First Name Jack | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0582 | Amount of Contribution |
| Residential Street Address 17 Cranberry Ln | City Ridgefield | State CT | Zip Code 06877-5504 | Date Received 03/18/2009 | |
| Principal Occupation Physician | Name of Employer not employed at present | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name George | First Name Marion | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0583 | Amount of Contribution |
| Residential Street Address 240 Wardwell St # 26 | City Stamford | State CT | Zip Code 06902 | Date Received 03/18/2009 | |
| Principal Occupation Executive Secretary | Name of Employer Mormac Marine Group, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |
| Last Name Lozis | First Name Frank | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0584 | Amount of Contribution |
| Residential Street Address 30 Robbins Rd | City Kensington | State CT | Zip Code 06037 | Date Received 03/18/2009 | |
| Principal Occupation Supervisor | Name of Employer The Marlin Firearms Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Luke | First Name Patricia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0585 | Amount of Contribution |
| Residential Street Address 4 Oak Knoll Rd | City East Hampton | State CT | Zip Code 06424 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Harris | First Name Barton | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0588 | Amount of Contribution |
| Residential Street Address 271 Eastbury Hill Rd | City Glastonbury | State CT | Zip Code 06033 | Date Received 03/18/2009 | |
| Principal Occupation Systems analyst | Name of Employer Henkel of America | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Bishop | First Name Julie | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0589 | Amount of Contribution |
| Residential Street Address 30 Talmadge Hill Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name McCann | First Name Robert | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0590 | Amount of Contribution |
| Residential Street Address 66 Crossroads Ln | City Glastonbury | State CT | Zip Code 06033 | Date Received 03/18/2009 | |
| Principal Occupation Exec. V.P. and Treasurer | Name of Employer Allied Printing Services, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Poliner | First Name Robert | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0591 | Amount of Contribution |
| Residential Street Address PO Box 544 | City Durham | State CT | Zip Code 06422 | Date Received 03/18/2009 | |
| Principal Occupation Lawyer | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Lunn | First Name Ann | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0592 | Amount of Contribution |
| Residential Street Address 9 Contentment Island Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Miller | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0594 | Amount of Contribution |
| Residential Street Address 41 Barnum Rd | City New Fairfield | State CT | Zip Code 06812 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Gessert | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0596 | Amount of Contribution |
| Residential Street Address 43 Grandview Ave | City Wallingford | State CT | Zip Code 06492 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Howey | First Name Greg | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0597 | Amount of Contribution |
| Residential Street Address 580 Shuttle Meadow Ave | City New Britain | State CT | Zip Code 06052 | Date Received 03/18/2009 | |
| Principal Occupation Preident | Name of Employer Okay Industries, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|----------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Smith | First Name Ernest | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0598 | Amount of Contribution |
| Residential Street Address 21 Ox Yoke Dr | City Simsbury | State CT | Zip Code 06070 | Date Received 03/18/2009 | |
| Principal Occupation Engineer | Name of Employer Retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Brown | First Name Diane | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0599 | Amount of Contribution |
| Residential Street Address 62 Westwood Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Craighead | First Name Lincoln | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0600 | Amount of Contribution |
| Residential Street Address 175 Barlow Rd | City Fairfield | State CT | Zip Code 06824 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Norman | First Name Marion | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0601 | Amount of Contribution |
| Residential Street Address 51 Grove St | City Ansonia | State CT | Zip Code 06401 | Date Received 03/18/2009 | |
| Principal Occupation | Name of Employer Not employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Cella | First Name Gary | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0602 | Amount of Contribution |
| Residential Street Address 5 Ridge Rd | City Cos Cob | State CT | Zip Code 06807 | Date Received 03/18/2009 | |
| Principal Occupation Investor | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Mihalec | First Name John | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0604 | Amount of Contribution |
| Residential Street Address 1687 Cross Hwy | City Fairfield | State CT | Zip Code 06824 | Date Received 03/18/2009 | |
| Principal Occupation Executive | Name of Employer IBM | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Papp | First Name Grace | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0606 | Amount of Contribution |
| Residential Street Address 110 Dunn Ave | City Stamford | State CT | Zip Code 06905-1113 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$5.00 | \$5.00 |
| Last Name Bishop | First Name Faith | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0607 | Amount of Contribution |
| Residential Street Address 25 Nawthorne Rd | City Old Greenwich | State CT | Zip Code 06870 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Carroll | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0610 | Amount of Contribution |
| Residential Street Address 17 Uplands Dr | City West Hartford | State CT | Zip Code 06107 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Kellner | First Name Marian | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0611 | Amount of Contribution |
| Residential Street Address 37 Main St | City Farmington | State CT | Zip Code 06032 | Date Received 03/18/2009 | |
| Principal Occupation Physician | Name of Employer Physicians for Women's Health | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Flattery | First Name Silvana | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0612 | Amount of Contribution |
| Residential Street Address 51 New Rd | City Rocky Hill | State CT | Zip Code 06067 | Date Received 03/18/2009 | |
| Principal Occupation Regional Administrator | Name of Employer Dept. of Social Svs. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Carmon | First Name John | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0613 | Amount of Contribution |
| Residential Street Address 301 Country Club Rd | City Avon | State CT | Zip Code 06001 | Date Received 03/18/2009 | |
| Principal Occupation Funeral Director | Name of Employer Carmon Funeral Homes, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Neuman | First Name Mark | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0614 | Amount of Contribution |
| Residential Street Address 29 Burleigh Dr | City Granby | State CT | Zip Code 06035 | Date Received 03/18/2009 | |
| Principal Occupation Engineer | Name of Employer HS | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Johnson | First Name Elizabeth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0616 | Amount of Contribution |
| Residential Street Address 24 Pheasant Dr | City Middletown | State CT | Zip Code 06457 | Date Received 03/18/2009 | |
| Principal Occupation Grandmother | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name White | First Name Alan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0618 | Amount of Contribution |
| Residential Street Address 28 Windy Hill Ln | City Rocky Hill | State CT | Zip Code 06067 | Date Received 03/18/2009 | |
| Principal Occupation Executive | Name of Employer C. White & Son | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sargent, Jr. | First Name Lawton | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0619 | Amount of Contribution |
| Residential Street Address 88 Notch Hill Rd | City North Branford | State CT | Zip Code 06471-1861 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$40.00 | \$40.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Goering | First Name Marian | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0620 | Amount of Contribution |
| Residential Street Address 37 Ashlar Vlg | City Wallingford | State CT | Zip Code 06492 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions \$30.00 | \$30.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Last Name Jackson | First Name Richard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0621 | Amount of Contribution |
| Residential Street Address 35 Stillmeadow Ln | City Somers | State CT | Zip Code 06071 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions \$10.00 | \$10.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Last Name Gill | First Name Ann | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0623 | Amount of Contribution |
| Residential Street Address 53 High Point Rd | City Westport | State CT | Zip Code 06880 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions \$40.00 | \$40.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Last Name Hobbs | First Name Michael | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0624 | Amount of Contribution |
| Residential Street Address 249 Main St | City New Canaan | State CT | Zip Code 06840 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions \$100.00 | \$100.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Wolfe | First Name Susan | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0625 | Amount of Contribution |
| Residential Street Address 36 Bainton Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Tomaszack | First Name Lee | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0626 | Amount of Contribution |
| Residential Street Address 1 Overlook Dr | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Leonardi | First Name Peter | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0627 | Amount of Contribution |
| Residential Street Address 2 South St | City East Haven | State CT | Zip Code 06512-4535 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Rogg | First Name Anne | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0628 | Amount of Contribution |
| Residential Street Address 1383 Topaz Dr | City Draper | State VA | Zip Code 24324 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Dritenbas | First Name Arthur | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0630 | Amount of Contribution |
| Residential Street Address 111 Gray St | City Shelton | State CT | Zip Code 06484 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$15.00 | \$15.00 |
| Last Name Ermish | First Name Joan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0631 | Amount of Contribution |
| Residential Street Address 11 Far View Cmns | City Southbury | State CT | Zip Code 06488 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Ross | First Name Edmund | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0633 | Amount of Contribution |
| Residential Street Address 4 Fifth St | City East Norwalk | State CT | Zip Code 06855 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Wallace | First Name Diane | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0634 | Amount of Contribution |
| Residential Street Address 71 Westerly Ter | City Hartford | State CT | Zip Code 06105 | Date Received 03/18/2009 | |
| Principal Occupation Chief Information Officer | Name of Employer State of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
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| Last Name Collamore | First Name Thomas | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0635 | Amount of Contribution |
| Residential Street Address 5206 Norway Dr | City Chevy Chase | State MD | Zip Code 20815 | Date Received 03/18/2009 | |
| Principal Occupation Executive | Name of Employer U.S. Chamber of Commerce | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Tretter | First Name Charles | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0636 | Amount of Contribution |
| Residential Street Address 91 Monroe St | City Dedham | State MA | Zip Code 02026 | Date Received 03/18/2009 | |
| Principal Occupation Executive Director | Name of Employer New England Governors Conferece, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name McIsaac | First Name Harold | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0637 | Amount of Contribution |
| Residential Street Address 55 Sea Park Blvd | City Satellite Beach | State FL | Zip Code 32937 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Gross | First Name Ronald | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0638 | Amount of Contribution |
| Residential Street Address 925 Westover Rd | City Stamford | State CT | Zip Code 06902 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|------------------------------------|------------------------|
| Last Name Bernardoni | First Name James | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0640 | Amount of Contribution |
| Residential Street Address 52 New Place St | City Yalesville | State CT | Zip Code 06492-2237 | Date Received 03/18/2009 | |
| Principal Occupation Shipper | Name of Employer Cooper-Atkins Corp. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |
| Last Name Monaco | First Name Anna | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0642 | Amount of Contribution |
| Residential Street Address 96 Longmeadow Rd | City Shelton | State CT | Zip Code 06484 | Date Received 03/18/2009 | |
| Principal Occupation n/a | Name of Employer n/a | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Lutz | First Name Stephen | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0643 | Amount of Contribution |
| Residential Street Address 66 High Hill Cir | City Madison | State CT | Zip Code 06443 | Date Received 03/18/2009 | |
| Principal Occupation Sales | Name of Employer Loreal-USA | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Clark | First Name Constance | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0646 | Amount of Contribution |
| Residential Street Address 9 Trotters Gln | City Farmington | State CT | Zip Code 06032 | Date Received 03/18/2009 | |
| Principal Occupation n/a | Name of Employer n/a | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Fitzgerald | First Name John | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0647 | Amount of Contribution |
| Residential Street Address 728 Redstone Hill Rd | City Bristol | State CT | Zip Code 06010 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Golon | First Name Edward | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0648 | Amount of Contribution |
| Residential Street Address 29 Laurie Dr | City Enfield | State CT | Zip Code 06082 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Askham | First Name Patty | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0650 | Amount of Contribution |
| Residential Street Address 5 Branchbrook Dr | City Simsbury | State CT | Zip Code 06070 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Zakszewski | First Name James | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0651 | Amount of Contribution |
| Residential Street Address 132 Shipman Dr | City Glastonbury | State CT | Zip Code 06033-4190 | Date Received 03/18/2009 | |
| Principal Occupation Pharmacy Consultant | Name of Employer State of CT Dept. of Social Svs. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Stephenson | First Name Wendell | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0653 | Amount of Contribution |
| Residential Street Address 45 Blue Ridge Ln | City West Hartford | State CT | Zip Code 06117-2314 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Hornbecker | First Name Joyce | MI K | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0654 | Amount of Contribution |
| Residential Street Address 151 Settlers Hill Rd | City Southbury | State CT | Zip Code 06488-1849 | Date Received 03/18/2009 | |
| Principal Occupation Retired Town clerk | Name of Employer Retired Town of Southbury | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Lewis | First Name Paul | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0655 | Amount of Contribution |
| Residential Street Address 21 Staples Pl | City West Hartford | State CT | Zip Code 06107 | Date Received 03/18/2009 | |
| Principal Occupation Owner | Name of Employer Dittman & Greer, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Bodick | First Name Nancy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0656 | Amount of Contribution |
| Residential Street Address 26 High St | City Milford | State CT | Zip Code 06460 | Date Received 03/18/2009 | |
| Principal Occupation Boatyard/Marina Manager | Name of Employer Milford Boat Works | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Perrelli | First Name Cosmo | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0657 | Amount of Contribution |
| Residential Street Address 18 Cowpen Rd | City West Haven | State CT | Zip Code 06516 | Date Received 03/18/2009 | |
| Principal Occupation HVAC Tech | Name of Employer J&V Heating | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Young | First Name Richard | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0659 | Amount of Contribution |
| Residential Street Address 301 W Lyon Farm Dr | City Greenwich | State CT | Zip Code 06831 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wilson | First Name Bruce | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0660 | Amount of Contribution |
| Residential Street Address 1 Windsor Ct | City Farmington | State CT | Zip Code 06032 | Date Received 03/18/2009 | |
| Principal Occupation CEO | Name of Employer The First Tee of Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Ballard | First Name Marilyn | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0661 | Amount of Contribution |
| Residential Street Address 9 Rockledge Dr | City West Hartford | State CT | Zip Code 06107 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Steiner | First Name Richard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0662 | Amount of Contribution |
| Residential Street Address 45 Jokcey Hollow Rd | City Monroe | State CT | Zip Code 06468 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sweeton, III | First Name Arthur | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0665 | Amount of Contribution |
| Residential Street Address 6 Murphy Rd | City Canton Center | State CT | Zip Code 06020 | Date Received 03/18/2009 | |
| Principal Occupation Retired Civil Engineer | Name of Employer The Metropolitan District | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Desaulniers | First Name Yvon | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0666 | Amount of Contribution |
| Residential Street Address 7 Evergreen Dr | City Wolcott | State CT | Zip Code 06716 | Date Received 03/18/2009 | |
| Principal Occupation CEO | Name of Employer Devon Precision Ind/Alden Corp. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Slattery | First Name James | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0668 | Amount of Contribution |
| Residential Street Address 67 Fable Farm Rd | City New Canaan | State CT | Zip Code 06840 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|------------------------------|--|--|-------------------------------------|------------------------|
| Last Name White | First Name John | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0669 | Amount of Contribution |
| Residential Street Address 125 Hampden Rd | City Stafford Springs | State CT | Zip Code 06076 | Date Received 03/18/2009 | |
| Principal Occupation Wholesaler- LBM | Name of Employer Parksite | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Robilotti | First Name Martha | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0670 | Amount of Contribution |
| Residential Street Address 28 Huntingtown Rd | City Newtown | State CT | Zip Code 06470 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wrinn | First Name Judeen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0672 | Amount of Contribution |
| Residential Street Address 97 Miner St | City Middletown | State CT | Zip Code 06457 | Date Received 03/18/2009 | |
| Principal Occupation Management | Name of Employer ING | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Faure | First Name Jeanne | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0673 | Amount of Contribution |
| Residential Street Address 133 Chestnut Land Rd | City New Milford | State CT | Zip Code 06776 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|-----------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Hirschfield | First Name Barbara | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0675 | Amount of Contribution |
| Residential Street Address 60 Samp Mortar Dr | City Fairfield | State CT | Zip Code 06824 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Wright | First Name C. Craig | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0677 | Amount of Contribution |
| Residential Street Address 114 Pequot Ln | City New Canaan | State CT | Zip Code 06840 | Date Received 03/18/2009 | |
| Principal Occupation Retired Physician | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Sullivan | First Name Timothy | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0678 | Amount of Contribution |
| Residential Street Address 187 Steep Hill Rd | City Weston | State CT | Zip Code 06883-1924 | Date Received 03/18/2009 | |
| Principal Occupation Businessman | Name of Employer Bacardi Lmtd. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Garrity | First Name Edward | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0679 | Amount of Contribution |
| Residential Street Address 2 Butternut Ln | City Westport | State CT | Zip Code 06880 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Gesund | First Name Lillian | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0680 | Amount of Contribution |
| Residential Street Address 202 Old Bridge Ln | City Danbury | State CT | Zip Code 06811 | Date Received 03/18/2009 | |
| Principal Occupation Retired teacher | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Benysek | First Name Geri | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0681 | Amount of Contribution |
| Residential Street Address 4 Norris Ln | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Housewife | Name of Employer Retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Culpert | First Name Sandra | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0682 | Amount of Contribution |
| Residential Street Address 16 Deer Ln | City Greenwich | State CT | Zip Code 06830 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Grant | First Name Stephen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0684 | Amount of Contribution |
| Residential Street Address 175 Lonetown Rd | City Redding | State CT | Zip Code 06896 | Date Received 03/18/2009 | |
| Principal Occupation Aviation | Name of Employer Jet Aviation | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Baff | First Name Fredric | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0685 | Amount of Contribution |
| Residential Street Address 15 Orchard Hill Rd | City Newtown | State CT | Zip Code 06470 | Date Received 03/18/2009 | |
| Principal Occupation Veterinarian | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Kalat | First Name Edward | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0688 | Amount of Contribution |
| Residential Street Address 310 Annelise Ave | City Southington | State CT | Zip Code 06489 | Date Received 03/18/2009 | |
| Principal Occupation Self Employed | Name of Employer Southington Tool & Mfg. Corp. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Healey | First Name Marc | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0689 | Amount of Contribution |
| Residential Street Address 55 Platt Ave | City West Haven | State CT | Zip Code 06516 | Date Received 03/18/2009 | |
| Principal Occupation V.P. | Name of Employer City Point Construction, Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sadloski | First Name Peter | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0691 | Amount of Contribution |
| Residential Street Address 25 Clearview Ter . | City Manchester | State CT | Zip Code 06042-1918 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Wiltse | First Name John | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0692 | Amount of Contribution |
| Residential Street Address 114 Sea Green Dr | City Berlin | State CT | Zip Code 06037 | Date Received 03/18/2009 | |
| Principal Occupation Deputy Commissioner | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Gundaker | First Name Christine | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0693 | Amount of Contribution |
| Residential Street Address 4 Ridge Rd | City Simsbury | State CT | Zip Code 06070 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Dooley | First Name Ed | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0695 | Amount of Contribution |
| Residential Street Address 42 Glenwood Dr | City Windsor | State CT | Zip Code 06095 | Date Received 03/18/2009 | |
| Principal Occupation Retired Bank Examiner | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Knapsack | First Name Tracie | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0696 | Amount of Contribution |
| Residential Street Address 30 Tinsmith Xing | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/18/2009 | |
| Principal Occupation AFAO | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Pedalino | First Name Elinor | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0699 | Amount of Contribution |
| Residential Street Address 600 Washington Ave # C-4 | City North Haven | State CT | Zip Code 06473 | Date Received 03/18/2009 | |
| Principal Occupation Retired tax collector | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name DiLorenzo | First Name Richard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0700 | Amount of Contribution |
| Residential Street Address 39 Chapman Ave | City Westbrook | State CT | Zip Code 06498 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Woerner | First Name Dorothy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0701 | Amount of Contribution |
| Residential Street Address 109 Highland Dr | City Monroe | State CT | Zip Code 06468 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$15.00 | \$15.00 |
| Last Name Cellar | First Name Richard | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0702 | Amount of Contribution |
| Residential Street Address 83 Lawrence Rd | City Fairfield | State CT | Zip Code 06824-3039 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name McKinney | First Name Fred | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0703 | Amount of Contribution |
| Residential Street Address 8 Windmill Ln | City Trumbull | State CT | Zip Code 06611 | Date Received 03/18/2009 | |
| Principal Occupation Executivw | Name of Employer GNEMSDC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Logan | First Name Lawrence | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0704 | Amount of Contribution |
| Residential Street Address 61 Greenway St | City Hamden | State CT | Zip Code 06517 | Date Received 03/18/2009 | |
| Principal Occupation accountant | Name of Employer Deloitte, LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |
| Last Name Connolly | First Name Bruce | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0705 | Amount of Contribution |
| Residential Street Address PO Box 164 | City Westport | State CT | Zip Code 06881 | Date Received 03/18/2009 | |
| Principal Occupation Sales | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Borgio | First Name Ron | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0706 | Amount of Contribution |
| Residential Street Address 4 Catherine Ln | City Suffield | State CT | Zip Code 06078 | Date Received 03/18/2009 | |
| Principal Occupation Engineer | Name of Employer Smith & Wesson | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|----------------------|--|--|-------------------------------------|------------------------|
| Last Name Kowalsky | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0709 | Amount of Contribution |
| Residential Street Address 1027 Worthington Rdg | City Berlin | State CT | Zip Code 06037 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Kibner | First Name Larry | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0711 | Amount of Contribution |
| Residential Street Address 8812 49th Ave W | City Bradenton | State FL | Zip Code 34210 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Harrington | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0712 | Amount of Contribution |
| Residential Street Address 8 Mountain Trl | City Stamford | State CT | Zip Code 06903 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |
| Last Name Hahn | First Name Philip | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0714 | Amount of Contribution |
| Residential Street Address 58 Lockwood Ln | City Riverside | State CT | Zip Code 06878 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|------------------------|--|--|-------------------------------------|------------------------|
| Last Name Blackman | First Name Eleanore | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0715 | Amount of Contribution |
| Residential Street Address 36 Maple Avenue Ext | City Bethel | State CT | Zip Code 06801 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Hunicke | First Name Barbara | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0716 | Amount of Contribution |
| Residential Street Address 8 Southbury Rd | City Roxbury | State CT | Zip Code 06783 | Date Received 03/18/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Lyons | First Name Ann | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0717 | Amount of Contribution |
| Residential Street Address 37 Higgins Ave | City Plainville | State CT | Zip Code 06062 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Schroder | First Name Roy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0718 | Amount of Contribution |
| Residential Street Address 148 Long Meadow Hill Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Parke, M.D. | First Name David | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0721 | Amount of Contribution |
| Residential Street Address 88 Notch Hill Rd Apt 332 | City North Branford | State CT | Zip Code 06471 | Date Received 03/18/2009 | |
| Principal Occupation Physician | Name of Employer Yale University Medical School | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Church | First Name Mrs. J | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0722 | Amount of Contribution |
| Residential Street Address 111 Two Brook Rd | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$8.00 | \$8.00 |
| Last Name Volpe | First Name Michael | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0723 | Amount of Contribution |
| Residential Street Address 81 N Lakeshore Dr . | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Sales Operations | Name of Employer IBM | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Roy | First Name Manik | MI K | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0724 | Amount of Contribution |
| Residential Street Address 10 E Gate Rd . | City Danbury | State CT | Zip Code 06811 | Date Received 03/18/2009 | |
| Principal Occupation Business | Name of Employer Roy Estate, LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Henry | First Name Brian | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0725 | Amount of Contribution |
| Residential Street Address 500 Old Academy Rd | City Fairfield | State CT | Zip Code 06824 | Date Received 03/18/2009 | |
| Principal Occupation Executive | Name of Employer Terex Corporation | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Champagne | First Name Lorna | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0726 | Amount of Contribution |
| Residential Street Address 172 Bingham Rd | City Canterbury | State CT | Zip Code 06331 | Date Received 03/18/2009 | |
| Principal Occupation Registered nurse | Name of Employer Dept. of Developmental Services | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Skelly | First Name Martin | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0727 | Amount of Contribution |
| Residential Street Address 103 Woodpond Rd | City West Hartford | State CT | Zip Code 06107 | Date Received 03/18/2009 | |
| Principal Occupation Teacher | Name of Employer Board of Ed, Middletown | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wofford | First Name Ron | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0728 | Amount of Contribution |
| Residential Street Address 102 Admiral Dr | City New London | State CT | Zip Code 06320 | Date Received 03/18/2009 | |
| Principal Occupation Emergency Response Coordination | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
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| Last Name Beckwith | First Name Neil | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0730 | Amount of Contribution |
| Residential Street Address 56 Kings Hwy | City North Haven | State CT | Zip Code 06473 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Walrich | First Name Susan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0731 | Amount of Contribution |
| Residential Street Address 3 Columbia St | City Westbury | State NY | Zip Code 11590 | Date Received 03/18/2009 | |
| Principal Occupation CFO | Name of Employer Republican Majority for Choice | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Babbitt | First Name Margaret | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0732 | Amount of Contribution |
| Residential Street Address 95 County Home Rd - P.O. Box 294 | City Thompson | State CT | Zip Code 06277 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Wainright | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0733 | Amount of Contribution |
| Residential Street Address 1 Kimberly Dr | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
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| Last Name Dapuzzo | First Name Peter | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0735 | Amount of Contribution |
| Residential Street Address 18 Pilot Rock Ln | City Riverside | State CT | Zip Code 06878 | Date Received 03/18/2009 | |
| Principal Occupation Investments | Name of Employer MJHD, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Morgan | First Name Lisa Kelly | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0737 | Amount of Contribution |
| Residential Street Address 170 Surrey Dr | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer Ruben, Johnson, Morgan & Horan, P.C. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Kelly | First Name Jill | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0738 | Amount of Contribution |
| Residential Street Address 158 Redding Rd | City Fairfield | State CT | Zip Code 06824 | Date Received 03/18/2009 | |
| Principal Occupation Real Estate | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wynne | First Name Edward | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0739 | Amount of Contribution |
| Residential Street Address 1177 Hebron Ave | City Glastonbury | State CT | Zip Code 06033 | Date Received 03/18/2009 | |
| Principal Occupation Retired attorney | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Moody | First Name M. Lisa | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0740 | Amount of Contribution |
| Residential Street Address 89 Campbell Ave | City Vernon | State CT | Zip Code 06066 | Date Received 03/18/2009 | |
| Principal Occupation Chief of Staff for Governor | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Moody | First Name Nancy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0741 | Amount of Contribution |
| Residential Street Address 434 Millstream Dr | City Vernon | State CT | Zip Code 06066 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Putnam | First Name James | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0745 | Amount of Contribution |
| Residential Street Address 157 Tallwood Dr | City Southington | State CT | Zip Code 06489 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Haas | First Name Gerald | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0746 | Amount of Contribution |
| Residential Street Address 11 Golden Ln | City Bethel | State CT | Zip Code 06801 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Reardon, Jr. | First Name John | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0747 | Amount of Contribution |
| Residential Street Address 7 Palmer Ln | City Darien | State CT | Zip Code 06820 | Date Received 03/18/2009 | |
| Principal Occupation Probate Judge/lawyer | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Martin | First Name Bradford | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0748 | Amount of Contribution |
| Residential Street Address 171 Judd Rd | City Easton | State CT | Zip Code 06612 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Annett | First Name Charles | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0749 | Amount of Contribution |
| Residential Street Address 18 Cannon Dr | City Newtown | State CT | Zip Code 06470 | Date Received 03/18/2009 | |
| Principal Occupation Manufacturing Manager | Name of Employer Belimo Customization (USA), Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Rezendes | First Name Karen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0750 | Amount of Contribution |
| Residential Street Address 38 Wooster Hts | City Danbury | State CT | Zip Code 06810-7507 | Date Received 03/18/2009 | |
| Principal Occupation High School Principal | Name of Employer Danbury Board of Ed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Licursi | First Name Anthony | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0751 | Amount of Contribution |
| Residential Street Address 10 Parker HI | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Mechanic | Name of Employer Hollander Nursery | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Peterson | First Name Carl | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0752 | Amount of Contribution |
| Residential Street Address 149 Whisconier Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Larson | First Name Tom | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0753 | Amount of Contribution |
| Residential Street Address 73 High Ridge Rd | City Trumbull | State CT | Zip Code 06611 | Date Received 03/18/2009 | |
| Principal Occupation Finance | Name of Employer GE Company | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |
| Last Name Schmierer | First Name Jeffrey | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0754 | Amount of Contribution |
| Residential Street Address 5 Belden Hill Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Physician | Name of Employer Danbury Office Physician Svs | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Campbell | First Name Robert | MI F | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0755 | Amount of Contribution |
| Residential Street Address 6 Chatham Ct | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Turck Driver | Name of Employer O&G Industries, inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Kibbe | First Name Alan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0756 | Amount of Contribution |
| Residential Street Address 1 Singing Woods Rd | City Norwalk | State CT | Zip Code 06850 | Date Received 03/18/2009 | |
| Principal Occupation Sales | Name of Employer Philips | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Browne | First Name William | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0757 | Amount of Contribution |
| Residential Street Address 237 Round Hill Rd | City Greenwich | State CT | Zip Code 06831 | Date Received 03/18/2009 | |
| Principal Occupation Investments | Name of Employer Tweedy Browne | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Ingardia | First Name Joseph | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0759 | Amount of Contribution |
| Residential Street Address 246A Federal Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/18/2009 | |
| Principal Occupation Retired Engineer | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name O'Connor | First Name Brian | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0760 | Amount of Contribution |
| Residential Street Address 285 Lake Ave | City Greenwich | State CT | Zip Code 06830 | Date Received 03/18/2009 | |
| Principal Occupation Attorney | Name of Employer D. Sicco Morton | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Kerr | First Name Allen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0761 | Amount of Contribution |
| Residential Street Address 37 Horse Heaven Rd | City Washington | State CT | Zip Code 06793 | Date Received 03/21/2009 | |
| Principal Occupation Human Rights Refere | Name of Employer State of CT CHRO | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Harris | First Name Richard | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0762 | Amount of Contribution |
| Residential Street Address 130 Lawler Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 03/21/2009 | |
| Principal Occupation Spokesman-Governor' office | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Tanguay | First Name Michael | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0763 | Amount of Contribution |
| Residential Street Address 212 Sherwood Dr | City Southport | State CT | Zip Code 06890 | Date Received 03/21/2009 | |
| Principal Occupation Sales | Name of Employer Eastern Bag & Paper Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Atwood | First Name Peter | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0764 | Amount of Contribution |
| Residential Street Address 22 Cowles Rd | City Bethlehem | State CT | Zip Code 06751 | Date Received 03/21/2009 | |
| Principal Occupation Investments | Name of Employer Aetna, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Donohue | First Name Patrick | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0766 | Amount of Contribution |
| Residential Street Address 14 Indian Trl | City Brookfield | State CT | Zip Code 06804 | Date Received 03/21/2009 | |
| Principal Occupation Consuting Engineer | Name of Employer Retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Diebolt | First Name Denison | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0767 | Amount of Contribution |
| Residential Street Address 46 Alfred Dr | City Tolland | State CT | Zip Code 06084 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Wetmore | First Name Jacqueline | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0768 | Amount of Contribution |
| Residential Street Address 12 Ledgewood Dr | City Brookfield | State CT | Zip Code 06804 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Joerman | First Name Wilhelm | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0769 | Amount of Contribution |
| Residential Street Address 119 Davenport Ridge Rd | City Stamford | State CT | Zip Code 06903 | Date Received 03/21/2009 | |
| Principal Occupation Real Estate Investment | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Helbig | First Name Nancy | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0770 | Amount of Contribution |
| Residential Street Address 126 Prospect Hill Rd | City Noank | State CT | Zip Code 06340-5631 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Butcher | First Name Marjorie | MI V | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0773 | Amount of Contribution |
| Residential Street Address 9 Greystone Rd | City West Hartford | State CT | Zip Code 06107 | Date Received 03/21/2009 | |
| Principal Occupation Retired professor | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name King | First Name Barbara | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0775 | Amount of Contribution |
| Residential Street Address 47 Devon Dr | City Manchester | State CT | Zip Code 06040 | Date Received 03/21/2009 | |
| Principal Occupation Semi-Retired | Name of Employer Journal Inquirer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Gawronski | First Name Stanislaus | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0777 | Amount of Contribution |
| Residential Street Address 107 Martin Luther King Dr Apt 311 | City New Britain | State CT | Zip Code 06051 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Sousa, Jr. | First Name Norman | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0778 | Amount of Contribution |
| Residential Street Address 20 Wettleson Ave | City West Hartford | State CT | Zip Code 06107 | Date Received 03/21/2009 | |
| Principal Occupation Owner | Name of Employer The Sousa Corp. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Hyland | First Name Edward | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0779 | Amount of Contribution |
| Residential Street Address 272 Todd Rd | City Wolcott | State CT | Zip Code 06716 | Date Received 03/21/2009 | |
| Principal Occupation Retired Priest | Name of Employer Archdiocese of Hartford | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Brown | First Name Nancy | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0781 | Amount of Contribution |
| Residential Street Address 10 Lambtown Rd | City Ledyard | State CT | Zip Code 06339-1924 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|-------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Nindorf | First Name Gerald | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0782 | Amount of Contribution |
| Residential Street Address 86 S Lakeshore Dr | City Brookfield | State CT | Zip Code 06804 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer United Airlines | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Rudy | First Name Kathleen | MI V | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0783 | Amount of Contribution |
| Residential Street Address 37 Lismore Ln | City Greenwich | State CT | Zip Code 06831 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Burnham | First Name John | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0785 | Amount of Contribution |
| Residential Street Address 395 Main St | City Old Saybrook | State CT | Zip Code 06475 | Date Received 03/21/2009 | |
| Principal Occupation | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Ruggiero, Sr. | First Name Carl | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0786 | Amount of Contribution |
| Residential Street Address 12 Oak Hil Dr | City East Haven | State CT | Zip Code 06513 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Nevas | First Name Janet | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0787 | Amount of Contribution |
| Residential Street Address 62 Terra Nova Cir | City Westport | State CT | Zip Code 06880 | Date Received 03/21/2009 | |
| Principal Occupation n/a | Name of Employer n/a | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Robinson | First Name Donald | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0790 | Amount of Contribution |
| Residential Street Address 43 Tamara Cir | City Avon | State CT | Zip Code 06001 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Balla | First Name Susan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0793 | Amount of Contribution |
| Residential Street Address 60 Whisconier Rd Unit 6 | City Brookfield | State CT | Zip Code 06804 | Date Received 03/21/2009 | |
| Principal Occupation Home Health Aide/CNA | Name of Employer Visiting Angels Homecare Agency | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$15.00 | \$15.00 |
| Last Name Heinbaugh | First Name Ron | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0794 | Amount of Contribution |
| Residential Street Address 6 Outlook Dr | City Darrien | State CT | Zip Code 06820 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name DeLucia | First Name Alexander | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0795 | Amount of Contribution |
| Residential Street Address 167 Whisconier Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/21/2009 | |
| Principal Occupation Finance Representative | Name of Employer Northwestern Mutual | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name O'Brien | First Name Sharon | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0796 | Amount of Contribution |
| Residential Street Address 190 Moore Hill Dr | City Southington | State CT | Zip Code 06489 | Date Received 03/21/2009 | |
| Principal Occupation Principal- Smalley Academy | Name of Employer New Britain Board of ED | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Platt, Jr. | First Name Henry | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0791 | Amount of Contribution |
| Residential Street Address 233 Goodrich St | City Hamden | State CT | Zip Code 06517-3117 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Mullane, II | First Name Nicholas | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0780 | Amount of Contribution |
| Residential Street Address 28 Miller Rd | City North Stonington | State CT | Zip Code 06359 | Date Received 03/21/2009 | |
| Principal Occupation First Selectman | Name of Employer Town of North Stonington | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Palomba | First Name William | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0776 | Amount of Contribution |
| Residential Street Address 41 Mt Fair Dr | City Watertown | State CT | Zip Code 06795 | Date Received 03/21/2009 | |
| Principal Occupation Executive Director | Name of Employer CT DPUC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Griswold | First Name John | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0792 | Amount of Contribution |
| Residential Street Address 120 Cummings Point Rd | City Stamford | State CT | Zip Code 06902 | Date Received 03/21/2009 | |
| Principal Occupation Investment Advisor | Name of Employer Commonfund | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Detjen | First Name David | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0772 | Amount of Contribution |
| Residential Street Address 35 Stonehedge Dr | City Greenwich | State CT | Zip Code 06831 | Date Received 03/21/2009 | |
| Principal Occupation Lawyer | Name of Employer Alston & Bird, LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Drake | First Name Philip | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0784 | Amount of Contribution |
| Residential Street Address 27 Ridgebrook Rd | City Greenwich | State CT | Zip Code 06830 | Date Received 03/21/2009 | |
| Principal Occupation Lawyer | Name of Employer Cummings & Lockwood | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Strong | First Name Geraldine | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0788 | Amount of Contribution |
| Residential Street Address 274 West St | City Vernon | State CT | Zip Code 06066 | Date Received 03/21/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Maco | First Name Joseph | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0771 | Amount of Contribution |
| Residential Street Address 22 Randi Dr | City Madison | State CT | Zip Code 06443 | Date Received 03/21/2009 | |
| Principal Occupation Ship Pilot | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Glazier | First Name Douglas | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0765 | Amount of Contribution |
| Residential Street Address 167 Taft Ln | City Windsor Locks | State CT | Zip Code 06096 | Date Received 03/21/2009 | |
| Principal Occupation Engineer | Name of Employer Applied Engineering Services, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$30.00 | \$30.00 |
| Last Name Underhill | First Name George | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0774 | Amount of Contribution |
| Residential Street Address 10 Harding Ln | City Westport | State CT | Zip Code 06880 | Date Received 03/21/2009 | |
| Principal Occupation Tax Collector | Name of Employer Town of Westport | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name DeNardis | First Name Lawrence | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0789 | Amount of Contribution |
| Residential Street Address 790 Still Hill Rd | City Hamden | State CT | Zip Code 06518 | Date Received 03/21/2009 | |
| Principal Occupation Administrator/Professor | Name of Employer University of New Haven | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Zahn | First Name Estelle | MI I | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0810 | Amount of Contribution |
| Residential Street Address 252 Essex Mdws | City Essex | State CT | Zip Code 06426 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sander | First Name Lincoln | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0807 | Amount of Contribution |
| Residential Street Address 211 Walnut Tree Hill Rd | City Sandy Hook | State CT | Zip Code 06482-1052 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Unangst | First Name Addison | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0812 | Amount of Contribution |
| Residential Street Address 38 High Ridge Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/25/2009 | |
| Principal Occupation Business owner/Mech. Engineer | Name of Employer Leading Edge Concepts | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|------------------------|--|--|-------------------------------------|------------------------|
| Last Name Morrison | First Name John | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0813 | Amount of Contribution |
| Residential Street Address 123 Longmeadow Hill Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Olstein | First Name Kathleen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0814 | Amount of Contribution |
| Residential Street Address 201 Sturges Ridge Rd | City Wilton | State CT | Zip Code 06897 | Date Received 03/25/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Marek | First Name Adelaide | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0815 | Amount of Contribution |
| Residential Street Address 5 N Pleasant Rise | City Brookfield | State CT | Zip Code 06804 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Greene | First Name Alan | MI K | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0816 | Amount of Contribution |
| Residential Street Address 10 Runkenhage Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Tyransky | First Name Jack | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0817 | Amount of Contribution |
| Residential Street Address 31 Shamrock Dr | City Brookfield | State CT | Zip Code 06804 | Date Received 03/25/2009 | |
| Principal Occupation Accountant | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Helman, III | First Name William | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0818 | Amount of Contribution |
| Residential Street Address 32 Hillsley Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Bagley | First Name Laurie | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0819 | Amount of Contribution |
| Residential Street Address 70 Yarrow Rd | City Fairfield | State CT | Zip Code 06824 | Date Received 03/25/2009 | |
| Principal Occupation Managing Director-Inv. | Name of Employer Commonfund | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Merriman | First Name Peter | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0820 | Amount of Contribution |
| Residential Street Address 6 Merriman Ln | City Prospect | State CT | Zip Code 06712 | Date Received 03/25/2009 | |
| Principal Occupation Accountant | Name of Employer Robinson & Cole, LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Gaffney | First Name John | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0821 | Amount of Contribution |
| Residential Street Address 28 Westmont | City Avon | State CT | Zip Code 06001 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Boldry | First Name J Stuart | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0822 | Amount of Contribution |
| Residential Street Address 73 Woodstock Rd | City East Woodstock | State CT | Zip Code 06244 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Nicholson | First Name Richard | MI N | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0823 | Amount of Contribution |
| Residential Street Address 105 S Mill Dr | City South Glastonbury | State CT | Zip Code 06073 | Date Received 03/25/2009 | |
| Principal Occupation Attorney | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Vallieres | First Name Laurence | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0824 | Amount of Contribution |
| Residential Street Address 376 Maple Ave | City Old Saybrook | State CT | Zip Code 06475 | Date Received 03/25/2009 | |
| Principal Occupation Electrical Contractor | Name of Employer State- Wide Electric, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Oldakowski | First Name Donna | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0825 | Amount of Contribution |
| Residential Street Address 7 Villa Louisa Rd | City Manchester | State CT | Zip Code 06043-7541 | Date Received 03/25/2009 | |
| Principal Occupation Energy consultant | Name of Employer Self employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Whelton | First Name Michael | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0826 | Amount of Contribution |
| Residential Street Address 45 Brancroft Rd | City East Hartford | State CT | Zip Code 06118 | Date Received 03/25/2009 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Crick | First Name Joan | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0828 | Amount of Contribution |
| Residential Street Address 7 Glover Ave | City Newtown | State CT | Zip Code 06470 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$15.00 | \$15.00 |
| Last Name Soeder | First Name Kenneth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0829 | Amount of Contribution |
| Residential Street Address 97 Old Ponsett Rd , P.O. Box 480 | City Haddam | State CT | Zip Code 06438 | Date Received 03/25/2009 | |
| Principal Occupation Environmental Services | Name of Employer Azvee Water Services, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Tyska, Jr. | First Name Stan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0831 | Amount of Contribution |
| Residential Street Address 4 Cliffside Dr | City Wallingford | State CT | Zip Code 06492 | Date Received 03/25/2009 | |
| Principal Occupation Printer | Name of Employer Printing Department, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Zacchera | First Name Eleanor | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0833 | Amount of Contribution |
| Residential Street Address 33 Old Canton Rd | City Canton | State CT | Zip Code 06019 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Richardson | First Name Clyde | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0834 | Amount of Contribution |
| Residential Street Address 84 Kyles Way | City Shelton | State CT | Zip Code 06484 | Date Received 03/25/2009 | |
| Principal Occupation Defense Marketing | Name of Employer Self employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Antonetti | First Name Zaiga | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0827 | Amount of Contribution |
| Residential Street Address 397 Kimberly Ln | City Watertown | State CT | Zip Code 06795 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Kopetz | First Name Kevin | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0832 | Amount of Contribution |
| Residential Street Address 14 Howe St | City North Haven | State CT | Zip Code 06473 | Date Received 03/25/2009 | |
| Principal Occupation Managing Attorney | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Noujaim | First Name Selim | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0811 | Amount of Contribution |
| Residential Street Address 104 Dinatali Dr | City Waterbury | State CT | Zip Code 06705 | Date Received 03/25/2009 | |
| Principal Occupation Exec. VP/State Rep | Name of Employer Noujaim Tool Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Coykendall | First Name Alan | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0808 | Amount of Contribution |
| Residential Street Address 15 Whispering Rod Rd | City Unionville | State CT | Zip Code 06085 | Date Received 03/25/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Wilson | First Name Robin | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0830 | Amount of Contribution |
| Residential Street Address 45 Summer Ln | City North Haven | State CT | Zip Code 06473 | Date Received 03/25/2009 | |
| Principal Occupation President | Name of Employer Quinnipiac Chamber | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Ferrari | First Name Richard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0809 | Amount of Contribution |
| Residential Street Address 9 Carriage Ln | City East Granby | State CT | Zip Code 06026 | Date Received 03/25/2009 | |
| Principal Occupation Employment Security Board of Review | Name of Employer Dept. of Labor | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Genuario | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0841 | Amount of Contribution |
| Residential Street Address 2 Singing Woods Rd | City Norwalk | State CT | Zip Code 06850 | Date Received 03/26/2009 | |
| Principal Occupation Secretary of OPM | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Campo | First Name Lynn | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0847 | Amount of Contribution |
| Residential Street Address 825 Hill St | City Hamden | State CT | Zip Code 06514 | Date Received 03/26/2009 | |
| Principal Occupation President | Name of Employer Specialty Wire & Cord Sets | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Marx | First Name Catherine | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0853 | Amount of Contribution |
| Residential Street Address 81 Sentinal Woods | City Hebron | State CT | Zip Code 06248 | Date Received 03/26/2009 | |
| Principal Occupation n/a | Name of Employer n/a | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Gallo | First Name Diem-Hong | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0865 | Amount of Contribution |
| Residential Street Address 116 Eagle Hollow Dr | City Middletown | State CT | Zip Code 06457 | Date Received 03/26/2009 | |
| Principal Occupation Executvie Assistant | Name of Employer State of CT/OLG | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Gallo | First Name George | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0866 | Amount of Contribution |
| Residential Street Address 116 Eagle Hollow Dr | City Middletown | State CT | Zip Code 06457 | Date Received 03/26/2009 | |
| Principal Occupation Chief of Staff | Name of Employer State of CT/OLM | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Cronan | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0845 | Amount of Contribution |
| Residential Street Address 20 Ivy Ter | City Prospect | State CT | Zip Code 06712 | Date Received 03/26/2009 | |
| Principal Occupation Mayoral Aide | Name of Employer City of Waterbury | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Jowdy | First Name Daniel | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0848 | Amount of Contribution |
| Residential Street Address 9-11 Granville Ave | City Danbury | State CT | Zip Code 06810 | Date Received 03/26/2009 | |
| Principal Occupation Funeral Director | Name of Employer Jowdy-Kane Funeral Home | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|------------------------------------|------------------------|
| Last Name Heifetz | First Name Patricia | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0860 | Amount of Contribution |
| Residential Street Address 4 Ledgebrook Ct | City Weston | State CT | Zip Code 06883 | Date Received 03/26/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Dangermond | First Name Mary | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0835 | Amount of Contribution |
| Residential Street Address 26 Mile Creek Rd | City Old Lyme | State CT | Zip Code 06371 | Date Received 03/26/2009 | |
| Principal Occupation Housewife & Volunteer | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name McCullough | First Name Dorothy | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0836 | Amount of Contribution |
| Residential Street Address 324 Riverside Ave | City Riverside | State CT | Zip Code 06878 | Date Received 03/26/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Cook | First Name John | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0837 | Amount of Contribution |
| Residential Street Address 1057 Racebrook Rd | City Woodbridge | State CT | Zip Code 06525 | Date Received 03/26/2009 | |
| Principal Occupation Controller | Name of Employer Field View Trans Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Buckett | First Name Stephen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0838 | Amount of Contribution |
| Residential Street Address 9 Bonny Brook Trl | City Norwalk | State CT | Zip Code 06850-2705 | Date Received 03/26/2009 | |
| Principal Occupation Buildings & Grounds Mgr | Name of Employer St. Matthew RC Church | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Turner | First Name Chelsea | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0839 | Amount of Contribution |
| Residential Street Address 74 Montclair Dr | City West Hartford | State CT | Zip Code 06107 | Date Received 03/26/2009 | |
| Principal Occupation Dir. of Legislative Affairs | Name of Employer State of CT/Office of Gov. Rell | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Burr | First Name Ruth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0840 | Amount of Contribution |
| Residential Street Address 15 Dingle Brook Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/26/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Aldridge | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0842 | Amount of Contribution |
| Residential Street Address 13 E Pembroke Rd | City Danbury | State CT | Zip Code 06811 | Date Received 03/26/2009 | |
| Principal Occupation Architect | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--------------------------|--|--|-------------------------------------|------------------------|
| Last Name Urban | First Name Xenia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0843 | Amount of Contribution |
| Residential Street Address 122 Palmers Rd # 1325 | City Stamford | State CT | Zip Code 06902-2134 | Date Received 03/26/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Yomazzo | First Name Kathleen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0844 | Amount of Contribution |
| Residential Street Address 21 Kent Rd | City Newtown | State CT | Zip Code 06470 | Date Received 03/26/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$35.00 | \$35.00 |
| Last Name Plumb | First Name Gilbert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0846 | Amount of Contribution |
| Residential Street Address 82 N Main St | City Essex | State CT | Zip Code 06426 | Date Received 03/26/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Al-Ghani | First Name D. Anwar | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0849 | Amount of Contribution |
| Residential Street Address 59 Westland St | City Hartford | State CT | Zip Code 06120 | Date Received 03/26/2009 | |
| Principal Occupation Business Owner | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Guarco, Jr. | First Name Michael | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0850 | Amount of Contribution |
| Residential Street Address 80 Harmony Hill Rd | City Granby | State CT | Zip Code 06035 | Date Received 03/26/2009 | |
| Principal Occupation Management | Name of Employer Stateline Oil | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Moran | First Name Bridget | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0851 | Amount of Contribution |
| Residential Street Address 54 Waterside Ln | City West Hartford | State CT | Zip Code 06107 | Date Received 03/26/2009 | |
| Principal Occupation | Name of Employer Governor's Office | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Evon, Jr. | First Name Francis | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0852 | Amount of Contribution |
| Residential Street Address 238 Goodale Dr | City Newington | State CT | Zip Code 06111 | Date Received 03/26/2009 | |
| Principal Occupation Asst. | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Opatrny | First Name Donald | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0854 | Amount of Contribution |
| Residential Street Address 171 Pheasant Rdg | City Shelton | State CT | Zip Code 06484 | Date Received 03/26/2009 | |
| Principal Occupation Consultant | Name of Employer Self Employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|------------------------------------|------------------------|
| Last Name Walter | First Name Richard | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0855 | Amount of Contribution |
| Residential Street Address 395 Barrach Hill Rd | City Ridgefield | State CT | Zip Code 06877 | Date Received 03/26/2009 | |
| Principal Occupation Retired Realtor | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Johnson | First Name Dorothy | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0856 | Amount of Contribution |
| Residential Street Address 3 Glen Hill Rd Apt 204 | City Danbury | State CT | Zip Code 06811 | Date Received 03/26/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Went | First Name Mary | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0857 | Amount of Contribution |
| Residential Street Address 139 Long Meadow Hill Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/26/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Parson, Jr. | First Name F | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0858 | Amount of Contribution |
| Residential Street Address 186A S Compo Rd | City Westport | State CT | Zip Code 06880 | Date Received 03/26/2009 | |
| Principal Occupation Banker | Name of Employer First Republic Bank | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Canning | First Name Robert | MI V | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0859 | Amount of Contribution |
| Residential Street Address 67 Bailey Dr | City North Branford | State CT | Zip Code 06471 | Date Received 03/26/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Palmer | First Name Chris | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0861 | Amount of Contribution |
| Residential Street Address 82 Calvin Dr | City Dennis | State MA | Zip Code 02638 | Date Received 03/26/2009 | |
| Principal Occupation Football coach | Name of Employer New York Football Giants | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Haims | First Name Bruce | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0862 | Amount of Contribution |
| Residential Street Address 470 W End Ave | City New York | State NY | Zip Code 10024 | Date Received 03/26/2009 | |
| Principal Occupation Lawyer | Name of Employer Debevoise & Plimpton, LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Cookney | First Name Betty Ann | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0863 | Amount of Contribution |
| Residential Street Address 72 Deleo Dr | City Stamford | State CT | Zip Code 06906 | Date Received 03/26/2009 | |
| Principal Occupation Insurance Agent | Name of Employer Rand Ins. Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Mercer | First Name William | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0864 | Amount of Contribution |
| Residential Street Address 42 Candelwood Shores Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/26/2009 | |
| Principal Occupation Attorney | Name of Employer Kirkland & Ellis, LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Donato | First Name Michael | MI J | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0867 | Amount of Contribution |
| Residential Street Address 120 Spring Rd | City North Haven | State CT | Zip Code 06473-3406 | Date Received 03/27/2009 | |
| Principal Occupation Metal Broker | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$5.00 | \$5.00 |
| Last Name Schumann | First Name Jytte | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0868 | Amount of Contribution |
| Residential Street Address 292 Sandhill Rd | City South Windsor | State CT | Zip Code 06074 | Date Received 03/27/2009 | |
| Principal Occupation Housewife | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$10.00 | \$10.00 |
| Last Name Schain | First Name Dennis | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0870 | Amount of Contribution |
| Residential Street Address 245 Redwood Rd | City Manchester | State CT | Zip Code 06040 | Date Received 03/27/2009 | |
| Principal Occupation Communications | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Cooper | First Name Denise | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0871 | Amount of Contribution |
| Residential Street Address 77 Ripley Hill Rd | City Coventry | State CT | Zip Code 06238 | Date Received 03/27/2009 | |
| Principal Occupation WPCA Administrator | Name of Employer Town of Hebron | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Jeamel | First Name Adam | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0873 | Amount of Contribution |
| Residential Street Address 19 Morrison Ave | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/27/2009 | |
| Principal Occupation Governor's Staff | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Durr Schmidt | First Name Jackwyn | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0879 | Amount of Contribution |
| Residential Street Address 333 Old Evarts Ln | City Mystic | State CT | Zip Code 06355 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Nordstrom | First Name Eistan | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0880 | Amount of Contribution |
| Residential Street Address 512 Russell St | City New Haven | State CT | Zip Code 06513 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$5.00 | \$5.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|------------------------|--|--|-------------------------------------|------------------------|
| Last Name Schuetz | First Name Harold | MI A | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0881 | Amount of Contribution |
| Residential Street Address 100 Long Hill Dr | City East Hartford | State CT | Zip Code 06108-3809 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$5.00 | \$5.00 |
| Last Name Anderson | First Name Beatrice | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0882 | Amount of Contribution |
| Residential Street Address 125 Harding St | City New Britain | State CT | Zip Code 06052-1665 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$35.00 | \$35.00 |
| Last Name Gibb | First Name John | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0883 | Amount of Contribution |
| Residential Street Address 50 Hanson Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Connelly | First Name Francis | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0884 | Amount of Contribution |
| Residential Street Address 272 N Main St | City Suffield | State CT | Zip Code 06078 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|------------------------------------|------------------------|
| Last Name Stout | First Name Martha | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0886 | Amount of Contribution |
| Residential Street Address 74 Hunt Glen Dr | City Granby | State CT | Zip Code 06035 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Toohey | First Name Emily | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0887 | Amount of Contribution |
| Residential Street Address 567 Lake Ave | City Greenwich | State CT | Zip Code 06830 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Lyll | First Name Joan | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0888 | Amount of Contribution |
| Residential Street Address 38 Old Middle Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/27/2009 | |
| Principal Occupation Town Clerk | Name of Employer Town of Brookfield | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Novak | First Name Alex | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0889 | Amount of Contribution |
| Residential Street Address 140 Green Hill Rd | City Middlebury | State CT | Zip Code 06762 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Welnicki | First Name Raymond | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0869 | Amount of Contribution |
| Residential Street Address 43 Pondview Dr | City Manchester | State CT | Zip Code 06040 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Cairns | First Name Robert | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0890 | Amount of Contribution |
| Residential Street Address 72 Winthrop Rd | City Guilford | State CT | Zip Code 06437 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Wood, Jr. | First Name John | MI F | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0877 | Amount of Contribution |
| Residential Street Address 50 St Nicholas Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/27/2009 | |
| Principal Occupation Financial Advisor | Name of Employer Morgan Stanley | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Wood | First Name Terrie | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0878 | Amount of Contribution |
| Residential Street Address 50 St Nicholas Rd | City Darien | State CT | Zip Code 06820 | Date Received 03/27/2009 | |
| Principal Occupation State Rep 141st District | Name of Employer State | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Heist | First Name Mary | MI L | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0885 | Amount of Contribution |
| Residential Street Address 187 Shore Rd | City Old Greenwich | State CT | Zip Code 06870 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Stripp | First Name Judith | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0875 | Amount of Contribution |
| Residential Street Address 4 Scatacook Trl | City Weston | State CT | Zip Code 06883 | Date Received 03/27/2009 | |
| Principal Occupation Paralegal | Name of Employer B.M. Aron | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Stripp | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0876 | Amount of Contribution |
| Residential Street Address 4 Scatacook Trl | City Weston | State CT | Zip Code 06883 | Date Received 03/27/2009 | |
| Principal Occupation Banker | Name of Employer Fairfield County Bank | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Russell | First Name John | MI G | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0874 | Amount of Contribution |
| Residential Street Address 2780 Redding Rd | City Fairfield | State CT | Zip Code 06824 | Date Received 03/27/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|--|--|--|-------------------------------------|------------------------|
| Last Name Cook | First Name Catherine | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0872 | Amount of Contribution |
| Residential Street Address 43 Pequot Ave | City Mystic | State CT | Zip Code 06355 | Date Received 03/27/2009 | |
| Principal Occupation Dir. Community Affairs Dept. Vetera | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Roraback | First Name Andrew | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0895 | Amount of Contribution |
| Residential Street Address 455 Milton Rd | City Goshen | State CT | Zip Code 06756 | Date Received 03/30/2009 | |
| Principal Occupation State Senator | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Platt | First Name Jeffrey | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0904 | Amount of Contribution |
| Residential Street Address 11 Horton Ln | City New Canaan | State CT | Zip Code 06840 | Date Received 03/30/2009 | |
| Principal Occupation Marketing Director | Name of Employer Pitney-Bowes | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Hammers | First Name Elaine | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0900 | Amount of Contribution |
| Residential Street Address 59 Coventry Ln | City Trumbull | State CT | Zip Code 06611 | Date Received 03/30/2009 | |
| Principal Occupation Business Manager | Name of Employer Hammers Healthcare Imaging | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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| Last Name Beeble | First Name Timothy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0902 | Amount of Contribution |
| Residential Street Address 63 Grassy Plain St | City Bethel | State CT | Zip Code 06801 | Date Received 03/30/2009 | |
| Principal Occupation Urban Planner | Name of Employer City of Stamford | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Ulbrich, Jr. | First Name Fred | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0891 | Amount of Contribution |
| Residential Street Address 59 Madison Ave | City Wallingford | State CT | Zip Code 06492 | Date Received 03/30/2009 | |
| Principal Occupation Chairman | Name of Employer Ulbrich Steel | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Broadman | First Name Anona | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0892 | Amount of Contribution |
| Residential Street Address 15 Byron Dr | City Avon | State CT | Zip Code 06001 | Date Received 03/30/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Anderson | First Name William | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0893 | Amount of Contribution |
| Residential Street Address 26 Holly Ln | City Darien | State CT | Zip Code 06820 | Date Received 03/30/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Litke | First Name Jeffrey | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0896 | Amount of Contribution |
| Residential Street Address 230 May St | City Naugatuck | State CT | Zip Code 06770 | Date Received 03/30/2009 | |
| Principal Occupation Executive Assistant | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name King | First Name Roberta | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0897 | Amount of Contribution |
| Residential Street Address 55 Frances Dr | City Seymour | State CT | Zip Code 06483-2005 | Date Received 03/30/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Parahus | First Name Elaina | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0898 | Amount of Contribution |
| Residential Street Address 379 Roast Meat Hill Rd | City Killingworth | State CT | Zip Code 06419 | Date Received 03/30/2009 | |
| Principal Occupation Admin. Assistant | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Hart | First Name Steven | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0899 | Amount of Contribution |
| Residential Street Address 10 Blueberry Ln | City Darien | State CT | Zip Code 06820 | Date Received 03/30/2009 | |
| Principal Occupation Finance | Name of Employer Hart Capital, LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Kilbride | First Name Marian | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0901 | Amount of Contribution |
| Residential Street Address 19 Lee Allen Lanve | City Wilton | State CT | Zip Code 06897 | Date Received 03/30/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Flavin | First Name Melisande | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0903 | Amount of Contribution |
| Residential Street Address 357 Frogtown Rd | City New Canaan | State CT | Zip Code 06840 | Date Received 03/30/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Lorenson | First Name Jon | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0905 | Amount of Contribution |
| Residential Street Address 102 Townwoods Rd | City Old Lyme | State CT | Zip Code 06371 | Date Received 03/30/2009 | |
| Principal Occupation Auto Dealer | Name of Employer Lorenson Auto Group | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Traceski, Jr | First Name Stanley | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0906 | Amount of Contribution |
| Residential Street Address 102 Vine St | City New Britain | State CT | Zip Code 06052-1433 | Date Received 03/30/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

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|--|---|--|--|-------------------------------------|------------------------|
| Last Name Palazzo | First Name Vincent | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0907 | Amount of Contribution |
| Residential Street Address 58 Marbern Dr | City Suffield | State CT | Zip Code 06078 | Date Received 03/30/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$70.00 | \$70.00 |
| Last Name Muradian | First Name R. Carol | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0908 | Amount of Contribution |
| Residential Street Address 13 Evens Dr | City Canton | State CT | Zip Code 06019 | Date Received 03/30/2009 | |
| Principal Occupation Adminsitrator | Name of Employer New England Certified Development | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Crosson | First Name William | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0909 | Amount of Contribution |
| Residential Street Address 17 Sage Park Rd | City Windsor | State CT | Zip Code 06095-3327 | Date Received 03/30/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Rubin | First Name Barbara | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0910 | Amount of Contribution |
| Residential Street Address 1699 Main St | City Glastonbury | State CT | Zip Code 06033 | Date Received 03/30/2009 | |
| Principal Occupation VP | Name of Employer ISTAR Fianancial | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Stafford | First Name Elizabeth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0911 | Amount of Contribution |
| Residential Street Address 244 Griswold Dr | City West Hartford | State CT | Zip Code 06119 | Date Received 03/30/2009 | |
| Principal Occupation Director of Finance | Name of Employer Connecticut Republicans | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Tyler | First Name Thomas | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0912 | Amount of Contribution |
| Residential Street Address 2 Cadbury Turn | City Avon | State CT | Zip Code 06001 | Date Received 03/30/2009 | |
| Principal Occupation Manager | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Buckley, Jr. | First Name Francis | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0913 | Amount of Contribution |
| Residential Street Address 84 Grassy Hill Rd | City Old Lyme | State CT | Zip Code 06371 | Date Received 03/30/2009 | |
| Principal Occupation Real Estate Appraiser | Name of Employer Buckley Appraisal Services, Inc | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Steir | First Name Michael | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0914 | Amount of Contribution |
| Residential Street Address 1902 Bradford Dr | City Danbury | State CT | Zip Code 06811 | Date Received 03/30/2009 | |
| Principal Occupation Retail Owner | Name of Employer Mt. View Plaza Wines & Liquor | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|-------------------------------------|------------------------|
| Last Name Barbino | First Name Anthony | MI C | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0915 | Amount of Contribution |
| Residential Street Address 55 Main St S | City Bethlehem | State CT | Zip Code 06751 | Date Received 03/30/2009 | |
| Principal Occupation CSSD-Mediator/Counselor | Name of Employer State of CT-Judicial | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Brennan | First Name Dorothea | MI E | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0916 | Amount of Contribution |
| Residential Street Address 1931 Fairfield Beach Rd | City Fairfield | State CT | Zip Code 06824 | Date Received 03/30/2009 | |
| Principal Occupation Manager | Name of Employer The United Illuminating Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Uzenoff | First Name Robert | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0917 | Amount of Contribution |
| Residential Street Address 180 Davis Hill Rd | City Weston | State CT | Zip Code 06883-2020 | Date Received 03/30/2009 | |
| Principal Occupation Technical Manager | Name of Employer Fuji Film Medical Systems USA, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Schaller | First Name Carol | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0918 | Amount of Contribution |
| Residential Street Address 453 Uncas Point Rd | City Guilford | State CT | Zip Code 06437 | Date Received 03/30/2009 | |
| Principal Occupation Homemaker | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Jordan | First Name Robert | MI P | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0894 | Amount of Contribution |
| Residential Street Address 337 Saw Mill Hill Rd | City Sterling | State CT | Zip Code 06377 | Date Received 03/30/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Williams | First Name Betty | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0924 | Amount of Contribution |
| Residential Street Address 3 Sequin Rd | City West Hartford | State CT | Zip Code 06117 | Date Received 03/31/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Thrasher | First Name Barrie | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0919 | Amount of Contribution |
| Residential Street Address 27 Mooreland Rd | City Greenwich | State CT | Zip Code 06831 | Date Received 03/31/2009 | |
| Principal Occupation Finance | Name of Employer Mooreland Partners | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Grossman | First Name Bob | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0920 | Amount of Contribution |
| Residential Street Address 105 Long Meadow HI | City Brookfield | State CT | Zip Code 06804 | Date Received 03/31/2009 | |
| Principal Occupation Consultant | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|-------------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Matula | First Name Ethel | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0921 | Amount of Contribution |
| Residential Street Address 4 Johns Rd | City Brookfield | State CT | Zip Code 06804 | Date Received 03/31/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name Jones | First Name Francis | MI T | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0923 | Amount of Contribution |
| Residential Street Address 27 Monticello Dr | City Gales Ferry | State CT | Zip Code 06335-1945 | Date Received 03/31/2009 | |
| Principal Occupation Defense Analyst | Name of Employer Sonalysts, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Shea | First Name Raymond | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0925 | Amount of Contribution |
| Residential Street Address 100 Randal Ave | City West Hartford | State CT | Zip Code 06110 | Date Received 03/31/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Bose | First Name Robert | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0928 | Amount of Contribution |
| Residential Street Address 8 Hitching Post Ln | City Danbury | State CT | Zip Code 06811 | Date Received 03/31/2009 | |
| Principal Occupation Retired | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$75.00 | \$75.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Huffman | First Name Terry | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0932 | Amount of Contribution |
| Residential Street Address 711 Prospect Ave | City West Hartford | State CT | Zip Code 06105 | Date Received 03/31/2009 | |
| Principal Occupation Owner | Name of Employer Cutting Edge Pizza | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Bigelow | First Name Peter | MI H | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0933 | Amount of Contribution |
| Residential Street Address 10 Colton Rd | City West Hartford | State CT | Zip Code 06107 | Date Received 03/31/2009 | |
| Principal Occupation Insurance Agent | Name of Employer Self employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Abromaitis | First Name James | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0935 | Amount of Contribution |
| Residential Street Address 4 Dunne Wood Ct | City Unionville | State CT | Zip Code 06085 | Date Received 03/31/2009 | |
| Principal Occupation Exec. Director | Name of Employer CCEDA | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Griswold | First Name E. Bulkeley | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0929 | Amount of Contribution |
| Residential Street Address 47 Keelers Ridge Rd | City Wilton | State CT | Zip Code 06897 | Date Received 03/31/2009 | |
| Principal Occupation Finance Exec. | Name of Employer L&L Capital Partners | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|-------------------------------------|------------------------|
| Last Name Oliveria | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0927 | Amount of Contribution |
| Residential Street Address 11 Pinewood Trl | City Deep River | State CT | Zip Code 06417 | Date Received 03/31/2009 | |
| Principal Occupation Business Development | Name of Employer Kaman Aerospace | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Mueller-London | First Name Joane | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0930 | Amount of Contribution |
| Residential Street Address 27 Kenwood Rd | City Wethersfield | State CT | Zip Code 06109 | Date Received 03/31/2009 | |
| Principal Occupation Attorney | Name of Employer London & London | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Ficeto | First Name Anna | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0934 | Amount of Contribution |
| Residential Street Address 13 Diamond Rock Rd | City Wolcott | State CT | Zip Code 06716 | Date Received 03/31/2009 | |
| Principal Occupation Attorney | Name of Employer State of CT Office of the Governor | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Viggiano | First Name Margaret | MI B | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0926 | Amount of Contribution |
| Residential Street Address 61 Lynde St | City Old Saybrook | State CT | Zip Code 06475 | Date Received 03/31/2009 | |
| Principal Occupation RN | Name of Employer Dominion Nuclear Connecticut | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---------------------------------|--|--|-------------------------------------|------------------------|
| Last Name Moore | First Name Douglas | MI J | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0931 | Amount of Contribution |
| Residential Street Address 1602 Briarwood Ct | City Rocky Hill | State CT | Zip Code 06067 | Date Received 03/31/2009 | |
| Principal Occupation State Manager | Name of Employer State of CT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Guilmartin | First Name Joseph | MI S | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0922 | Amount of Contribution |
| Residential Street Address 759 Hale St | City Suffield | State CT | Zip Code 06078 | Date Received 03/31/2009 | |
| Principal Occupation Real Estate- Energy Development | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Total of Section B | | | | | \$49,388.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i> | | | | | \$49,388.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

C1. Contributions from Other Committees

| | |
|-------------------|-------------------|
| Name of Committee | Name of Treasurer |
|-------------------|-------------------|

| Address | Is this contribution associated with a fundraising event listed in Section J1? | Yes No | If yes, list Event # Amount of Contribution | |
|----------------------------|--|-----------|--|-------------------------|
| City | State | Zip Code | Date Received | Aggregate Contributions |
| Total of Section C1 | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | |
|---|-------|----------|--|---------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Jodi Rell, Governor | | | | Original 04/13/2009 |
| C2. Reimbursements or Payments from other Committees | | | | |
| Name of Committee | | | Name of Treasurer | |
| Address | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Reimbursement for shared expense Payment for goods and services | |
| Total of Section C2 | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

E. Personal Funds of the Candidate Received this Period

| Date Received | Amount | Method of Payment |
|---------------|--------|---|
| | | Cash Personal Check Credit/Debit Card |

Total of Section E

| I. MONETARY RECEIPTS (Section A-I) | | | | | |
|---|------------|------------|------------|-------|---------------------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE |
| Jodi Rell, Governor | | | | | Original 04/13/2009 |
| F. Anonymous Contributions | | | | | |
| Date Received | \$ 1 bills | \$ 5 bills | \$ 10 bill | coins | Amount |
| Total of Section F | | | | | |

| I. Monetary Receipts (Section A-I) | | | | |
|---|------|---------------|----------|-----------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Jodi Rell, Governor | | | | Original 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 |
| Jodi Rell, Governor | | | Original 04/13/2009 |
| H. Public Grant Funds Received from the Citizen's Election Fund | | | |
| Purpose of Grant: | Supplemental/Independent Expenditure | Date Received | Amount |
| Initial | Primary General or Special Election | | |
| Primary | Primary General or Special Election | | |
| Supplemental/Post Election Deficit | Supplemental/Excess Expenditure | | |
| General or Special Election | Primary General or Special Election | | |
| Total of Section H | | | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

I. Miscellaneous Monetary Receipts not Considered Contributions

| Name | | Date of Transaction | | Amount Received |
|---------------------------|------|---------------------|----------|-----------------|
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Total of Section I | | | | |

II. FUNDRAISING EVENT ACTIVITY

| | |
|--|--|
| NAME OF COMMITTEE Jodi Reil, Governor | FILING DUE DATE Original 04/13/2009 |
|--|--|

J1. Fundraising Event Information

| Fundraising Event # Date of Fundraiser | Description Letter | Location: Street Address | City | State | Zip Code |
|--|-----------------------|--------------------------|------|-------|----------|
| Was this fundraising event hosted at a personal residence? | | | | | |
| | | | Yes | No | |
| Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? | | | | | |
| | | | Yes | No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items? | | | | | |
| | | | Yes | No | |
| | | | | | |

II. FUNDRAISING EVENT ACTIVITY

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

J3. In-Kind Donations Not Considered Contributions

| | | | | | | |
|-------------------------|------|-------|---------------|--------------------------------|-----------------|-------------------------------|
| Name of the Donor | | | | Donation Given by: | | Fair Market Value of Donation |
| | | | | Individual | Business Entity | |
| Street Address | City | State | Zip Code | Aggregate value for this event | | |
| | | | | | | |
| Description of Donation | | | Date Received | Event # | | |
| | | | | | | |

Total of Section J3

III. NONMONETARY RECEIPTS

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Reil, Governor | Original 04/13/2009 |

K. In-Kind Contributions

| | | | | | | |
|---|--|-----------|--|---------------|---------------------------------------|--|
| Name | | | | Date Received | | Fair Market Value of this Contribution |
| Street Address | | City | State | Zip Code | | |
| Type of Contributor: Individual Committee | Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | Yes No Executive Legislative | |
| Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# | | Yes No | Description of In-Kind Contribution | | Aggregate contributions | |

Total of Section K

III. Non Monetary Receipts

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS

| | | | | | |
|--|--|-------|------------------------|----------------------|-------------------------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE | |
| Jodi Rell, Governor | | | | 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 | Fair Market Value of Donation |
| City | | State | Zip Code | Aggregate Donations | |
| Description of Donation | | | Purpose of Expenditure | | |
| | | | A | B | C |
| | | | D | E | |
| Total of Section M | | | | | |

IV. EXPENDITURES

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount |
|---|-----------------------|---|-------------------|
| Paul Pendergast | 01/05/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address 5 S Pond Rd | City Bloomfield | State CT | Zip Code 06002 |
| Purpose of Expenditure REF | | 1011 <input type="checkbox"/> Debit Card | |
| Description Reimburse contribution | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$100.00 |
| U.S. Postal Service | 01/16/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address Lasalle Road | City West Hartford | State CT | Zip Code 06107 |
| Purpose of Expenditure POST | | 1012 <input type="checkbox"/> Debit Card | |
| Description P.O. Box rental extension for # 271817 | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$56.00 |
| Filomeno & Company | 02/17/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address 80 S Main St | City West Hartford | State CT | Zip Code 06107 |
| Purpose of Expenditure RCW | | 1013 <input type="checkbox"/> Debit Card | |
| Description Reimbursement for postage costs for certified letters | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$21.96 |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Jodi Rell, Governor | | | | | | Original 04/13/2009 | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Filomeno & Company | | | | | 02/24/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1014</u> | |
| 80 S Main St | | West Hartford | CT | 06107 | RCW | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| Reimbursement for Web expenses | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$471.17 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Flagship Mailing | | | | | 02/24/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1016</u> | |
| 44 Chase River Rd | | Waterbury | CT | 06704 | POST | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| postage for mailing | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$1,951.00 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Staples | | | | | 03/12/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1017</u> | |
| 2550 Albany Ave | | West Hartford | CT | 06117 | OFFICE | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| supplies | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$100.67 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|--|---------------|-------------------------|----------|------------------------|---|------------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Jodi Rell, Governor | | | | | | Original 04/13/2009 | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Cricket Press | | | | | 03/18/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1018</u> | |
| 19 Sedgwick Rd | | West Hartford | CT | 06107 | PRNT | <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | | |
| mailing project | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$4,028.37 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Cricket Press | | | | | 03/18/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1019</u> | |
| 19 Sedgwick Rd | | West Hartford | CT | 06107 | PRNT | <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | | |
| envelopes/letters/contribution cards | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$1,992.80 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Cricket Press | | | | | 03/18/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1020</u> | |
| 19 Sedgwick Rd | | West Hartford | CT | 06107 | PRNT | <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | | |
| pages | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$17.49 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

N. Expenses Paid By Committee

| | | | | | | | |
|---|--|-------------------------|-------------|-------------------|-------------------------------|--|----------|
| Name of Payee Bryan Caffarelli | | | | | Date of Payment 03/30/2009 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Street Address Walden Street | | City West Hartford | State CT | Zip Code 06107 | Purpose of Expenditure RCW | <u>1021</u> <input type="checkbox"/> Debit Card | |
| Description food for phone bank | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | | Office Sought | | | \$42.93 |
| Name of Payee Filomeno & Company | | | | | Date of Payment 03/30/2009 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Street Address 80 S Main St | | City West Hartford | State CT | Zip Code 06107 | Purpose of Expenditure RCW | <u>1022</u> <input type="checkbox"/> Debit Card | |
| Description Food for phone banks | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | | Office Sought | | | \$229.40 |
| Name of Payee Filomeno & Company | | | | | Date of Payment 03/31/2009 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Street Address 80 S Main St | | City West Hartford | State CT | Zip Code 06107 | Purpose of Expenditure RCW | <u>1025</u> <input type="checkbox"/> Debit Card | |
| Description postage for certified letters | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | | Office Sought | | | \$140.00 |

| IV. EXPENDITURES | | | | | | | |
|---|--|---------------|-------------------------|----------|------------------------|---|----------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Jodi Rell, Governor | | | | | | Original 04/13/2009 | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Flagship Mailing | | | | | 03/31/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1023</u> | |
| 44 Chase River Rd | | Waterbury | CT | 06704 | POST | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| mailing | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$132.23 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Filomeno & Company | | | | | 03/31/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1024</u> | |
| 80 S Main St | | West Hartford | CT | | RCW | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| postage for certified letters | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$54.76 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Total of Section N | | | | | | \$9,338.78 | |

| IV. EXPENDITURES | | | | | | |
|---|-------------|--|------|-----------------|---------------------------|-----------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | |
| Jodi Rell, Governor | | | | | Original 04/13/2009 | |
| O. Campaign Expenses Paid By Candidate | | | | | | |
| Name of Payee | | | | Date of Payment | Is Reimbursement Claimed? | |
| Street Address | | | City | State | Zip Code | Yes No |
| Purpose of Expenditure | Description | | | | Event # | |
| Total of Section O | | | | | | |

| IV. EXPENDITURES | | | | | | |
|---|-------------|------|--|---------------------|---------------------|--------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | |
| Jodi Rell, Governor | | | | | 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 | | | Event # | | |
| Total of Section P | | | | | | |

IV. EXPENDITURES

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | 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 Actual) |
|---|-------------------------|---------------|----------|--|--------------------------------------|
| Street Address | City | State | Zip Code | | |
| Purpose of Expenditure | Description | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Other Candidate(s) Name | Office Sought | | | |
| Yes | | | | | |
| No | | | | | |

Total of Section Q

IV. EXPENDITURES

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|----------|-------------------|
| Filomeno & Company | 02/17/2009 | <input checked="" type="checkbox"/> Check # 1013 | | |
| Secondary Payee USPS | Purpose of Expenditure POST | <input type="checkbox"/> Debit Card | | |
| Street Address Lasalle Road | City West Hartford | State CT | | Zip Code 06107 |
| Description Postage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$21.96 | |
| Filomeno & Company | 02/24/2009 | <input checked="" type="checkbox"/> Check # 1014 | | |
| Secondary Payee GoDaddy.com | Purpose of Expenditure WEB | <input type="checkbox"/> Debit Card | | |
| Street Address | City | State | | Zip Code |
| Description Web Expenses | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$471.17 | |

IV. EXPENDITURES

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------|
| Bryan Caffarelli | 03/30/2009 | <input checked="" type="checkbox"/> Check # 1021 | | |
| Secondary Payee Harry's Pizza | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 732 N Main St | City West Hartford | State CT | | Zip Code 06117 |
| Description Food for committee | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| | | | \$42.93 | |
| Filomeno & Company | 03/30/2009 | <input checked="" type="checkbox"/> Check # 1022 | | |
| Secondary Payee Various | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address | City Hartford | State CT | | Zip Code |
| Description Food for committee | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| | | | \$229.40 | |

IV. EXPENDITURES

| | |
|---------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Jodi Rell, Governor | Original 04/13/2009 |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|-----------------|
| Filomeno & Company | 03/31/2009 | <input checked="" type="checkbox"/> Check # 1025 | |
| Secondary Payee USPS | Purpose of Expenditure POST | <input type="checkbox"/> Debit Card | |
| Street Address Lasalle Road | City West Hartford | State CT | |
| Zip Code 06107 | | Event # | |
| Description Postage for certified letters | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$140.00 |
| Filomeno & Company | 03/31/2009 | <input checked="" type="checkbox"/> Check # 1024 | |
| Secondary Payee USPS | Purpose of Expenditure POST | <input type="checkbox"/> Debit Card | |
| Street Address Lasalle Road | City West Hartford | State CT | |
| Zip Code 06107 | | Event # | |
| Description postage for certified letters | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$54.76 |
| Total of Section R | | | \$960.22 |

| IV. EXPENDITURES | | | | |
|---|------|-------|----------|--|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Jodi Rell, Governor | | | | 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 | | | | |