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

Page 1 of 206

SUMMARY PAGE

			~ ~ ~ ~		1102					
1.NAME OF COMMITTEE							2. TYPE OF COMMITTEE			
Jodi Rell, Governor							x	Candidate Committee Exploratory Committee		
3. TREASURER NAME										
Title	First Thomas			MI J	Last Filomeno			Suffix		
4. TREASURER ADDRESS										
Street Address			City			State	2	Zip Code		
31 Bonny View Rd	Bonny View Rd West Hartford CT							06107		
5. ELECTION DATE			6. O	FFICE SOUG	HT (if applicable)		7. DISTR	ICT CODE (if applicable)		
11/02/2010										
8. CANDIDATE NAME						•		_		
Title First MI Last M. Jodi Rell								Suffix		
9. TYPE OF REPORT										
April 10 Filing - Original										
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		01/01/2009	thru	1	03/31/2009					
			11 CER	TIFICATION						
on this Itemiz	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-I)	\$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. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
A. Total Contributions from	n Small (Contribu	itors-Received th	is Perio	d ONLY	7				
(See instructions for definition of Small				15 1 0110		total Section A	\$0.00			
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Rafal	Dyanne			М	Cash Money	=	al Check /Debit Card	0227		Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
4 Johnnycake Hill Rd		Old Lyme	e		СТ	06371	C	1/05/200	9	
Principal Occupation		Name of E	mployer			Is this contribution ass fundraising event liste		L	Yes	
Homemaker						If yes, list Event #	d iii section	x	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob		1 - 55	-	100.00	\$100.00
government the contract is with:		Executive	Legislative	L Y	res x	No				
Last Name	First Name			MI		contribution:	al Check	Contributi	on ID#	Amount of
Bondeson	Janet			M	Cash Money	= =	Debit Card	0230		Contribution
Residential Street Address	•	City			State	Zip Code	Ι	Date Received		
48 Lambert Cmn		Wilton			СТ	06897	C	01/05/200	9	
Principal Occupation		Name of E	mployer		•	Is this contribution ass		L	Yes	
Treasurer		Town of	Wilton			fundraising event liste If yes, list Event #	d in Section	J1?	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t snouse or	1	agota Contrib	utions	ŧ
state contractor? Is yes, indicate which branch or branches of	_		i res i no		child of a lob	byist?	Aggi	egate Contribi	\$50.00	\$50.00
government the contract is with:		Executive	Legislative	Т	es x	No				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Fitzgerald	John			Р	Cash Money	=	al Check /Debit Card	0234		Contribution
Residential Street Address		City		ļ.	State	Zip Code	Ι	Date Received		
99 Gregory Rd		Bristol			СТ	06010-3239	C	1/05/200	9	
Principal Occupation		Name of E	mployer		•	Is this contribution as	sociated with	a	Yes	Ī
Attorney		State of	Connecticut			fundraising event liste If yes, list Event #	d in Section	J1?	No	
Is contributor a principal of a state contractor	or prospective	ļ	Yes X No	T		·	1.			1
state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib	utions 100.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	'es X	No		Ψ.	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Serenbetz, Jr.	Warren			L	Cash Money	=	al Check /Debit Card	0232		Contribution
Residential Street Address		City			State	Zip Code		Date Received		•
165 Signal Hill Rd		Wilton			CT	06897		1/05/200		
Principal Occupation		Name of E	mplover		-	Is this contribution as	sociated with	а Г	Yes	†
Investment Management			Group, Inc.			fundraising event liste	d in Section	J12 =	No	
				1		If yes, list Event #				
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		es x	-		\$	100.00	\$100.00

		I. MONETARY	RECEIP	PTS (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contr	ibutions fr	om Individu	ıals		•	
Last Name Rudolph	First Name Michael		MI L	Method of Cash	contribution:	Contribut	ion ID#	Amount of Contribution
·		T		Money	Order Credit/Deb	it Card 0228		
Residential Street Address 101 Indian Hill Rd		City Wilton		State CT	Zip Code 06897	Date Receive 01/05/200		
Principal Occupation Attorney		Name of Employer Self Employed		·	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		ntributor a lobbyis ident child of a lob Yes	byist?	Aggregate Contrib	s50.00	\$50.00
Last Name Longo	First Name Patricia		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0233	ion ID#	Amount of Contribution
Residential Street Address 444 Thayer Pond Rd		City Wilton		State CT	Zip Code 06897	Date Receive 01/05/200		
Principal Occupation Homemaker		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		ntributor a lobbyis ident child of a lob Yes	byist?	Aggregate Contrit	outions 5100.00	\$100.00
Last Name Marvin	First Name Deborah		MI	Cash	contribution: X Personal Cl / Order Credit/Deb	0226	ion ID#	Amount of Contribution
Residential Street Address 3159 South St		City Coventry	•	State CT	Zip Code 06238	Date Receive 01/05/200		
Principal Occupation RN		Name of Employer Middlesex Hospital			Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		ntributor a lobbyis ident child of a lob Yes	byist?	Aggregate Contrit	sutions \$50.00	\$50.00
Last Name Pratt	First Name Dona		MI M	Cash	contribution: X Personal Cl	0229	ion ID#	Amount of Contribution
Residential Street Address 253 Katydid Ln		City Wilton		State CT	Zip Code 06897	Date Receive 01/05/200		
Principal Occupation V.P. Marketing		Name of Employer HEH Associates			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		ntributor a lobbyis ident child of a lob	byist?	Aggregate Contrib	sutions \$15.00	\$15.00

	I. MONETARY REC	CEIPTS	(Section	n A-I)				
NAME OF COMMITTEE						F	FILING	DUE DATE
Jodi Rell, Governor						(Origina	1 04/13/2009
	B. Itemized Contribution	ons from	Individu	ıals				
Last Name First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Tymniak Christopl	ner		Cash Money	V Order X Personal Cl		0231		Contribution
Residential Street Address	City		State	Zip Code		te Received		
235 Ridge Rd	Stratford		СТ	06614	01	./05/2009		
Principal Occupation Director	Name of Employer State of Connecticut			Is this contribution associa fundraising event listed in			Yes No	
		1		If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor. Is yes, indicate which branch or branches of government the contract is with:	Yes X No Executive Legislative		tor a lobbyis child of a lob es	byist?	Aggreg	ate Contribution	1	\$100.00
Last Name First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Fulco, III Dominic			Cash Money	X Personal Cl / Order Credit/Deb		0240		Contribution
Residential Street Address 35 Bancroft Rd	City		State	Zip Code		te Received		
	East Hartford		СТ	06118 Is this contribution associa				
Principal Occupation Attorney	Name of Employer Reid & Riege, P.C.			fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No		tor a lobbyis	-	Aggreg	ate Contribution	1	\$100.00
Is yes, indicate which branch or branches of government the contract is with:	Executive Legislative	Y	es X	No			0.00	———
Last Name First Name		MI	Method of Cash	contribution:	heck	Contribution I	ID#	Amount of
Fulco Ann			_	Order Credit/Deb		0239		Contribution
Residential Street Address	City		State	Zip Code		te Received		
35 Bancroft Rd	East Hartford		СТ	06118		L/13/2009		
Principal Occupation Trust Officer	Name of Employer U.S. Trust/Bank of America			Is this contribution associa fundraising event listed in			Yes	
- Trust Officer	7			If yes, list Event #		X N	No	
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No		tor a lobbyis	-	Aggreg	ate Contribution		
Is yes, indicate which branch or branches of government the contract is with:	Executive Legislative	Y		-		\$100	0.00	\$100.00
Last Name First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Boucher Henry			Cash Money	V Order X Personal Cl		0241		Contribution
Residential Street Address	City	•	State	Zip Code	Da	te Received		
5 Wicks End Ln	Wilton		СТ	06897	01	/13/2009		
Principal Occupation	Name of Employer FWT Tesuro Corp.			Is this contribution associa fundraising event listed in		1? '브'	Yes	
Manager	TWT Tesuro Corp.			If yes, list Event #		X N	No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of	Yes X No Executive Legislative	dependent	tor a lobbyis child of a lob	byist?	Aggreg	ate Contribution	ons 5.00	\$25.00

		I. MONI	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Itemize	ed Contributi	ons from	Individu	ıals				
Last Name Boucher	First Name Antonietta	a		MI	Cash	contribution: X Personal of the Credit/December 1 Credit/December 2 Credit/December		Contribution 0243	on ID#	Amount of Contribution
Residential Street Address 5 Wicks End Ln		City Wilton			State CT	Zip Code 06897		ate Received		
Principal Occupation State Senator		Name of Employer State of Conne			•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	es X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	ations \$25.00	\$25.00
Last Name Butler	First Name Walter			MI R	Cash	contribution: X Personal of the property of t		Contribution 0245	on ID#	Amount of Contribution
Residential Street Address 30 Woodland St		City Hartford			State CT	Zip Code 06105		ate Received		
Principal Occupation Attorney		Name of Employer Self				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Ves X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	ations \$10.00	\$10.00
Last Name Sullivan	First Name Thomas			MI R	Cash	contribution: X Personal of the property of t		Contribution 0235	on ID#	Amount of Contribution
Residential Street Address 73 Masters Dr		City Southington			State CT	Zip Code 06489		ate Received		
Principal Occupation Insurance Commissioner		Name of Employer State of Conne	ecticut			Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Ves X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Sullivan	First Name Georgia			MI A	Cash	contribution: X Personal of the property of t		Contribution 0236	on ID#	Amount of Contribution
Residential Street Address 73 Masters Dr		City Southington			State CT	Zip Code 06489		ate Received		
Principal Occupation Attorney		Name of Employer Polinsky, Siege				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Ves X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Jodi Rell, Governor							О	Origina	1 04/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	(Contribution II	D#	Amount of
Preble	Annella		С	Cash Money	x Personal Ch y Order Credit/Debi	[(0237		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
88 Belknap Rd		West Hartford		СТ	06117	01/	13/2009		
Principal Occupation		Name of Employer			Is this contribution associal fundraising event listed in the second of the second sec			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggregate	te Contribution \$50	ns 0.00	\$50.00
Last Name Bare	First Name Maureen		MI	Method of Cash	contribution:	neck	Contribution II	D#	Amount of Contribution
54.0		1		_	y Order Credit/Debi	t Card	0238		Contribution
Residential Street Address 254 Olmstead Hill Rd		City Wilton		State CT	Zip Code 06897		Received 13/2009		
Principal Occupation Admin		Name of Employer Siegel & Therrien, CPA's		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		X N	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	te Contribution	ns 0.00	\$10.00
Last Name Lavielle	First Name Gail		MI M	Cash	contribution: X Personal Ch y Order Credit/Debi	neck (Contribution II	D#	Amount of Contribution
Residential Street Address 109 Hickory Hill Rd	•	City Wilton	•	State CT	Zip Code 06897		Received		
Principal Occupation Instructor/P.h.D. candidate		Name of Employer University of Connecticut		!	Is this contribution associate fundraising event listed in the state of the state o			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	te Contribution \$25	ns 5.00	\$25.00
Last Name McCarthy, Jr.	First Name Donald		MI J	Cash	contribution: X Personal Character Credit/Debi	neck (Contribution II	D#	Amount of Contribution
Residential Street Address 30 Crossroads Ln		City Glastonbury		State CT	Zip Code 06033		Received 13/2009		
Principal Occupation Attorney		Name of Employer Self		!	Is this contribution associate fundraising event listed in the second of the second second in the second se		X N	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	te Contribution \$100		\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	nal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name	First Name		MI	Method of	contribution:	Con	ntribution ID #	Amount of
O'Connor	Mary		L	Cash Money	x Personal Ch y Order Credit/Debi	02	46	Contribution
Residential Street Address		City		State	Zip Code	Date Re	ceived	
342 Highland St		Wethersfield		СТ	06109	01/21	/2009	
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name	First Name		MI		contribution:		ntribution ID #	Amount of
Plunkett	Timothy		J	Cash Money	y Order	02	47	Contribution
Residential Street Address 220 Madison Ave Apt 12Q		City New York	-	State NY	Zip Code 10116-3422	Date Re 01/21		
				INI	Is this contribution associat			+
Principal Occupation		Name of Employer McKenna, Long & Aldodge	-		fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:	Con	ntribution ID #	Amount of
Haberstroh	Charles		W	Cash Money	y Order X Personal Ch Credit/Debi	neck 02		Contribution
Residential Street Address		City		State	Zip Code	Date Re	ceived	
3 Hermit Ct		Westport		СТ	06880	01/21	/2009	4
Principal Occupation Investment Advisor		Name of Employer Cashekeep Investment Advis	sors		Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$25.00	\$25.00
Last Name	First Name		MI	Method of	contribution:	Con	ntribution ID #	Amount of
Fasano, M.D.	Leonard		А	Cash Money	y Order X Personal Ch Credit/Debi	neck 02		Contribution
Residential Street Address		City		State	Zip Code	Date Re		
980 Whalley Ave		New Haven		СТ	06515-1733 Is this contribution associated the contribution associated associated associated associated associated associated associated asso	01/21		+
Principal Occupation Doctor		Name of Employer Self			fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Jodi Rell, Governor							C	Origina	ıl 04/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals		•		
Last Name	First Name		MI		contribution:		Contribution I	D#	Amount of
Plunkett	Caryl		D	Cash Money	y Order X Personal Cl Credit/Deb		0252		Contribution
Residential Street Address		City		State	Zip Code		e Received		
45 Benedict Ave		Tarrytown		NY	10591		/21/2009		
Principal Occupation		Name of Employer McKenna, Long & Aldodge			Is this contribution associa fundraising event listed in If yes, list Event #			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	te Contribution		\$100.00
Last Name Plunkett, Jr.	First Name William		MI F	Cash	contribution: X Personal Cl y Order	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 45 Benedict Ave		City Tarrytown		State NY	Zip Code 10591		e Received /21/2009		
Principal Occupation Attorney		Name of Employer McKenna, Long & Aldodge			Is this contribution associa fundraising event listed in If yes, list Event #		y X N	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggrega	te Contribution		\$100.00
Last Name DeMaio	First Name Louis		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 130 Talcott Rd		City Guilford		State CT	Zip Code 06437		e Received /21/2009		
Principal Occupation Accountant		Name of Employer Borruano & Company		•	Is this contribution associa fundraising event listed in If yes, list Event #			res No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	te Contribution		\$100.00
Last Name DeMaio	First Name Deborah		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 130 Talcott Rd		City Guilford		State CT	Zip Code 06437		e Received /21/2009		
Principal Occupation Controller		Name of Employer Jehan Mechanical			Is this contribution associa fundraising event listed in If yes, list Event #		?	r'es No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	te Contribution		\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Jodi Rell, Governor							Orig	ginal 04/13/2009
		B. Itemized Contributi	ions fron	ı Individu	ıals		<u>'</u>	
Last Name Fasano	First Name Kristen		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 7 Sycamore Ln		City North Haven		State CT	Zip Code 06473-1283		Received 1/2009	
Principal Occupation Student		Name of Employer Not Applicable			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name DeMaio	First Name Richard		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 6 Cold Spring Rd		City West Haven		State CT	Zip Code 06516		Received 1/2009	
Principal Occupation Accountant		Name of Employer Burruano & Company			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Fasano	First Name Leornard		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 7 Sycamore Ln		City North Haven		State CT	Zip Code 06473		Received 1/2009	
Principal Occupation Senator/ Atty.		Name of Employer State of Connecticut/Fasano & Lee	, Ippolito	-	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Fasano	First Name Jill		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 7 Sycamore Ln		City North Haven		State CT	Zip Code 06473		Received 1/2009	
Principal Occupation		Name of Employer Not Applicable		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name Bufano	First Name Libby			MI V	Cash	contribution: X Personal C y Order Credit/De		Contribution 0259	on ID#	Amount of Contribution
Residential Street Address 66 Bald Hill Rd		City Wilton			State CT	Zip Code 06897		ate Received 1/28/200		
Principal Occupation Retired		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	s50.00	\$50.00
Last Name Stolpen	First Name Adam			MI D	Cash	contribution: X Personal (y Order		Contribution 0258	on ID#	Amount of Contribution
Residential Street Address 1 Spring Hill Rd		City Westport			State CT	Zip Code 06880-1903		ate Received 1/28/200		
Principal Occupation Investments		Name of En	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyist child of a lob	bbyist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Izzo	First Name			MI J	Cash	contribution: X Personal C y Order Credit/De		Contribution 0260	on ID#	Amount of Contribution
Residential Street Address 62 Richmondville Ave		City Westport			State CT	Zip Code 06880		ate Received		
Principal Occupation Retired		Name of En	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		112	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Bedford	First Name Ruth			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 0261	on ID#	Amount of Contribution
Residential Street Address 66 Beachside Ave		City Greens F	arms		State CT	Zip Code 06838		ate Received		
Principal Occupation Retired		Name of En	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FI	ILING I	DUE DATE
Jodi Rell, Governor							О	riginal	04/13/2009
		B. Itemized Contributi	ions fron	ı Individu	ıals		·		
Last Name Savage	First Name Thomas		MI J	Cash	contribution: X Personal Cl	neck (Contribution ID	D#	Amount of Contribution
Residential Street Address 15-3 Pilgrim Trl		City Woodbury		State CT	Zip Code 06798		Received 12/2009		
Principal Occupation Business Owner		Name of Employer Monograms of Distinction		•	Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contributions		\$100.00
Last Name Jenkins	First Name Sandra		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID	D#	Amount of Contribution
Residential Street Address 17 Greenhouse Rd Unit B		City Bridgeport		State CT	Zip Code 06606		Received 12/2009		
Principal Occupation Executive Assistant		Name of Employer State of Connecticut			Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contributions		\$100.00
Last Name Connors	First Name Susan		MI A	Cash	contribution: X Personal Cl	neck (Contribution ID	D#	Amount of Contribution
Residential Street Address 2 Dory Lndg		City Old Lyme		State CT	Zip Code 06371		Received 12/2009		
Principal Occupation Attorney		Name of Employer Krevolin, Roth & Connors, LL	.C		Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contributions		\$100.00
Last Name Hajjar	First Name George		MI D	Cash	contribution: X Personal Cl y Order Credit/Debi	neck (Contribution ID	D#	Amount of Contribution
Residential Street Address 64 Southgate Rd		City Waterbury		State CT	Zip Code 06708		Received 12/2009		
Principal Occupation Deacon		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyist child of a lob	byist?	Aggregate	te Contributions		\$100.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribu	ıtions fron	n Individu	ıals		_	
Last Name	First Name		MI	Method of	contribution:	Cont	ribution ID #	Amount of
Reid	Laura		J	Cash Money	y Order X Personal Cl	026	7	Contribution
Residential Street Address		City		State	Zip Code	Date Rec	eived	
388 Timberlane Dr		Orange		СТ	06477	03/12/	2009	1
Principal Occupation Owner & President		Name of Employer Fish Mart, Inc.			Is this contribution associated in the second state of the second		Yes X No	
			ı		If yes, list Event #			1
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		ribution ID#	Amount of
Whitmore,Jr.	Donadl		E	Cash Money	y Order Personal Cl	026	9	Contribution
Residential Street Address		City		State	Zip Code	Date Rec		
73 River Crest Dr		Plantsville		СТ	06479-2058	03/12/	2009	1
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob	byist?	Aggregate Co	stributions \$50.00	\$50.00
Last Name	First Name		MI	Method of	contribution:	Cont	ribution ID#	Amount of
Woodward	Richard		N	Cash Money	y Order X Personal Cl	neck 027		Contribution
Residential Street Address		City		State	Zip Code	Date Rec	eived	
154 Foxwood Ln		Milford		СТ	06461-2732	03/12/	2009	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Retired					If yes, list Event #		x No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No	dependen	butor a lobbyis at child of a lob	byist?	Aggregate Co	ntributions \$50.00	\$50.00
government the contract is with: Last Name	First Name	Executive	MI	1	contribution:		ribution ID #	
Scherm	Ruth		A	Cash	X Personal Cl y Order Credit/Debi	neck 027		Amount of Contribution
Residential Street Address		City	•	State	Zip Code	Date Rec	eived]
88 Notch Hill Rd # 183		North Branford		СТ	06471	03/12/	2009	1
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob	byist?	Aggregate Co	stributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Jodi Rell, Governor							Orig	inal 04/13/2009
		B. Itemized Contributi	ions fron	ı Individu	ıals		'	
Last Name Clark	First Name Michael		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 02	ontribution ID #	Amount of Contribution
Residential Street Address 18 Morgan Pl		City Unionville		State CT	Zip Code 06085-1178		Leceived 2/2009	
Principal Occupation Manager of Security/Town Council		Name of Employer Otis Elevator			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Phelps	First Name Dwight		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 02	ontribution ID #	Amount of Contribution
Residential Street Address 7 Middle Dr		City Windsor Locks		State CT	Zip Code 06096		teceived 2/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$20.00	\$20.00
Last Name O'Brien, Jr.	First Name Brian		MI	Cash	contribution: X Personal Cl	heck 02	ontribution ID #	Amount of Contribution
Residential Street Address PO Box 448		City Quinebaug		State CT	Zip Code 06262		deceived 2/2009	
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate (Contributions \$20.00	\$20.00
Last Name May, III	First Name Edwin		MI H	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 02	ontribution ID #	Amount of Contribution
Residential Street Address 802 Prospect St		City Wethersfield		State CT	Zip Code 06109		teceived 2/2009	
Principal Occupation President		Name of Employer May, Bonee & Walsh			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	NG DUE DATE
Jodi Rell, Governor							Origi	nal 04/13/2009
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Pbert	First Name Herman		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 67 Jerzeskia Rd		City North Grosvenordale		State CT	Zip Code 06255-1107	Date R	Received 2/2009	
Principal Occupation Retired		Name of Employer		ļ	Is this contribution associate fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$10.00	\$10.00
Last Name Thomas, Jr.	First Name Thomas		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID#	Amount of Contribution
Residential Street Address 7 Stage Coach Rd		City Bristol		State CT	Zip Code 06010		Received 2/2009	
Principal Occupation Fiscal Manager		Name of Employer State of Connecticut		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Roddy, Sr.	First Name John		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 2 Sandgate Ct		City Suffield	•	State CT	Zip Code 06078		Received 2/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$30.00	\$30.00
Last Name Liegot	First Name Adam		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 02	ontribution ID #	Amount of Contribution
Residential Street Address 28 Kent St		City Plainville		State CT	Zip Code 06062		Received 2/2009	
Principal Occupation Dep. Director of Communications		Name of Employer State of Connecticut			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)				
NAME OF COMMITTEE							FI	ILING	DUE DATE
Jodi Rell, Governor							0	rigina	1 04/13/2009
		B. Itemized Contrib	utions fro	n Individı	uals		•		
Last Name	First Name		MI	Method of	contribution:		Contribution ID	D #	Amount of
Blauvelt	Mary			Cash Mone	y Order X Personal C	1 (0283		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
72 Kozley Rd		Tolland		СТ	06084-2509	03/	12/2009		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Ye		
Retired					If yes, list Event #	_	X No	О	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		butor a lobbyis	-	Aggregat	te Contributions	s	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		nt child of a lob	-		\$100.	.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution ID) #	Amount of
Gardber	Bruce		W	Cash Mone	y Order X Personal C	1 (0284		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
PO Box 369		Windham		СТ	06280-0369	03/	12/2009		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Ye	es	
Manager		State of Connecticut DOC			If yes, list Event #		X No	О	
Is contributor a principal of a state contractor	or prospective	Yes X No		butor a lobbyis	-	Aggregat	te Contributions	s	
Is yes, indicate which branch or branches of		Executive Legislative	_ `─	nt child of a lob	•		\$100.	.00	\$100.00
government the contract is with: Last Name	First Name		MI		contribution:	<u> </u>	Contribution ID)#	
Sigman	Brian		s	Cash	X Personal C	heck	0285	J #	Amount of Contribution
D 11 110 111		Lau		+	y Order Credit/Deb	-	D : 1		
Residential Street Address 32 Rustic Ter		City Portland		State CT	Zip Code 06480		Received 12/2009		
Principal Occupation		Name of Employer		-	Is this contribution associa	ted with a	Пу	es	
Executive Director		State of CT-BESB			fundraising event listed in If yes, list Event #	Section J1?			
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contri	butor a lobbyis	<u> </u>			_	
state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No		nt child of a lob	obyist?	Aggregat	te Contributions \$100.		\$100.00
government the contract is with:		Executive Legislative	_	Yes X	No	<u> </u>	· 		·
Last Name	First Name		MI		contribution:		Contribution ID) #	Amount of
Stevenson	Elizabeth		D	Cash Mone	y Order Credit/Deb		0286		Contribution
Residential Street Address		City		State	Zip Code	Date	Received		
484 Brewster Rd		Bristol		СТ	06010	03/	12/2009		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Ye		
Retired					If yes, list Event #		X No	0	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		butor a lobbyis		Aggregat	te Contributions	s	
Is yes, indicate which branch or branches of		Executive Legislative		nt child of a lob	-		\$25.	.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origi	nal 04/13/2009
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name Petroni	First Name Elizabeth		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 02	ntribution ID #	Amount of Contribution
Residential Street Address 448 Jones Hollow Rd		City Marlborough	<u> </u>	State CT	Zip Code 06447	Date Re	eceived	-
Principal Occupation Manager		Name of Employer State of Connecticut			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Pendelton	First Name Arthur		MI R	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 02	ntribution ID#	Amount of Contribution
Residential Street Address 31 Brensan		City Manchester		State CT	Zip Code 06040	Date Re	eceived 2/2009	
Principal Occupation MFG Agent		Name of Employer Pendelton Associates Inc		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Dimock	First Name Stanley		MI W	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 02	ntribution ID#	Amount of Contribution
Residential Street Address 21 Braintree Dr		City West Hartford		State CT	Zip Code 06117	Date Re 03/12	eceived 2/2009	
Principal Occupation Retired Attorney		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$25.00	\$25.00
Last Name Leary, Jr.	First Name Edward		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	eck 02	ntribution ID#	Amount of Contribution
Residential Street Address 19 Whispering Rod Rd		City Unionville		State CT	Zip Code 06085-1436	Date Re	eceived 2/2009	
Principal Occupation Registrar of Voters		Name of Employer Town of Farmington			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							F	FILING	DUE DATE		
Jodi Rell, Governor							C	Origina	1 04/13/2009		
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of		
Burns	Ronda		В	Cash Money	y Order X Personal Cl		0291		Contribution		
Residential Street Address		City		State	Zip Code	Date	e Received				
587 Litchfield St		Torrington		СТ	06790	03,	/12/2009				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			res			
Retired					If yes, list Event #		X N	No			
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns			
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$100	0.00	\$100.00		
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of		
Grant	Ellsworth		S	Cash Money	y Order X Personal Cl		0292		Contribution		
Residential Street Address		City		State	Zip Code	Date	e Received				
T204 20 Loeffler Rd		Bloomfield		СТ	06002	03,	/12/2009				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		, 🔲 Y	r'es			
Retired					If yes, list Event #		x N	No			
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggrega	ate Contribution	ns			
state contractor? Is yes, indicate which branch or branches of			Î	child of a lob	•		\$100	0.00	\$100.00		
government the contract is with:	<u></u> Ц	Executive Legislative	+ -								
Last Name Leighton	First Name Kingsley		MI T	Method of Cash	contribution: X Personal Cl	heck	Contribution I	D#	Amount of Contribution		
20.3	· ·····go.cy			_	y Order Credit/Debi		0293		Commount		
Residential Street Address		City		State	Zip Code		e Received				
46 Vineyard Ave		Guilford		СТ	06437-3235	03,	/12/2009				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		? —	Yes			
Retired					If yes, list Event #		X N	No			
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns			
state contractor? Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	•		\$100	0.00	\$100.00		
government the contract is with:	First Name	Executive Legislative	I MI	1							
Last Name Daly	Marian		M M	Cash	contribution: X Personal Cl	heck	Contribution I 0296	D#	Amount of Contribution		
,		1		Money	y Order Credit/Debi		0296				
Residential Street Address		City		State	Zip Code		e Received				
6 Park Pl		South Glastonbury		СТ	06073		/12/2009				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		? =	Yes .			
Retired					If yes, list Event #		X N	No			
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns			
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$25	5.00	\$25.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Jodi Rell, Governor									Origin	al 04/13/2009	
		B. It	emized Contributi	ons from	ı Individu	ıals					
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of	
Bickford	Jane			W	Cash Money	y Order Personal C		0297		Contribution	
Residential Street Address		City			State	Zip Code	Г	Date Received	ļ		
919 Derby Milford Rd		Orange			СТ	06477-0719	C	03/12/200	9		
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes		
Retired						If yes, list Event #		2	No		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '	res x	•		:	\$25.00	\$25.00	
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of	
Herbst	Marie			А	Cash Money	y Order Personal C		0298		Contribution	
Residential Street Address		City			State	Zip Code	Е	Date Received	l		
175 Taylor Ave		Cheshire	!		СТ	06410	C	03/12/200	9		
Principal Occupation		Name of E	* *			Is this contribution associ fundraising event listed in			Yes		
Semi-retired		Integrat	ed Industrial System	S		If yes, list Event #		2	No		
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	İ	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lob	•		\$	100.00	\$100.00	
government the contract is with: Last Name	First Name	Executive	Legislative	I _{MI}		contribution:	<u> </u>	I	"	<u> </u>	
Whelan	Frank			IVII	Cash	X Personal C	Check	Contributi 0299	on ID#	Amount of Contribution	
					Mone	y Order Credit/Del	bit Card	0299			
Residential Street Address		City			State	Zip Code		Date Received			
61 Harbor St		Branford			СТ	06405-4408)3/12/200		•	
Principal Occupation Sportsman		Name of E Self	mployer			Is this contribution associ fundraising event listed in		I12 L	Yes		
Sportsman		00				If yes, list Event #		Ľ	No No		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions		
Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	res x	•		:	\$25.00	\$25.00	
government the contract is with: Last Name	First Name			MI	1	contribution:	<u> </u>	Contributi	on ID #		
Godfrey	Edward			R	Cash	X Personal C	Check	0300	Oll ID#	Amount of Contribution	
		ı			Mone	y Order Credit/Del					
Residential Street Address 4 Gregory Pl		City Old Sayl	prook		State CT	Zip Code 06475-2031		Date Received			
Principal Occupation					ļ <u></u>	Is this contribution associ	_			t	
Retired		Name of E Temp @	mployer) H&R Block			fundraising event listed in		J1?	Yes No		
						If yes, list Event #			-1 1/0	ļ	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib			
Is yes, indicate which branch or branches of		Executive	Legislative		res x	-		:	\$35.00	\$35.00	

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Jodi Rell, Governor									Origin	al 04/13/2009	
		B. Itemi	zed Contributio	ons from	Individu	ıals					
Last Name Pellegrino	First Name James			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0301	on ID#	Amount of Contribution	
Residential Street Address 54 Rem Dr		City Meriden			State CT	Zip Code 06451		Pate Received			
Principal Occupation Independent Consultant		Name of Employ Self	yer	_	•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	ations \$25.00	\$25.00	
Last Name Stiller	First Name Bertram			MI H	Cash	contribution: X Personal of the property		Contribution 0302	on ID#	Amount of Contribution	
Residential Street Address 5 Spice Bush Ln		City Branford			State CT	Zip Code 06405		ate Received			
Principal Occupation Retired		Name of Employ	yer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	ations \$50.00	\$50.00	
Last Name Rice	First Name Robert			MI W	Cash	contribution: X Personal (y Order Credit/De		Contribution 0303	on ID#	Amount of Contribution	
Residential Street Address 1 Johnny Appleseed Dr		City Sandy Hook			State CT	Zip Code 06482		Pate Received			
Principal Occupation Engineer		Name of Employ RCM Techno		_		Is this contribution assoc fundraising event listed in If yes, list Event #		I1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	child of a lob	byist?	Aggre	egate Contribu	ations \$15.00	\$15.00	
Last Name Bieber	First Name Ingeborg			MI	Cash	contribution: X Personal of the property of t		Contribution 0304	on ID#	Amount of Contribution	
Residential Street Address 102 Derry Hill Rd		City Uncasville			State CT	Zip Code 06382		ate Received			
Principal Occupation Retired		Name of Employ	yer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	—	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00	

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Jodi Rell, Governor							Ori	ginal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		·	
Last Name McConnell, Jr.	First Name William		MI N	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0	ontribution ID #	Amount of Contribution
Residential Street Address 8202 Chester VIg W		City Chester		State CT	Zip Code 06412		Received .2/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$25.0	0 \$25.00
Last Name Champman	First Name Michael		MI K	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0	ontribution ID #	Amount of Contribution
Residential Street Address 228 Woodchuck Hill Rd		City Canterbury		State CT	Zip Code 06331		Received .2/2009	
Principal Occupation Field Service Technician		Name of Employer Diller Power Systems USA			Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$50.0	\$50.00
Last Name Fedor, Jr.	First Name Richard		MI T	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0	ontribution ID #	Amount of Contribution
Residential Street Address 66 Wylie School Rd		City Voluntown		State CT	Zip Code 06384		Received .2/2009	
Principal Occupation Liquor Control Casino Agent		Name of Employer State of CT-Dept. of Consum Protection	ner		Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$10.0	\$10.00
Last Name Kelller	First Name Jacqueline	e	MI M	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0	ontribution ID #	Amount of Contribution
Residential Street Address 104 Lamphere Rd		City Mystic		State CT	Zip Code 06355-1435		Received .2/2009	
Principal Occupation Consultant-Communications		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.0	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origii	nal 04/13/2009
		B. Itemized Contributi	ons from	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Con	ntribution ID #	Amount of
Brooks	Helen		В	Cash Money	V Order X Personal Ch Credit/Debi	030	09	Contribution
Residential Street Address		City		State	Zip Code	Date Re	ceived	
221 Essex Mdws		Essex		СТ	06426	03/12,	/2009	
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Garthwait, Sr.	First Name Robert		MI W	Cash	contribution: X Personal Ch Order Credit/Debi	neck 03:	ntribution ID #	Amount of Contribution
Residential Street Address 14 Hemingway Ave		City Waterbury		State CT	Zip Code 06721	Date Re-		
Principal Occupation Chairman		Name of Employer Cly-Del Mfg. Co.		!	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Jones	First Name Robert		MI D	Cash	contribution: X Personal Ch Order Credit/Debi	neck 03:	ntribution ID #	Amount of Contribution
Residential Street Address 15 Tunxis Vlg		City Farmington		State CT	Zip Code 06032	Date Re-		
Principal Occupation Retired		Name of Employer		!	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$30.00	\$30.00
Last Name Thal	First Name Rita		MI C	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 03:	ntribution ID #	Amount of Contribution
Residential Street Address 22 Country Ridge Rd		City Danbury		State CT	Zip Code 06811	Date Re-		
Principal Occupation Housewife		Name of Employer		!	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origii	nal 04/13/2009
		B. Itemized Contribution	ons from	ı Individu	ıals			
Last Name McNamee	First Name Sean		MI P	Cash	contribution: X Personal Ch	neck 03	ntribution ID #	Amount of Contribution
Residential Street Address 15 S Elm St		City Wallingford		State CT	Zip Code 06492	Date Re		
Principal Occupation CPA		Name of Employer Self		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	contributions \$100.00	\$100.00
Last Name McGeever	First Name John		MI A	Cash	contribution: X Personal Ch Order Credit/Debi	neck 03	ntribution ID #	Amount of Contribution
Residential Street Address 339 Rimmon Hill Rd		City Beacon Falls		State CT	Zip Code 06403	Date Re 03/12		
Principal Occupation Retired		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Corrado	First Name Fred		MI L	Cash	contribution: X Personal Ch	neck 03	ntribution ID #	Amount of Contribution
Residential Street Address 6 Georgetown N		City Greenwich		State CT	Zip Code 06831-4732	Date Re 03/12		
Principal Occupation Executive		Name of Employer Oceanic Elec. Mfg. Co, Inc.			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	contributions \$100.00	\$100.00
Last Name Posner, M.D.	First Name Lawrence		MI E	Cash	contribution: X Personal Ch / Order Credit/Debi	neck 03	ntribution ID #	Amount of Contribution
Residential Street Address 633 Round Hill Rd		City Greenwich		State CT	Zip Code 06831-2742	Date Re		
Principal Occupation Physicia Executive		Name of Employer Vedanta Capital			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Jodi Rell, Governor							(Origina	1 04/13/2009
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Walbert, Jr.	First Name William		MI W	Method of Cash	contribution:	neck	Contribution I	ID#	Amount of Contribution
		r			y Order Credit/Debi		0321		Commonia
Residential Street Address 319 Valley Rd		City New Canaan		State CT	Zip Code 06840		e Received /12/2009		
Principal Occupation Management		Name of Employer Walbert Capital			Is this contribution associate fundraising event listed in the second of the second second in the second se			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution	ons 0.00	\$50.00
Last Name Harpie, Jr.	First Name P. Joseph		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 36 Baldwin Ct		City Newington		State CT	Zip Code 06111-5325		e Received /12/2009		
Principal Occupation Chief Loan Officer		Name of Employer CT Development Authority			Is this contribution associate fundraising event listed in the second of the second second in the second se		? X	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00
Last Name Welna	First Name Cecilia		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 31 Clover Hill Pl		City Kensington		State CT	Zip Code 06037-1139		e Received /12/2009		
Principal Occupation Professor Emerita		Name of Employer University of Hartford		•	Is this contribution associate fundraising event listed in the second of the second second in the second se			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution	ons 0.00	\$50.00
Last Name Carino	First Name Joseph		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address PO Box 503		City South Windsor		State CT	Zip Code 06074		e Received /12/2009		
Principal Occupation Retired		Name of Employer		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		? X	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Jodi Rell, Governor							Orig	inal 04/13/2009
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Fauliso	First Name Anne Mar	ie	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0:	ontribution ID#	Amount of Contribution
Residential Street Address 998 Prospect Ave	l	City Hartford		State CT	Zip Code 06105	Date R	Received 2/2009	1
Principal Occupation At home		Name of Employer		I	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	7
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Marsilius	First Name Philip		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0:	ontribution ID#	Amount of Contribution
Residential Street Address 340 Sailors Ln		City Bridgeport		State CT	Zip Code 06605		Received 2/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Schwesinger, Jr	First Name Edmund		MI A	Cash	contribution: X Personal Cl	neck 0:	ontribution ID#	Amount of Contribution
Residential Street Address 94 Cutler Rd		City Greenwich		State CT	Zip Code 06831		Received 2/2009	
Principal Occupation President		Name of Employer Greenwich Mgmt		-	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Belbruno	First Name Vincentia		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0:	ontribution ID#	Amount of Contribution
Residential Street Address 162 Ocean Ave		City New London		State CT	Zip Code 06320-3407		Received 2/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate	Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Jodi Rell, Governor									Origin	al 04/13/2009		
		B. Itemized	Contributi	ons from	Individu	ıals						
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of		
Raccio	Howard				Cash Money	y Order		0330		Contribution		
Residential Street Address		City			State	Zip Code		ate Received				
1970 Shepard Ave		Hamden			СТ	06518	0	3/12/2009	9			
Principal Occupation		Name of Employer	Co. Inc			Is this contribution associ fundraising event listed in		J1?				
Contractor		Howard Paving	co., fric.	_		If yes, list Event #		x	No			
Is contributor a principal of a state contractor state contractor?	or prospective	Yes	s x No		utor a lobbyis child of a lob	-	Aggre	gate Contribu	utions			
Is yes, indicate which branch or branches of government the contract is with:		Executive Le	gislative		res X	-		5	\$75.00	\$75.00		
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of		
Thiessen	William				Cash Money	y Order		0332		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received				
103 Currituck Rd		Newtown			СТ	06470	0	3/12/200	9			
Principal Occupation		Name of Employer Self				Is this contribution associ fundraising event listed in		J1?				
Engrg Consultant		Jen				If yes, list Event #		<u>x</u>	No			
Is contributor a principal of a state contractor	or prospective	Yes	s x No		utor a lobbyis	-	Aggre	gate Contribu	utions			
Is yes, indicate which branch or branches of		Executive Le	gislative	1 ~	child of a lob	*		9	\$25.00	\$25.00		
government the contract is with: Last Name	First Name		<u></u>	MI		contribution:		Contributi	on ID #			
Morgan	Leon			А	Cash	X Personal C		0333	OII ID #	Amount of Contribution		
D 11 110 111		a:				y Order Credit/De		D : 1				
Residential Street Address 43 Forest Brook Rd		City Guilford			State CT	Zip Code 06437		ate Received				
Principal Occupation		Name of Employer			<u> </u>	Is this contribution associ	ated with	а Г	Yes			
Retired						fundraising event listed in If yes, list Event #	Section J	11? x	No			
Is contributor a principal of a state contractor	or procesative	П	s X No	In contrib	utor o lobbrio		Ι.					
state contractor? Is yes, indicate which branch or branches of	or prospective	Yes	s 🔼 No		utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	s50.00	\$50.00		
government the contract is with:		Executive Le	gislative	Y	es x	No				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Last Name	First Name			MI		contribution:	71 1	Contributi	on ID#	Amount of		
Brennan	Francis			G	Cash Money	y Order Credit/De		0334		Contribution		
Residential Street Address	•	City		•	State	Zip Code	D	ate Received				
13 Caveson Ct		Middlebury			СТ	06762	0	3/12/200	9			
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in			Yes			
Semi-Retired Educator						If yes, list Event #		х	No			
Is contributor a principal of a state contractor	or prospective	Yes	s X No		utor a lobbyis		Aggre	gate Contribu	utions			
Is yes, indicate which branch or branches of		Executive Le	gislative		child of a lob	-		\$:	100.00	\$100.00		

NAME OF COMMITTEE Jodi Rell, Governor Original 04/13/2009			I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
Tan Name	NAME OF COMMITTEE									FILING	3 DUE DATE
List Name Morkus Florence Mil Medical of contributions Personal Chesk Contributions Oxforthumon Ox	Jodi Rell, Governor									Origin	al 04/13/2009
Morkus Florence			B. It	temized Contributi	ons fron	ı Individu	ıals				
	Last Name	First Name			MI	Method of			Contributi	on ID#	Amount of
25 Dexter St	Morkus	Florence					=		0337		Contribution
Name of Employer Singular Section 117 Yes Indications govern listed in Section 117 Yes Indications govern listed in Section 117 Yes Indications govern listed in Section 117 Yes Indications govern listed in Section 117 Yes Indications govern listed in Section 117 Yes Indications govern listed in Section 117 Yes Indications govern listed in Section 117 Yes Indication 117 Yes Indications govern listed in Section 117 Yes Indications govern listed in Section 117 Yes Indication 118 Yes Indications govern listed in Section 117 Yes Indications govern listed in Section 117 Yes Indication 118 Yes Indications govern listed in Section 117 Yes Indication 118 Yes Indica	Residential Street Address		City			State	Zip Code	D	ate Received		
Retired Securithouter a principal of a state contractor or prospective state contractor of prospective state of state contractor of prospective state of state contractor of prospective state of state contractor of prospective state of state contractor of prospective state of state contractor of prospective state of state of state state state state state state state state state state state state state state state state state state state sta	25 Dexter St		Hartford			СТ	06106-3937	0	3/12/200	9	
Executive			Name of E	Employer						Yes	
Secontributer a principal of a state contractor? Legislative Legis	Retired						_	. section :		No	
is yes, indicate which heaned on branches of overament reconstrate is with: Last Name Robinson, M.D. First Name John C Casho Contribution D # O338 Amount of Contribution D # O338 Amount of Contribution D # O338 Amount of Contribution D # O338 O438	1 * *	or prospective		Yes X No				Aggre	egate Contrib	utions	
Rebinson, M.D. Besidential Street Address City State Zip Code Contribution Contribu	Is yes, indicate which branch or branches of		Executive	Legislative	1 ⁻		•		:	\$10.00	\$10.00
Residential Street Address City	Last Name	First Name			MI	Method of	_		Contributi	on ID#	Amount of
130 Avery Hts	Robinson, M.D.	John			С		=		0338		Contribution
Principal Occupation Retired Is this contribution associated with a fundraising event listed in Section 11? Yes fundraising event listed in Section 11? Y	Residential Street Address		City			State	Zip Code	D	ate Received	l	
Retired Secontributor a principal of a state contractor or prospective state contractor Sayes, indicate which branch or branches of sovernment the contract is with: Last Name Dzubay First Name Peter Legislative 130 Avery Hts		Hartford			СТ	06106-4264	0	3/12/200	9	_	
If yes, list Event # X No	Principal Occupation		Name of E	imployer						Yes	
State contractors State contractor State contractor State contractor State contractor State contractor State contract State contractor State contra	Retired						_	occuon :	··· [2	No	
Syes, indicate which branch or branches of government the contract is with: Last Name Dzubay Peter Legislative Legislative Yes X No \$100.00	Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
Last Name Dzubay Peter MI Method of contribution: Cash X Personal Check 0339 Money Order Credit/Debit Card					1 ⁻		•		\$	100.00	\$100.00
Dzubay Peter			Executive	Legislative	 			<u> </u>	1		
Residential Street Address 16 Hudson St 15 Hudson St 15 Hudson St 16 Hudson St 15 Hudson St 16 Hudson St 16 Hudson St 17 Default Periodic P					MI			Check		on ID#	
16 Hudson St Berlin CT 06037 03/12/2009	Dzubuy	reter	,				=		0339		Contribution
Principal Occupation Retired Same of Employer Same Security		l '				1	1				
Retired Security	16 Hudson St		Berlin			СТ	06037	0	3/12/200	9	ļ
If yes, list Event # X No			Name of E	Employer					J12 L		
state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Prucha First Name Prucha First Name Prucha City Union City Union City Union Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: MII Method of contribution: Cash Cash Money Order Credit/Debit Card O341 Amount of Contribution Contribution ID # O341 Amount of Contribution Contribution ID # O341 Amount of Contribution Contribution ID # O341 Contribution ID # O341 Amount of Contribution State Zip Code Date Received O3/12/2009 Principal Occupation Retired Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? State contractor? Aggregate Contributions State Contribution a lobbyist?	Retired						_		<u> </u>	No	
Is yes, indicate which branch or branches of government the contract is with: Last Name First Name Joseph MI Method of contribution: Contribution ID # Of Contribution Cash Money Order Credit/Debit Card Contribution Contribu	I	or prospective	•	Yes X No				Aggre	egate Contrib	utions	İ
Last Name Prucha First Name Joseph MI Method of contribution:		П		П	1 m		-		:	\$50.00	\$50.00
Prucha Joseph Cash X Personal Check 0341 Contribution Residential Street Address 21 Broadway Rd Union CT 06076 Date Received 03/12/2009 Principal Occupation Retired Name of Employer Is this contribution associated with a fundraising event listed in Section J1? X No Is contributor a principal of a state contractor? Is contributor a principal of a state contractor? Le contributor a principal of a lobbyist? State Zip Code 03/12/2009 Is this contribution associated with a fundraising event listed in Section J1? X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$100.00		<u></u>	Executive	Legislative	 	1		<u> </u>	1		1
Residential Street Address 21 Broadway Rd Union CT O6076 Date Received 03/12/2009 Principal Occupation Retired Name of Employer Is this contribution associated with a fundraising event listed in Section J1? X No Is contributor a principal of a state contractor? Is contributor a principal of a state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$100.00 \$10341 Date Received 03/12/2009 Date Received 03/12/2009 Is this contribution associated with a fundraising event listed in Section J1? X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$100.00					MI		_	Check		on ID#	
21 Broadway Rd Union CT 06076 03/12/2009 Principal Occupation Retired Is this contribution associated with a fundraising event listed in Section J1?	Tracha	зозерп					y Order Credit/Deb	oit Card	0341		Contribution
Principal Occupation Retired Name of Employer Is this contribution associated with a fundraising event listed in Section J1?	Residential Street Address		City			State	Zip Code	D	ate Received		
Retired Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions state contractor? \$100.00	21 Broadway Rd		Union			СТ	06076	0	3/12/200	9	
If yes, list Event # X No Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective dependent child of a lobbyist? Aggregate Contributions dependent child of a lobbyist? \$100.00			Name of E	imployer						Yes	
state contractor? Let you indicate which branch or branches of state contractor state cont	Retired						_		<u> </u>	No	
state contractor? Let you indicate which branch or branches of state contractor state cont	Is contributor a principal of a state contractor of	or prospective	I	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	İ
government the contract is with: Executive Legislative Yes A No	Is yes, indicate which branch or branches of		Executive	Legislative			-		\$	100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Jodi Rell, Governor									Origin	al 04/13/2009	
		B. It	emized Contribut	ions fron	ı Individu	ıals					
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Walton	Frank			E	Cash Money	y Order X Personal C		0342		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
1 West St # 204		Simsbury	,		СТ	06070	0	3/12/2009)		
Principal Occupation Retired		Name of Er	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No		
				I		·	1				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	00.00	\$100.00	
government the contract is with:	<u></u>	Executive	Legislative	+ =			<u> </u>	1			
Last Name Bundy, Jr.	First Name Richard			MI	Cash	contribution: X Personal 0 y Order		Contributio	on ID#	Amount of Contribution	
Residential Street Address		City		<u> </u>	State	Zip Code	D	ate Received			
55 Thomas St		Rockville			СТ	06084	0	3/12/2009)		
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc	ated with	a	Yes	ĺ	
CEO		Bundy M	otors			fundraising event listed in If yes, list Event #	n Section J	J1?	No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	tions .00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Vannie	Richard			В	Cash Money	y Order X Personal C		0344		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
4 Alpine Meadow Ln		Avon			СТ	06001	0	3/12/2009)	ļ	
Principal Occupation Retired		Name of Er	nployer			Is this contribution associ fundraising event listed in		J1?			
Retired						If yes, list Event #		<u> x</u>	No		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob		Aggre	egate Contribu		4100.00	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	\ \ \ \ \ \ \	res x	No		\$1	00.00	\$100.00	
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of	
Babcock	Stuart			L	Cash Money	y Order		0345		Contribution	
Residential Street Address		City			State	Zip Code	D	ate Received			
400 Seabury Dr # 3187		Bloomfiel	d		СТ	06002	0	3/12/2009)	ļ	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes		
Retired						If yes, list Event #	i section I	x	No		
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob	-	Aggre	egate Contribu	tions	\$20.00	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No		Ψ	_0.00	\$20.00	

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Deresienski	Peter			S	Cash Money	y Order		0346		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
128 Hayden Station Rd		Windsor			СТ	06095	0	3/12/2009)	
Principal Occupation Retired		Name of Er	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
				1		·	1		-	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu	10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributio	n ID#	Amount of
Sullivan	John			D	Cash Money	y Order X Personal C		0347		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
124 Stonebridge Rd		Coventry	,		СТ	06238-3345	0	3/12/2009)	
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
Manager of Treasury Services		Universi	ty of Connecticut			If yes, list Event #	i Section .	х	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Stevensen	Doris			L	Cash Money	y Order X Personal C		0348		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
15 Manning Rd		Windsor	Locks		СТ	06096-2701	0	3/12/2009)	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		J1?		
Retired						If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I —	t child of a lob Yes	-		\$	20.00	\$20.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Burt	Ronald			E	Cash Money	y Order X Personal C		0351		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
5 Wentworth Park		Farmingt	on		СТ	06032	0	3/12/2009)	l
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
Physician		Milford A	Anesthisia Associates			If yes, list Event #	. Section :	х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis	-	Aggre	gate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 '	t child of a lob Yes	•		\$1	00.00	\$100.00
government the contract is with:		LACCUIVE	Legisiative	Т,	ت د.	110	1			1

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Jodi Rell, Governor									Origin	al 04/13/2009		
		B. Itemiz	ed Contributi	ons from	Individu	ıals						
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of		
Neumeister	Robert			L	Cash Money	y Order Personal C		0353		Contribution		
Residential Street Address		City			State	Zip Code		ate Received				
150 Shipman Dr		Glastonbury			СТ	06033	0	3/12/200	9			
Principal Occupation		Name of Employer	r			Is this contribution associ fundraising event listed in		J1?				
Retired						If yes, list Event#		<u>x</u>	No			
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions			
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		:	\$50.00	\$50.00		
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID #	Amount of		
Tingey	Ian			С	Cash Money	y Order X Personal C		0354		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received				
20 Great Oak Ln		Unionville			СТ	06085	0	3/12/200	9			
Principal Occupation		Name of Employer				Is this contribution associ fundraising event listed in			Yes			
Dentist		CT Maxilloraci	al Surgeons, LL	.C		If yes, list Event #		Х	No			
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions			
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 ~	child of a lob	•		\$	100.00	\$100.00		
government the contract is with: Last Name	First Name	Executive	Legislative	<u>Г</u> мі		contribution:	<u> </u>	I	"			
Harris	Henry			T	Cash	x Personal C	Check	Contributi 0355	on ID #	Amount of Contribution		
		ı			Money	y Order Credit/Del	bit Card	0555				
Residential Street Address		City			State	Zip Code		ate Received				
19 Old Kentwood Rd		East Haddam			СТ	06423		3/12/200				
Principal Occupation Retired		Name of Employer	ſ			Is this contribution associ fundraising event listed in		I12 L				
recired						If yes, list Event #			No			
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	egate Contrib	utions			
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	res x	-		\$	100.00	\$100.00		
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID #	Amount of		
Reider, Jr.	George			М	Cash	y Order Registration Registration X Personal C		0356		Contribution		
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received				
9 Glenmore Dr		Farmington			CT	06032		3/12/200				
Principal Occupation		Name of Employer	ſ			Is this contribution associ			Yes			
Part Time Insurance Consultant		Self				fundraising event listed in If yes, list Event #	Section .	J1?	No			
Is contributor a principal of a state contractor	or prospective	<u>Г</u>	Yes X No	Is contrib	utor a lobbyis		1	egate Contrib	utions			
state contractor? Is yes, indicate which branch or branches of		_		dependent	child of a lob	byist?	Aggie	-	100.00	\$100.00		
government the contract is with:		Executive	Legislative	L Y	es x	No	1			1		

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FIL	ING DUE DATE				
Jodi Rell, Governor							Orig	ginal 04/13/2009				
		B. Itemized Contribut	ions fron	ı Individu	ıals							
Last Name	First Name		MI	Method of	contribution:	С	ontribution ID #	Amount of				
Bish	Ronald		S	Cash Money	y Order Resonal Character Credit/Debi	10	358	Contribution				
Residential Street Address		City		State	Zip Code		Received					
167 Sisk St		Middletown		СТ	06457-2315	03/1	.2/2009	_				
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		Yes					
Electrical Contractor		Bish Electric, Inc.			If yes, list Event #	section 31:	x No					
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggregate	Contributions					
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$100.00	\$100.00				
Last Name	First Name		MI	Method of	contribution:	С	ontribution ID #	Amount of				
Luppi	Howard		L	Cash Money	y Order Resonal Character Credit/Debi	10	359	Contribution				
Residential Street Address		City		State	Zip Code	Date I	Received					
4 Oakwood Dr		North Haven		СТ	06473	03/1	.2/2009	_				
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		Yes					
Retired					If yes, list Event #	section 31:	x No					
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate	Contributions	7				
state contractor? Is yes, indicate which branch or branches of			Î	child of a lob	*	66 6	\$100.00	\$100.00				
government the contract is with:		Executive Legislative	L 1	res x	No							
Last Name	First Name		MI		contribution:		ontribution ID #	Amount of				
Jusyk	Margaret		L	Cash Money	y Order Credit/Debi	0	361	Contribution				
Residential Street Address		City		State	Zip Code		Received					
53 Sea Spray Ave		Niantic		СТ	06357	03/1	.2/2009	_				
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		Yes					
Retired					If yes, list Event #		x No					
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate	Contributions	7				
state contractor? Is yes, indicate which branch or branches of				child of a lob	•		\$10.00	\$10.00				
government the contract is with:		Executive Legislative	 	res X								
Last Name Walberg	First Name Donald		MI C	Method of Cash	contribution:	neck	ontribution ID #	Amount of Contribution				
Walberg	Donaid				y Order Credit/Debi	0	362	Contribution				
Residential Street Address		City		State	Zip Code	Date I	Received					
7 Clifton Pl		Norwich		СТ	06360	03/1	.2/2009					
Principal Occupation		Name of Employer			Is this contribution associate		Yes					
Retired					fundraising event listed in S If yes, list Event #	section J1?	x No					
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregata	Contributions	\dashv				
state contractor? Is yes, indicate which branch or branches of		_		child of a lob	byist?	, iggi egale	\$25.00	\$25.00				
government the contract is with:		Executive Legislative	L	es x	No							

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Jodi Rell, Governor									Origin	al 04/13/2009		
		B. Ite	emized Contribution	ons from	ı Individu	ıals						
Last Name McBroome	First Name Mildred			MI B	Cash	contribution: X Personal (y Order Credit/De		Contribution 0363	on ID#	Amount of Contribution		
Residential Street Address 38 Dow Rd		City Plainfield			State CT	Zip Code 06374		Oate Received				
Principal Occupation Retired		Name of Em	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribu	stions \$10.00	\$10.00		
Last Name Rinek	First Name Marilynn			MI M	Cash	contribution: X Personal (y Order		Contribution 0364	on ID#	Amount of Contribution		
Residential Street Address 143 Essex Mdws		City Essex			State CT	Zip Code 06426		ate Received				
Principal Occupation		Name of Em	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu	utions 100.00	\$100.00		
Last Name Krzywicki	First Name Frank			MI R	Cash	contribution: X Personal (y Order Credit/De		Contribution 0365	on ID#	Amount of Contribution		
Residential Street Address 7 Inwood Ct		City Shelton			State CT	Zip Code 06484		oate Received 3/12/200				
Principal Occupation Retired		Name of Em	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		I1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribu	ations \$25.00	\$25.00		
Last Name Meya	First Name Wilhelm			MI W	Cash	contribution: X Personal of the property of t		Contribution 0366	on ID#	Amount of Contribution		
Residential Street Address 66-3 Elys Ferry Rd		City Lyme			State CT	Zip Code 06371-3447		ate Received				
Principal Occupation Farmer		Name of Em Franklin (nployer Organic Mushrooms,	Inc.		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00		

		I. MONETAI	RY REC	EIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origina	al 04/13/2009
		B. Itemized Co	ntributio	ns from	Individu	ıals				
Last Name	First Name		I	MI	Method of	contribution:		Contributio	on ID #	Amount of
Lamb	J. Allen				Cash Money	y Order		0368		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
122 Winward Pl		Southington			СТ	06489	0	3/12/2009	9	
Principal Occupation		Name of Employer				Is this contribution associ- fundraising event listed in			Yes	
President & CEO		System Aire Supply	Co., Inc.			If yes, list Event #	. Section 3	x	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		itor a lobbyist		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislati	ve	<u> </u>	child of a lob	*		\$1	100.00	\$100.00
Last Name	First Name		Ī	MI	Method of	contribution:	•	Contributio	on ID#	Amount of
Pacocha	Betty			Α	Cash Money	y Order		0369		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
71 Kent Cornwall Rd		Kent			СТ	06757	0	3/12/2009	€	
Principal Occupation		Name of Employer				Is this contribution associ- fundraising event listed in			Yes	
Retired						If yes, list Event #	. Beetion b	x	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		ıtor a lobbyist	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of				Ī,	child of a lob	*		\$1	100.00	\$100.00
government the contract is with:	<u></u> 1	Executive Legislati					<u> </u>	1		
Last Name Ruoppolo	First Name Matt			MI	Method of o	contribution: X Personal C	Check	Contributio	on ID #	Amount of Contribution
Паорроло						y Order Credit/Del	oit Card	0370		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
5 Hotchkiss Grove Rd		Branford			СТ	06405-5409	0	3/12/2009	9	
Principal Occupation		Name of Employer				Is this contribution associ- fundraising event listed in		H2 -	1 100	
Retired						If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		itor a lobbyist	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislati	vo.		child of a lob	-		\$	50.00	\$50.00
government the contract is with: Last Name	First Name	Executive Ecgisian		MI ·		contribution:	<u> </u>		TD //	
Palmer	Russell			S	Cash	X Personal C	Check	Contribution 0371	on ID#	Amount of Contribution
		1			Money	y Order Credit/Del	oit Card	0371		
Residential Street Address		City			State	Zip Code		ate Received		
PO Box 1521		Middletown			СТ	06457	_	3/12/2009	7	
Principal Occupation		Name of Employer Law Office of AJ Spro	ecker			Is this contribution associ- fundraising event listed in		I1?	Yes	
Attorney		Zaw omee or As opin				If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		itor a lobbyist		Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of		Executive Legislati	ve		child of a lob	-		\$1	100.00	\$100.00

SAME OF COMMITTEE
Last Name First Name Cottributions from Individuals Street Address City State Contribution associated with a fundational principal of a state contractor or prospective state contractor Executive Legislative
Last Name First Name Virginia State Cash Mill Method of contribution: Cash Money Order Credit/Debit Card O372 Contribution ID # O372 O6460 O3/12/2009
Serstenberger Virginia S Cash Money Order Personal Check Contribution Contribution
Cest Cest
This principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contract is with: South Ves X No
Principal Occupation Retired Name of Employer
Retired Secontributor a principal of a state contractor or prospective state contractor? Executive Legislative Legislative Legislative State Legislative Legislative Legislative Legislative Legislative Legislative Legislative State Legislative Legisl
State contractor? State
Last Name Galluzzo State Contribution Contri
Galluzzo Donna Cash X Personal Check O373 Amount of Contribution Residential Street Address 224 R Skeet Club Rd Durham CT O6422 Date Received O3/12/2009 Principal Occupation CEO/President Is this contribution associated with a fundraising event listed in Section J1? X No Is contributor a principal of a state contractor or prospective state contractor? Syes, indicate which branch or branches of aovernment the contract is with: Last Name Stannard Ponta State Zip Code Date Received O3/12/2009 Is this contribution associated with a fundraising event listed in Section J1? X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Syes, indicate which branch or branches of aovernment the contract is with: Last Name Stannard First Name Ethel MI Method of contribution: B Cash X Personal Check O374 Amount of Contribution ID # O774 Amount of Contribution ID # O774 Amount of Contribution ID # O774 Contribution
224 R Skeet Club Rd Durham CT 06422 03/12/2009
Principal Occupation CEO/President Name of Employer HMS Inc. Is this contribution associated with a fundraising event listed in Section J1?
CEO/President Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Stannard First Name Stannard F
If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # Aggregate Contributions dependent child of a lobbyist? If yes, list Event # Aggregate Contributions state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name
state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Stannard First Name Ethel First Name One of the last Name Stannard MI B Method of contribution: B Cash Money Order Credit/Debit Card Contribution ID # One of the last Name One of the last Na
Stannard Ethel B Cash X Personal Check O374 Contribution
Money Order Credit/Debit Card 0374
Residential Street Address City State Zip Code Date Received
13 Wiley St Milford CT 06461-2337 03/12/2009
Principal Occupation Housewife Name of Employer Is this contribution associated with a fundraising event listed in Section J1?
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or Aggregate Contributions
state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative dependent child of a lobbyist? Yes X No \$25.00
Last Name MI Method of contribution: Contribution ID # Amount of
Farnsworth Fredrick W Cash X Personal Check Money Order Credit/Debit Card 0376 Contribution
Residential Street Address City State Zip Code Date Received
119 Neck Rd Guilford CT 06437 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 # X No
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions
salar contractors State Contractors State

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							1	FILING	DUE DATE			
Jodi Rell, Governor							(Origina	al 04/13/2009			
		B. Itemized Contributi	ons from	ı Individu	ıals							
Last Name Field	First Name Jonathan		MI W	Method of Cash	contribution:	neck	Contribution	ID#	Amount of Contribution			
Ticiu	Jonathan		<u> </u>		y Order Credit/Debi		0377		Contribution			
Residential Street Address 134 Ridgewood Rd		City East Hartford		State CT	Zip Code 06118		te Received /12/2009					
Principal Occupation Court Clerk, J.D.		Name of Employer State of CT Judicial Branch			Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio \$10	ons 0.00	\$100.00			
Last Name Livieri	First Name Samuel		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution	ID#	Amount of Contribution			
Residential Street Address 145 Northrop Rd		City Woodbridge		State CT	Zip Code 06525		te Received /12/2009					
Principal Occupation		Name of Employer Self- Apple Oil Co			Is this contribution associate fundraising event listed in the second of the second second in the second se			Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00			
Last Name Dunham	First Name Thomas		MI R	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution	ID#	Amount of Contribution			
Residential Street Address 40 Millbrook Rd		City North Haven		State CT	Zip Code 06473		te Received /12/2009					
Principal Occupation Retired		Name of Employer		•	Is this contribution associate fundraising event listed in the second of the second second in the second se			Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$40	ons 0.00	\$40.00			
Last Name Kolar	First Name John		MI W	Cash	contribution: X Personal Character Credit/Debi	neck	Contribution	ID#	Amount of Contribution			
Residential Street Address 612 Exeter Rd		City Lebanon		State CT	Zip Code 06249		te Received /12/2009					
Principal Occupation Rural Carrier		Name of Employer US Postal Service		•	Is this contribution associate fundraising event listed in the second of the second second in the second se			Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contributi	ons from	ı Individu	ıals		_	
Last Name McGee	First Name Thomas		MI G	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0384	oution ID#	Amount of Contribution
Residential Street Address 4 Westborough Dr		City Weatogue		State CT	Zip Code 06089-9786	Date Recei		
Principal Occupation Executive		Name of Employer PMP Corporation		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Rodriguez	First Name Felix		MI M	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0385	oution ID#	Amount of Contribution
Residential Street Address 19 Eric Ln		City Waterbury		State CT	Zip Code 06704	Date Recei		
Principal Occupation Executive Secretary		Name of Employer State of Connecticut			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name St. George	First Name Louis		MI E	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	neck 0386	oution ID #	Amount of Contribution
Residential Street Address 548 Middletown Ave		City North Haven		State CT	Zip Code 06473	Date Recei		
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	\$25.00	\$25.00
Last Name Osborne	First Name Michael		MI B	Cash	contribution: X Personal Character y Order	neck 0388	oution ID #	Amount of Contribution
Residential Street Address 25 Zoar Rd		City Sandy Hook		State CT	Zip Code 06482-1430	Date Recei 03/12/2		
Principal Occupation Management		Name of Employer Connecticut Cool Inc		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILI	NG DUE DATE			
Jodi Rell, Governor							Origi	inal 04/13/2009			
		B. Itemized Contributi	ons fron	ı Individu	ıals						
Last Name Mogridge	First Name		MI	Method of Cash	contribution:	neck	ontribution ID #	Amount of Contribution			
		T		Money	Order Credit/Debi		389				
Residential Street Address 1412 Whitney Ave # J1		City Hamden		State CT	Zip Code 06517		eceived 2/2009				
Principal Occupation Retired		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$10.00	\$10.00			
Last Name Burton	First Name Kathryn		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	neck 03	ontribution ID #	Amount of Contribution			
Residential Street Address 38 Pattagansett Dr		City East Lyme		State CT	Zip Code 06333-1120		eceived 2/2009				
Principal Occupation Environmental Writer		Name of Employer Self Employed-NGO			Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00			
Last Name Myjak	First Name Judith		MI C	Cash	contribution: X Personal Character Credit/Debi	neck 03	ontribution ID #	Amount of Contribution			
Residential Street Address 45 Bryan Rd		City Branford		State CT	Zip Code 06405-4503		eceived 2/2009				
Principal Occupation Office Manager		Name of Employer Roslyn P. Einbinder, M.D.		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$50.00	\$50.00			
Last Name MacKinney	First Name Mark		MI	Cash	contribution: X Personal Ch Order Credit/Debi	neck 03	ontribution ID#	Amount of Contribution			
Residential Street Address 7 Towantic Hill Rd		City Oxford		State CT	Zip Code 06478		eceived 2/2009				
Principal Occupation		Name of Employer		•	Is this contribution associate fundraising event listed in the second sec		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$100.00	\$100.00			

MAKE OF COMMITTEE	I. MONETARY RECEIPTS (Section A-I)												
Less Name Carboni Marguerite Marguer	NAME OF COMMITTEE							FI	LING DUE DATE				
Land Name Card-prior Marguerite MI Medical of certifications Personal Cleak Contributions ID / Q393 Personal Cleak Persona	Jodi Rell, Governor							Or	riginal 04/13/2009				
Residential Storet Address City North Haven			B. Itemized Contribut	ions fron	ı Individu	ıals		•					
Residential Storet Address City Name of Employer Retired Name of Employ	Last Name	First Name		MI	Method of	_	С	Contribution ID	# Amount of				
202 Quinniplac Ave Name of Employer	Carboni	Marguerit	re	Р		=	10	0393	Contribution				
Name of Employer	Residential Street Address		City		State	Zip Code	Date	Received					
Retired Security	202 Quinnipiac Ave		North Haven		СТ	06473-3626	03/1	12/2009					
It so contributor a principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or principal of a state contractor or prospective state contractor or principal of a state contractor or prospective state contractor or principal or state contractor or principal or state contractor or prospective state contractor or principal or state contractor or principal or state contractor or prospective state contractor or principal or state contractor or principal or state contractor or principal or state contractor or prospective state contractor or principal or state contractor or principal or state contractor or prospective state contractor or principal or state contractor or principal or state contractor or prospective state contractor or principal or state contracto			Name of Employer					Ye	es				
state contractors which hunds or branches of severament the contract is with. Executive Legislative Legisla	Retired			-				X No)				
Executive Legislative Le	I	or prospective	Yes X No				Aggregate	e Contributions					
Gullan Catherine S	Is yes, indicate which branch or branches of		Executive Legislative			-		\$25.	00 \$25.0)0			
Residential Street Address 202 Belden St Falls Village State Zip Code Date Received O6031 O2032/2/2009 Principal Occupation Name of Employer State contribution associated with a fundamining event listed in Section 11? Yes No State contribution associated with a fundamining event listed in Section 11? Yes No State contribution associated with a fundamining event listed in Section 11? Yes No State contribution associated with a fundamining event listed in Section 11? Yes No State	Last Name	First Name		MI	Method of		С	Contribution ID	# Amount of	_			
Principal Occupation Retired Name of Employer	Giulian	Catherine		S	_	=		0395	Contribution				
Principal Occupation Retired Name of Employer Sample	Residential Street Address		City		State	Zip Code	Date	Received					
Retired Security S	202 Belden St		Falls Village		СТ	06031	03/1	12/2009					
Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state contractor. Is contributor a principal of a state contractor or prospective state state contract is with. Is contributor a principal of a state contractor or prospective state state contract is with. Is this contribution associated with a standard with a standard state state contract is with. Is this contribution associated with a standard with a standard or state state state state or state or standard with a standard state state state state state or standard with a standard standard with a standard with a standard with a standard with a standard with a standard with a standard with a standard with a standard with a standard with a stan	Principal Occupation		Name of Employer					Ye	es				
state contractor? Issert Name Blessing Residential Street Address 103 Baneberry Ln Name of Employer Retired Last Name Bless ontributor a principal of a state contractor or prospective state contract which branches of eovernment the contract is with: Last Name Blessing Residential Street Address 103 Baneberry Ln Name of Employer Retired Residential Street Address 103 Baneberry Ln Name of Employer Retired Residential Street Address 103 Baneberry Ln Name of Employer Retired Residential Street Address 103 Baneberry Ln Name of Employer Retired Residential Street Address 103 Baneberry Ln Name of Employer Retired Residential Street Address 103 Baneberry Ln Name of Employer Retired Residential Street Address 103 Baneberry Ln Residential Street Address 103 Ba	Retired							x No)				
Executive Legislative Legislative Yes X No \$10.00 \$10.00	Is contributor a principal of a state contractor of	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate	e Contributions					
Last Name Blessing First Name First Name MI Method of contribution: O396 O396 O396 Residential Street Address City State Zip Code O312/2009 Principal Occupation Name of Employer State Contribution associated with a fundraising event listed in Section J1? X No Is contributor a principal of a state contractor or prospective Yes X No Section J1? X No Last Name First Name Jane First Name Jane First Name Jane Amount of Contribution associated which branch or branches of coverment the contract is with: City Yes X No Section J1? X No Secidential Street Address City Yes X No Section J1? X No Last Name First Name Jane First Name Jane J				Î		*		\$10.	00 \$10.0)0			
Blessing Warren J Cash Money Order Credit/Debit Card O396 Contribution O396		L L	Executive Legislative	+ -			<u> </u>			_			
Residential Street Address 103 Baneberry Ln Name of Employer Is this contributor a principal of a state contractor or prospective state contractor? Is yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Is some of Employer Is this contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contract is with: Is contributor a principal of a state contract is with: Is contributor a principal of a state contract is with: Is contribution: Residential Street Address City State Zip Code Date Received O3/12/2009 Amount of Contribution Contribution ID # O397 Amount of Contribution Contribution ID # O397 Amount of Contribution Contribution associated with a fundraising event listed in Section J1? If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # Amount of Contribution ID # O397 Amount of Contribution ID # O397 Amount of Contribution ID # O397 Amount of Contribution associated with a fundraising event listed in Section J1? If yes, list Event # If yes, list Event # If yes, list Event # O3/12/2009 Is contributor a principal of a state contractor or prospective state contractor? Aggregate Contributions S20.00 S20.00							neck		7 timount of				
103 Baneberry Ln Wethersfield CT 06109 03/12/2009	blessing	Warren			_	=	0	0396	Contribution				
Principal Occupation Retired Same of Employer Same of Employer Same of Employer Same of Employer Same of Employer Same of Employer Same of Employer Same of Employer Same of Executive Same of Employer Same of Executive Same of Employer	Residential Street Address		City		State	Zip Code							
Retired Secontributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Syes, indicate which branch or branches of acvernment the contract is with: Executive Legislative Yes X No State System Sy	103 Baneberry Ln		Wethersfield		СТ	06109	03/1	12/2009					
If yes, list Event #			Name of Employer					··					
state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Blaurock Residential Street Address 258A Heritage Vlg Principal Occupation Retired Retired Retired Retired Retired Residential of a lobbyist? Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative MI Method of contribution: R Contribution ID # O397 Amount of Contribution Contribution ID # O397 Amount of Contribution Contribution ID # O397 Amount of Contribution State City Southbury CT 06488 Date Received 03/12/2009 Principal Occupation Retired Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$20.00 \$20.00	Retired							x No	,				
Is yes, indicate which branch or branches of government the contract is with: Last Name First Name Jane First Name Jane MI Method of contribution: R Cash X Personal Check O397 Contribution	I	or prospective	Yes X No		-		Aggregate	e Contributions	:				
Last Name Blaurock First Name Jane MI Residential Street Address City State Zip Code O397 Amount of Contribution State Zip Code O348 O3412/2009 Principal Occupation Retired Name of Employer Retired Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$20.00 \$20.00						•		\$25.	00 \$25.0)0			
Blaurock Jane Residential Street Address 258A Heritage Vlg Principal Occupation Retired Name of Employer Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor? Leves indicate which beyonds or branches of state contractor? \$			Executive Legislative	+ -	1					_			
Residential Street Address City State Zip Code O3/12/2009 Principal Occupation Retired Name of Employer Is this contribution associated with a fundraising event listed in Section J1? X No Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$20.00 \$20.00							neck		7 tillount of				
258A Heritage Vlg Southbury CT 06488 03/12/2009 Principal Occupation Retired Is this contribution associated with a fundraising event listed in Section J1?	Bladrock	Julic				y Order Credit/Debi		0397	Contribution				
Principal Occupation Retired Name of Employer Is this contribution associated with a fundraising event listed in Section J1?	Residential Street Address		City		State	Zip Code	Date	Received					
Retired Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Leves indicate which benefits or branches of state contractor or prospective state contractor? Some indicates which benefits or branches of state contractor or prospective state contractor? Some indicates which benefits or branches of state contractor or prospective state contractor? Some indicates which benefits or branches of state contractor or prospective state state state state state state state state state state state	258A Heritage Vlg		Southbury		СТ	06488	03/1	12/2009					
If yes, list Event # X No Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$20.00 \$20.00			Name of Employer					Ye	es				
state contractor? Leves indicate which bronch or bronches of \$20.00 \$20.00	Retired							x No)				
state contractor? Leves indicate which bronch or bronches of \$20.00 \$20.00	Is contributor a principal of a state contractor of	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate	e Contributions					
government the contract is with: Legislative Legislative Yes A No	Is yes, indicate which branch or branches of		Executive Legislative			-		\$20.	00 \$20.0)0			

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILIN	G DUE DATE				
Jodi Rell, Governor							Origin	nal 04/13/2009				
		B. Itemized Contribu	tions fron	n Individu	ıals		•					
Last Name	First Name		MI	Method of	contribution:	Cor	ntribution ID #	Amount of				
Ashton F	Philip			Cash Money	y Order X Personal Cl Credit/Deb	03	98	Contribution				
Residential Street Address		City		State	Zip Code	Date Re	eceived					
39 Daffodil Ln		Meriden		СТ	06450	03/12	/2009					
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes					
Retired					If yes, list Event #		x No					
Is contributor a principal of a state contractor or state contractor?	prospective	Yes X No		outor a lobbyis t child of a lob		Aggregate C	Contributions					
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	i-	Yes X	•		\$100.00	\$100.00				
Last Name	First Name		MI	Method of	contribution:	Cor	ntribution ID#	Amount of				
Frank	Janice		R	Cash Money	y Order	03	99	Contribution				
Residential Street Address		City		State	Zip Code	Date Re	eceived					
352 Welch's Point Rd		Milford		СТ	06460	03/12	/2009					
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes					
Retired					If yes, list Event #		x No					
Is contributor a principal of a state contractor or	prospective	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggregate C	Contributions	†				
state contractor? Is yes, indicate which branch or branches of			_ `┌─	t child of a lob	•		\$25.00	\$25.00				
government the contract is with:		Executive Legislative	+			<u> </u>		<u> </u>				
	First Name Rene		MI	Method of Cash	contribution:	heck	ntribution ID #	Amount of Contribution				
Liegot				1—	y Order Credit/Deb	it Card 04	01	Contribution				
Residential Street Address		City		State	Zip Code	Date Re						
163 Dayl Dr		Kensington		СТ	06037	03/12	2/2009	_				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes					
Retired					If yes, list Event #		x No					
Is contributor a principal of a state contractor or	prospective	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggregate C	Contributions	†				
state contractor? Is yes, indicate which branch or branches of				t child of a lob	•		\$100.00	\$100.00				
government the contract is with:		Executive Legislative				<u> </u>						
	First Name Anne		MI H	Method of Cash	contribution: X Personal Cl	heck	ntribution ID#	Amount of Contribution				
					y Order Credit/Deb		02	Contribution				
Residential Street Address		City		State	Zip Code	Date Re						
277 Cook Hill Rd		Lebanon		СТ	06249	03/12	2/2009	_				
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes					
Retired					If yes, list Event #		x No					
Is contributor a principal of a state contractor or	prospective	Yes X No		outor a lobbyis		Aggregate C	Contributions	†				
Is yes, indicate which branch or branches of	П	Executive Legislative		t child of a lob	-		\$25.00	\$25.00				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							F	ILING	DUE DATE			
Jodi Rell, Governor							0	Origina	1 04/13/2009			
		B. Itemized Contribut	ions fron	Individu	ıals							
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of			
Rogers	Kevin			Cash Money	y Order X Personal Cl	1.0	0403		Contribution			
Residential Street Address		City		State	Zip Code	Date	e Received					
23 Quail Hill Rd		Wethersfield		СТ	06101-0610	03/	/12/2009					
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			/es				
Special Agent		OIG-SSA			If yes, list Event #		x N	Vo				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregat	te Contribution	ns				
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	i-	child of a lob	•		\$100	0.00	\$100.00			
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of			
Garneau	Robert		М	Cash Money	y Order X Personal Cl		0404		Contribution			
Residential Street Address		City	-	State	Zip Code	Date	e Received					
47 Bittersweet Ln		South Glastonbury		СТ	06073	03/	/12/2009					
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			/es				
Retired					If yes, list Event #	occuon v i .	x N	No				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregat	te Contribution	ns				
state contractor? Is yes, indicate which branch or branches of	П		I	child of a lob	•		\$100	0.00	\$100.00			
government the contract is with:	<u> </u>	Executive Legislative	+ -									
Last Name Berglund	First Name Robert		MI	Method of Cash	contribution: X Personal Cl	heck	Contribution II	D#	Amount of Contribution			
		1		_	y Order Credit/Debi		0406		Controlation			
Residential Street Address		City		State	Zip Code		e Received					
671 Flatbush Ave		West Hartford		СТ	06110-1315	<u> </u>	′12/2009 					
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		_	/es				
Retired					If yes, list Event #		x N	No				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregat	te Contribution	ns				
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob	•		\$10	0.00	\$10.00			
government the contract is with: Last Name	First Name		MI	1	contribution:		Contribution II	D.#				
Miller	Hamilton		S	Cash	x Personal Cl	heck	0409	D#	Amount of Contribution			
		1		Money	y Order Credit/Debi							
Residential Street Address 14 Sandy Ln		City Marlborough		State CT	Zip Code 06477		Received					
,		1		Ci	Is this contribution associa			$\overline{}$				
Principal Occupation Attorney		Name of Employer Bingham McCutchen, LLP			fundraising event listed in		_	l'es				
,					If yes, list Event #		x N	NO				
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggregat	te Contribution					
Is yes, indicate which branch or branches of		Executive Legislative		res x	-		\$100	0.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILING	G DUE DATE				
Jodi Rell, Governor							Origin	al 04/13/2009				
		B. Itemized Contribu	tions fron	ı Individu	ıals		•					
Last Name Leffingwell	First Name Eleanor		MI	Method of Cash	contribution:	neck	ition ID#	Amount of Contribution				
Lettingweii	Liearioi				y Order Credit/Debi	0410		Contribution				
Residential Street Address 625 Buckley Hwy		City Union		State CT	Zip Code 06076	Date Receive 03/12/20						
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in St. If yes, list Event #	Section J1?	Yes					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	sbutions \$50.00	\$50.00				
Last Name Slattery	First Name Carole		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0411	ntion ID#	Amount of Contribution				
Residential Street Address 35 Wilson Ln		City Vernon		State CT	Zip Code 06066-2313	Date Receive 03/12/20						
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in the second of the second second in the second se	Section J1?	Yes No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	butions \$10.00	\$10.00				
Last Name Witter	First Name Dwayne		MI	Cash	contribution: X Personal Character Credit/Debit	neck 0412	ntion ID#	Amount of Contribution				
Residential Street Address 24 Wagon Hill Ln		City Avon		State CT	Zip Code 06001	Date Receive 03/12/20						
Principal Occupation Attorney		Name of Employer Pratt & Whitney UTC		•	Is this contribution associate fundraising event listed in the second of the second second in the second se	Section J19	Yes					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	stations	\$100.00				
Last Name Bloodgood	First Name John		MI H	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0413	ntion ID#	Amount of Contribution				
Residential Street Address 3 Eagles Gln		City Avon		State CT	Zip Code 06001	Date Receive 03/12/20						
Principal Occupation Retired		Name of Employer		•	Is this contribution associate fundraising event listed in the second of the second second in the second se	Section J1?	Yes No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	butions \$25.00	\$25.00				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILIN	G DUE DATE				
Jodi Rell, Governor							Origin	nal 04/13/2009				
		B. Itemized Contribut	ions fron	ı Individu	ıals							
Last Name	First Name		MI S	Method of Cash	contribution:		ntribution ID#	Amount of				
Black	Sandra	1	5		y Order Credit/Debi	04	14	Contribution				
Residential Street Address 21 Vineyard Dr		City Kensington		State CT	Zip Code 06037	Date Re 03/12	eceived 2/2009					
Principal Occupation HR		Name of Employer Reflexite			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$25.00	\$25.00				
Last Name Miller	First Name Anita		MI C	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution				
Residential Street Address 45 Highland St		City Wethersfield		State CT	Zip Code 06109	Date Re 03/12	eceived 2/2009					
Principal Occupation n/a		Name of Employer n/a		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes X No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00				
Last Name Wraight	First Name Thomas		MI W	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution				
Residential Street Address 22 Coleman Rd		City Wethersfield		State CT	Zip Code 06109	Date Re	eceived 2/2009					
Principal Occupation Retired		Name of Employer		•	Is this contribution associate fundraising event listed in the state of the state o		Yes X No					
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$100.00	\$100.00				
Last Name Bernstein	First Name Paul		MI D	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution				
Residential Street Address 524 Denslow St		City Windsor Locks		State CT	Zip Code 06096	Date Re	eceived 2/2009					
Principal Occupation State Employee		Name of Employer Conn. Division of Special Rev	venue	•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes X No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FI	ILING I	DUE DATE			
Jodi Rell, Governor							Oı	riginal	04/13/2009			
		B. Itemized Contrib	utions fro	m Individı	uals							
Last Name Malinowski	First Name S. John		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck	Contribution ID) #	Amount of Contribution			
Residential Street Address 59 Norwood Rd		City West Hartford		State CT	Zip Code 06117		Received 12/2009					
Principal Occupation Attorney		Name of Employer Self		•	Is this contribution association fundraising event listed in If yes, list Event #		Ye x No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	obyist?	Aggregate	te Contributions \$100.		\$100.00			
Last Name Dombrowski	First Name Dorothy		MI	Cash	contribution: X Personal C y Order Credit/Del	heck	Contribution ID)#	Amount of Contribution			
Residential Street Address 28 N Main St		City Windsor Locks		State CT	Zip Code 06096		Received 712/2009					
Principal Occupation Retired		Name of Employer		•	Is this contribution association fundraising event listed in If yes, list Event #		Ye x No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	obyist?	Aggregate	te Contributions \$100.		\$100.00			
Last Name Richardson	First Name Randolph		MI E	Cash	contribution: X Personal C y Order	heck	Contribution ID) #	Amount of Contribution			
Residential Street Address 248 B Heritage VIg		City Southbury		State CT	Zip Code 06488-1798		Received 12/2009					
Principal Occupation Retired		Name of Employer			Is this contribution association fundraising event listed in If yes, list Event #		Ye x No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	obyist?	Aggregate	te Contributions \$100.		\$100.00			
Last Name Pavone	First Name Mary		MI L	Cash	contribution: X Personal C y Order Credit/Deb	heck	Contribution ID	D#	Amount of Contribution			
Residential Street Address 19 Chandler Dr		City Prospect		State CT	Zip Code 06712		Received 12/2009					
Principal Occupation Executive		Name of Employer Prospect Machine Products	s, Inc.	•	Is this contribution association fundraising event listed in If yes, list Event #		Ye x No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depende	ibutor a lobbyis nt child of a lob Yes	obyist?	Aggregate	te Contributions \$25.		\$25.00			

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILING	G DUE DATE				
Jodi Rell, Governor							Origin	al 04/13/2009				
		B. Itemized Contribu	ıtions fron	ı Individu	ıals		•					
Last Name Von Hacht	First Name Dorothy		MI H	Cash	contribution:	neck 0426	ution ID#	Amount of Contribution				
Residential Street Address 122 Knobb Hill Rd		City Milford		State	y Order Credit/Debi	Date Receive						
Principal Occupation Retired		Name of Employer		1	Is this contribution associate fundraising event listed in State of the If yes, list Event #	ted with a Section J1?	Yes					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contr	\$50.00	\$50.00				
Last Name Pelletier	First Name P. James		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0427	ution ID#	Amount of Contribution				
Residential Street Address 7 Homer Clark Ln		City Sandy Hook		State CT	Zip Code 06482	Date Receive 03/12/20						
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in the second of the second second in the second sec	Section J1?	Yes					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$10.00	\$10.00				
Last Name Miserendino	First Name Ralph		MI	Cash	contribution: X Personal Character Credit/Debit	neck 0428	ution ID#	Amount of Contribution				
Residential Street Address 297 Poplar St		City New Haven	·	State CT	Zip Code 06513	Date Receive 03/12/20						
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in State If yes, list Event #	Section J19	Yes X No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	\$25.00	\$25.00				
Last Name Fairbanks	First Name Richard		MI	Cash	contribution: X Personal Che y Order Credit/Debi	neck 0429	ution ID#	Amount of Contribution				
Residential Street Address 112 Poplar Dr		City Shelton		State CT	Zip Code 06484	Date Receive 03/12/20						
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in the second of the second second in the second sec	Section J1?	Yes					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	sibutions \$35.00	\$35.00				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE								FILING	G DUE DATE			
Jodi Rell, Governor								Origina	al 04/13/2009			
		B. Itemized Contributi	ions fron	ı Individu	ıals							
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of			
Conner	Deborah		L	Cash Money	y Order		0430		Contribution			
Residential Street Address		City		State	Zip Code	Da	ate Received					
54 Laurel Leaf Dr		Gales Ferry		СТ	06335	03	3/12/2009					
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state			Yes				
Retired					If yes, list Event #	section 3 i	x	No				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggreg	gate Contributio	ons				
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$10	00.00	\$100.00			
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of			
Vogt	Marion			Cash Money	y Order		0431		Contribution			
Residential Street Address		City		State	Zip Code		ate Received					
125 Harding St		New Britain		СТ	06052	03	3/12/2009					
Principal Occupation		Name of Employer n/a			Is this contribution associate fundraising event listed in the street If yes, list Event #			Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggreg	gate Contributio	ons 50.00	\$50.00			
government the contract is with: Last Name	First Name		MI		contribution:		Contribution	. ID #				
Ettinger	Irwin			Cash	X Personal Ch y Order Credit/Debi		0432	IID#	Amount of Contribution			
Residential Street Address		City		State	Zip Code	Da	nte Received					
631 Long Ridge Rd Unit 40		Stamford		СТ	06902	03	3/12/2009					
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the second se			Yes				
VP Chairman		Travelers Insurance			If yes, list Event #	section 3 i	x	No				
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggreg	gate Contribution	ons				
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$10	00.00	\$100.00			
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of			
Susi	Enio			Cash Money	y Order X Personal Ch Credit/Debi		0434		Contribution			
Residential Street Address		City	-	State	Zip Code	Da	nte Received					
15 Grissom Dr		Stratford		СТ	06614	03	3/12/2009					
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the second se		1? 브	Yes				
Retired					If yes, list Event #		x	No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggreg	gate Contributio	ons 15.00	\$15.00			

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE									FILING	G DUE DATE		
Jodi Rell, Governor									Origina	al 04/13/2009		
		B. It	emized Contributi	ions from	Individu	ıals						
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
Moody	Marilyn				Cash Money	y Order X Personal C		0436		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received				
23 Juniper Ridge Rd		Danbury			СТ	06811	0	3/12/2009)			
Principal Occupation Business woman		Name of Er Self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut	tions 50.00	\$50.00		
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of		
Branch	David			S	Cash Money	y Order Personal C		0438		Contribution		
Residential Street Address		City			State	Zip Code	D	ate Received				
681 Weed St		New Can	aan		СТ	06840	0	3/12/2009)			
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes			
Retired						fundraising event listed in If yes, list Event #	Section .	x x	No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribut	tions 25.00	\$25.00		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
Jacullo III	Peter			J	Cash Money	y Order X Personal C		0439		Contribution		
Residential Street Address	-	City			State	Zip Code	D	ate Received				
61 High Ridge Ave		Ridgefield	d		СТ	06877	0	3/12/2009)			
Principal Occupation Investments/Consulting		Name of Er Self	nployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of		
Casale, Jr	Louis				Cash Money	y Order X Personal C		0441		Contribution		
Residential Street Address		City		-	State	Zip Code	D	ate Received				
155 Fredrick St		Stamford	1		СТ	06902	0	3/12/2009)			
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes			
Retired		Self				fundraising event listed in If yes, list Event #	section.	x	No			
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribut	tions			
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob	-		\$1	00.00	\$100.00		
government the contract is with:				1 – ,	·- <u></u>		1			L		

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILING	G DUE DATE				
Jodi Rell, Governor							Origin	al 04/13/2009				
		B. Itemized Contribu	itions fron	n Individu	ıals							
Last Name Smith	First Name Alfred		MI C	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0442	ution ID#	Amount of Contribution				
Residential Street Address 534 High Street Ext		City Thomaston		State CT	Zip Code 06787	Date Receiv 03/12/20						
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	\$50.00	\$50.00				
Last Name Emery	First Name E. Hope		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0443	ution ID#	Amount of Contribution				
Residential Street Address 92 Mountain Spring Rd		City Farmington		State CT	Zip Code 06032	Date Receiv 03/12/20						
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes					
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00				
Last Name Klapatch	First Name Eleanore		MI K	Cash	contribution: X Personal Cl	neck 0276	ution ID#	Amount of Contribution				
Residential Street Address 44 Arbor Ct		City Bristol		State CT	Zip Code 06010	Date Receiv 03/12/20						
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes No					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contr	stantions \$100.00	\$100.00				
Last Name O'Brien	First Name Thomas		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0295	ution ID#	Amount of Contribution				
Residential Street Address 272 Center St		City Bristol		State CT	Zip Code 06010	Date Receiv 03/12/20						
Principal Occupation Funeral Director		Name of Employer O'Brien Funeral Home		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes					
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							F	ILING	DUE DATE			
Jodi Rell, Governor							О	Origina	1 04/13/2009			
		B. Itemized Contributi	ions from	ı Individu	ıals							
Last Name Sanders	First Name Mary Lou		MI	Cash	contribution: X Personal Character Credit/Debit	neck	Contribution II	D#	Amount of Contribution			
Residential Street Address 322 Glen St		City New Britain		State CT	Zip Code 06051		e Received /12/2009					
Principal Occupation Senate transciber-sessional		Name of Employer Senate GOP			Is this contribution associate fundraising event listed in State If yes, list Event #			es Io				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$50		\$50.00			
Last Name Bond	First Name Richard		MI P	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution			
Residential Street Address 60 Pepper Ln		City New Canaan		State CT	Zip Code 06840		e Received /12/2009					
Principal Occupation		Name of Employer n/a		•	Is this contribution associal fundraising event listed in S If yes, list Event #		y Y	es Io				
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$100		\$100.00			
Last Name Kronen	First Name Joseph		MI H	Cash	contribution: X Personal Character Credit/Debit	neck	Contribution II	D#	Amount of Contribution			
Residential Street Address 56 Farnham Dr		City East Hartford		State CT	Zip Code 06118-3024		e Received /12/2009					
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in If yes, list Event #			es Vo				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$100		\$100.00			
Last Name Mott	First Name Robert		MI R	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution			
Residential Street Address 80 N Main St		City Kent		State CT	Zip Code 06757		e Received /12/2009					
Principal Occupation Retired		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		y X N	es Io				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$50		\$50.00			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Ocif	First Name Andrew		MI C	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0268	ibution ID#	Amount of Contribution
Residential Street Address 193 Segar Mountain Rd		City Kent		State CT	Zip Code 06757	Date Rece		
Principal Occupation Retired State Policeman		Name of Employer State of Connecticut			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	\$50.00	\$50.00
Last Name Kokoruda	First Name Noreen		MI	Cash	contribution: X Personal Charactery Order Credit/Debi	neck 037!	ibution ID#	Amount of Contribution
Residential Street Address 85 Liberty St		City Madison		State CT	Zip Code 06443	Date Rece 03/12/2		
Principal Occupation Retired		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	stributions \$50.00	\$50.00
Last Name Geschimsky	First Name Donald		MI P	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	neck 0417	ibution ID #	Amount of Contribution
Residential Street Address 173 Grandview Ave		City Kensington		State CT	Zip Code 06037	Date Rece 03/12/2		
Principal Occupation Retired		Name of Employer			Is this contribution associated fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	\$100.00	\$100.00
Last Name Wilmot	First Name Helen		MI A	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 0360	ibution ID #	Amount of Contribution
Residential Street Address 308 D Gunntown Rd		City Naugatuck		State CT	Zip Code 06770	Date Rece 03/12/2		
Principal Occupation Retired		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$25.00	\$25.00

		I. MON	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Itemiz	zed Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Jezierny	Mary			S	Cash Money	y Order X Personal Credit/De		0387		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received	l	
93 Walnut St		Seymour			СТ	06483	0	3/12/200	9	
Principal Occupation		Name of Employe	er			Is this contribution assoc fundraising event listed in		J1?		
Retired						If yes, list Event #		X	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	egate Contrib	utions \$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Heiser	John			V	Cash Money	y Order X Personal Credit/De		0379		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
14 W Hills Rd		Ivoryton			СТ	06442	0	3/12/200	9	
Principal Occupation Registrar of Voters		Name of Employe	er			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contrib	utions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Hodges	Jacqueline	2		Е	Cash Money	y Order X Personal Credit/De		0435		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received	l	
51 Prospect Rdg Unit 18		Ridgefield			СТ	06877	0	3/12/200	9	
Principal Occupation		Name of Employe	er			Is this contribution assoc fundraising event listed in		112 L	Yes	
Property Management		Self				If yes, list Event #		Х	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	_	Yes X No	dependent	utor a lobbyis	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	 	res X		<u> </u>			<u> </u>
Last Name Simmons	First Name Robert			MI R	Cash	contribution: X Personal y Order Credit/De		Contributi 0367	on ID#	Amount of Contribution
Residential Street Address	l	City			State	Zip Code		Date Received		
268 N Main St		Stonington			CT	06378		3/12/200		
Principal Occupation		Name of Employed	er		!	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions 100.00	\$100.00

MAKE OF COMMITTEE			I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
Less Name Start Name Start Name Cyrithia MI Methods of contribution state contact with a state contact or prospective Name of Prophyling Name of Name	NAME OF COMMITTEE							F	ILING	DUE DATE
Last Name Suntup Crysthia Cicy Cove View Rd Cry Recurred Cicy Cove View Rd Cove Vie	Jodi Rell, Governor							0	Origina	nl 04/13/2009
Suntrup			B. Itemized Contribut	ions fron	ı Individu	ıals				
Residential Store Address Cory New London Cory New Condor Retired Sum of Employer Sum of Executive Su	Last Name	First Name		MI	Method of			Contribution II	D#	Amount of
2 Cove View Rd	Suntup	Cynthia				=		0394		Contribution
Name of Employer Name of Emp	Residential Street Address		City		State	Zip Code				
Retired Security	2 Cove View Rd		New London		СТ	06320	03/	/12/2009		
It so contributor a principal of a state contractor or prospective also contributor a principal of a state contractor or prospective also contributors a principal of a state contractor or prospective and contributors or prospective and contributors approximate to contributor approximate to contributor approximate to contributor approximate to contract is with: Last Name Prival Is a value of Fire Name Nicholas City City City City City City None City			Name of Employer						es es	
state contractors which hands or branches of severament the contract is with. Executive Legislative Legisla	Retired					· -		X N	lo .	
Executive Legislative Le	I	or prospective	Yes X No				Aggrega	te Contribution	ns	
Nicholas Phyllis W Cash Money Order Zheerward Cheek Money Order Credit Debit Card Money Order Credit Debit Card Money Order Credit Debit Card Money Order Credit Debit Card Money Order Credit Debit Card Money Order Credit Debit Card Money Order Credit Debit Card Money Order Credit Debit Card Money Order State contraductor a principal of a state contraductor a prospective Ves No None Non	Is yes, indicate which branch or branches of		Executive Legislative		_	-		\$25	5.00	\$25.00
Residential Street Address 40 Howard Rd Greenwich None Name of Employer None None None None None None None None	Last Name	First Name		MI	Method of	_		Contribution II	D#	Amount of
A0 Howard Rd Greenwich Greenwich Serve Household of a state contractor or prospective state contractor or prospective Name of Employer None Yes X No None Yes X No Serve Household of a state contractor or prospective state contractor or prospective Legislative Yes X No Serve Household of a lobbysist? Serve Household of Serve Household of Serve Household of Serve Household o	Nicholas	Phyllis		W	_	=		0335		Contribution
Name of Employer None Name of Employer Name Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name o	Residential Street Address		City		State	Zip Code	Date	e Received		
None None None None Substitute Sub	40 Howard Rd		Greenwich		СТ	06831	03/	/12/2009		
Is contributor a principal of a state contractor or prospective state contractor	Principal Occupation		· ·						es es	
state contractor? Issert Name Sulsman Residential Street Address 48 Orchard Rd Name of Employer The Danny Corp. Issert Name State Contractor or prospective state contractor or prospective state contract is with: Last Name Dudley Residential Street Address City West Hartford City Name of Employer The Danny Corp. Is this contribution associated with a fundariasing event listed in Security Aggregate Contributions State of Contribution Contributions Is this contribution associated with a fundariasing event listed in Security Aggregate Contributions State of Contribution associated with a fundariasing event listed in Section J1? Amount of Contribution associated with a fundariasing event listed in Section J1? Amount of Contribution associated with a fundariasing event listed in Section J1? Aggregate Contributions State Contribution associated with a fundariasing event listed in Section J1? Aggregate Contributions State Contribution associated with a fundariasing event listed in Section J1? Amount of Contribution Contributions State Contractor? State Contractor? State Contractor? State Contractor? State Contractor? State Contractor Contribution State Contractor Contribution State Contractor Contractor Contribution State Contractor Contractor Contractor Contribution State Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contribution State Contractor Cont	None		None			· -	section 31:	x N	lo	
Executive Legislative Legislative Yes X No \$100.00	Is contributor a principal of a state contractor	or prospective	Yes X No		-	-	Aggrega	ite Contribution	1S	
Last Name Suisman First Name Michael City Residential Street Address 48 Orchard Rd Name of Employer The Danny Corp. Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Dudley Last Name First Name City Name of Employer The Danny Corp. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Sate City Yes No State City State City Name of Employer The Danny Corp. Is desidential Street Address Last Name Dudley Residential Street Address City State Contributor a lobbyist spouse, or dependent child of a lobbyist? State Contributor a principal of a state contractor or prospective Edward MI Method of contribution Is described or a principal of a lobbyist? State Contribution associated with a fundraising event listed in Section J1? No State Contribution associated with a fundraising event listed in Section J1? No State Contribution associated with a fundraising event listed in Section J1? State Contribution associated with a fundraising event listed in Section J1? State Contribution associated with a fundraising event listed in Section J1? State Contribution associated with a fundraising event listed in Section J1? State Contribution associated with a fundraising event listed in Section J1? State Contribution associated with a fundraising event listed in Section J1? State Contribution associated with a fundraising event listed in Section J1? No State contributor a principal of a state contractor or prospective State contractor? State contractor? State contributor a principal of a state contractor or prospective State contractor? Aggregate Contributions Contribution associated with a fundraising event listed in Section J1? No State contributor a principal of a state contractor or prospective State contractor? State contractor? Aggregate Contributions Amount of Contribution associated with a fundraising event listed in Section J1? No State contributor a lobbyist? State contributor a lobbyist? State contributor a l				Î		•		\$100	0.00	\$100.00
Residential Street Address 48 Orchard Rd City			Executive Legislative	+ -						
Residential Street Address 48 Orchard Rd West Hartford Cr 06117 Danny Corp. State Zip Code Date Received O3/12/2009				MI			neck		D#	
As Orchard Rd West Hartford CT 06117 03/12/2009 Principal Occupation Investments Name of Employer The Danny Corp. Is this contribution associated with a fundraising event listed in Section J1?	Susman	Michael			_	=		0279		Contribution
Principal Occupation Investments Name of Employer The Danny Corp. Is this contribution associated with a fundraising event listed in Section J1? Yes No If yes, list Event # Yes No State contractor? Syes, indicate which branch or branches of government the contract is with: Last Name First Name Edward Pist Name Edward MI Method of contribution: Contribution ID # O352 Contribution O352 Contribution O352 Contribution O352 O	Residential Street Address		City		State	Zip Code				
Investments The Danny Corp. If yes, list Event # If yes, list E	48 Orchard Rd		West Hartford		СТ	06117	03/	/12/2009		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Dudley Residential Street Address 24 Southbridge Ct Principal Occupation Retired If yes, list Event # If yes, list Event # If yes, list Event # Aggregate Contributions dependent child of a lobbyist? \$100.00 \$10								, – 1		
state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Dudley Dudley Executive Legislative Legi	Investments		The Danny Corp.			· -		x N	lo	
Is yes, indicate which branch or branches of government the contract is with: Last Name First Name Edward MI Method of contribution: Contribution ID # O352	I	or prospective	Yes X No				Aggrega	te Contribution	ıs	
Last Name Dudley First Name Edward MI Method of contribution:		П				·		\$100	0.00	\$100.00
Dudley Edward M Cash X Personal Check O352			Executive Legislative	+ -	1		<u> </u>			
Residential Street Address 24 Southbridge Ct Principal Occupation Retired Name of Employer Is this contribution associated with a fundraising event listed in Section J1?						_	neck		D#	
24 Southbridge Ct Simsbury CT 06070 03/12/2009 Principal Occupation Retired Is this contribution associated with a fundraising event listed in Section J1?	- Sudicy	Lanara				y Order Credit/Debi		0352		Contribution
Principal Occupation Retired Name of Employer Is this contribution associated with a fundraising event listed in Section J1?	Residential Street Address		City		State	Zip Code	Date	e Received		
Retired Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$20.00 \$20.00	24 Southbridge Ct		Simsbury		СТ	06070	03/	/12/2009		
If yes, list Event # X No Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$20.00 \$20.00			Name of Employer						es es	
state contractor? Leves indicate which bronch or bronches of \$20.00 \$20.00	Retired					· -		x N	lo	
state contractor? Leves indicate which bronch or bronches of \$20.00 \$20.00	Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggrega	te Contribution	ns	
government the contract is with: Legislative Legislative Yes A No	Is yes, indicate which branch or branches of		Executive Legislative			-		\$20	0.00	\$20.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Jodi Rell, Governor							Origi	nal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Gardner	First Name William		MI B	Cash	contribution: X Personal Cl	neck 03	entribution ID #	Amount of Contribution
Residential Street Address 53 Highridge Rd		City West Simsbury		State CT	Zip Code 06092	Date Re 03/12	eceived 2/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Opie	First Name John		MI E	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	ntribution ID#	Amount of Contribution
Residential Street Address 15 Buena Vista Rd		City Stony Creek		State CT	Zip Code 06405	Date Re 03/12	eceived 2/2009	
Principal Occupation Engineer		Name of Employer Strahn Measurement Device	s Inc.		Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$25.00	\$25.00
Last Name Donaldson	First Name Douglas		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 02	entribution ID #	Amount of Contribution
Residential Street Address 53 Rushforde Dr		City Manchester		State CT	Zip Code 06040	Date Ro 03/12	eceived 2/2009	
Principal Occupation Restaurant Developer		Name of Employer Subway Development Corp. England	of New	-	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Thompson	First Name Clifton		MI E	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 03	entribution ID #	Amount of Contribution
Residential Street Address 26 Pondview Dr		City Manchester		State CT	Zip Code 06040		eceived 2/2009	
Principal Occupation Attorney		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Jodi Rell, Governor							Origi	nal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name	First Name		MI	Method of	contribution:	Cor	ntribution ID #	Amount of
Price	Michael		Р	Cash Money	y Order Resonal Character Credit/Debi	04	119	Contribution
Residential Street Address		City		State	Zip Code	Date Re		
1 Kings Hwy		Chester		СТ	06412	03/12	2/2009	4
Principal Occupation Non Profit Executive		Name of Employer Goodspeed Opera House			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		ntribution ID#	Amount of
Huse	George		R	Cash Money	y Order Personal Ch Credit/Debi	04	133	Contribution
Residential Street Address 121 Stadley Rough Rd		City Danbury		State CT	Zip Code 06811	Date Re 03/12	eceived 2/2009	
Principal Occupation Retired		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Houck	First Name Kenneth		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 314 Grant Hill Rd	l	City Tolland	1	State CT	Zip Code 06084	Date Re	eceived 2/2009	
Principal Occupation Registrar of Voters		Name of Employer Town of Tolland			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$40.00	\$40.00
Last Name Wasch	First Name William		MI K	Cash	contribution: X Personal Character Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 150 Coleman Rd		City Middletown		State CT	Zip Code 06457	Date Re 03/12	eceived 2/2009	
Principal Occupation Gerontologist		Name of Employer Self		I	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate C	Contributions \$25.00	\$25.00

		I. MC	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Iten	nized Contributio	ons from	Individu	ıals				
Last Name DiPentima	First Name Anthony			MI F	Cash	contribution: X Personal C		Contributi 0357	on ID#	Amount of Contribution
Residential Street Address 22 Bald Hill Rd		City Kent			State CT	Zip Code 06785		oate Received		
Principal Occupation Attorney		Name of Emp Guion, Ste	loyer evens & Rybak, LLP			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Dettmer	First Name Robert			MI G	Cash	contribution: X Personal C y Order Credit/De		Contributi 0407	on ID#	Amount of Contribution
Residential Street Address 80 Round Hill Rd		City Greenwich			State CT	Zip Code 06831		ate Received		
Principal Occupation Retird		Name of Emp	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Byers	First Name Wheaton			MI B	Cash	contribution: X Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address 25 Hollow Brook Ln		City Canaan			State CT	Zip Code 06018		Pate Received		
Principal Occupation Retired		Name of Emp	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		I12 L	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	ations \$75.00	\$75.00
Last Name Landers	First Name David			MI	Cash	contribution: X Personal C y Order Credit/De		Contributi 0440	on ID#	Amount of Contribution
Residential Street Address 96 Mimosa Cir		City Ridgefield			State CT	Zip Code 06877		ate Received		
Principal Occupation Self Employed LLC		Name of Emp Total Care	loyer of CT, LLC			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	ations \$10.00	\$10.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribu	ıtions fron	n Individu	ıals			
Last Name Sammis	First Name Robert		MI H	Method of Cash	contribution:		oution ID#	Amount of Contribution
		i		+	y Order Credit/Deb	it Card		-
Residential Street Address 107 Margherita Lawn		City Stratford		State CT	Zip Code 06615	Date Recei 03/12/2		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	butor a lobbyis at child of a lob Yes	byist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Parizek	First Name Jerry		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0336	oution ID#	Amount of Contribution
Residential Street Address 29 Fisher Hill Rd		City Willington		State CT	Zip Code 06279	Date Recei		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	butor a lobbyis at child of a lob Yes	byist?	Aggregate Con	ributions \$10.00	\$10.00
Last Name Pogmore	First Name Frederick		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0326	oution ID#	Amount of Contribution
Residential Street Address 379 Station Rd		City Hampton	•	State CT	Zip Code 06247	Date Recei 03/12/2		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Con	ributions \$15.00	\$15.00
Last Name Kurmay	First Name F. Paul		MI	Cash	contribution: X Personal Cl y Order	heck 0320	oution ID#	Amount of Contribution
Residential Street Address 45 Alexandra Dr		City Stratford		State CT	Zip Code 06614	Date Recei		
Principal Occupation Probate Judge		Name of Employer Stratford Probate Ct.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob	byist?	Aggregate Con	ributions \$100.00	\$100.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origina	al 04/13/2009
		B. Ite	mized Contributi	ons fron	ı Individu	ıals				
Last Name Curtis	First Name Raeanna			MI V	Cash	contribution: X Personal C		Contribution 0317	n ID#	Amount of Contribution
Residential Street Address 1649 Shepard Ave		City Hamden			State CT	Zip Code 06518		Pate Received 03/12/2009		
Principal Occupation Commissioner		Name of Em	ployer Connecticut			Is this contribution associ- fundraising event listed in If yes, list Event #		_{11?} $f lue{}$	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribut \$10	ions 00.00	\$100.00
Last Name Staley	First Name Thomas			MI J	Cash	contribution: X Personal C Order Credit/Del		Contribution 0270	n ID#	Amount of Contribution
Residential Street Address 1146 Fox Hill Rd		City Cheshire			State CT	Zip Code 06410		ate Received		
Principal Occupation Attorney		Name of Em	ployer			Is this contribution associ- fundraising event listed in If yes, list Event #		J1? 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$10	ions 00.00	\$100.00
Last Name Naab	First Name Geoffrey			MI	Cash	contribution: X Personal C		Contribution 0400	n ID#	Amount of Contribution
Residential Street Address 188 S Main St		City Mancheste	er		State CT	Zip Code 06040-6544		oate Received 3/12/2009		
Principal Occupation Lawyer		Name of Em	ployer .aBelle & Naab			Is this contribution associ- fundraising event listed in If yes, list Event #		_{J1?} 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$10	ions 00.00	\$100.00
Last Name Martino	First Name Dorothy			MI	Cash	contribution: X Personal C		Contribution 0310	n ID#	Amount of Contribution
Residential Street Address 38 Merritt Ave		City Woodbridg	ge		State CT	Zip Code 06525		oate Received 03/12/2009		
Principal Occupation Retired		Name of Em	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1? 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribut \$!	ions 50.00	\$50.00

Main			I. MONETARY RE	CEIPTS	S (Section	n A-I)			
Lax Name	NAME OF COMMITTEE							FILIN	G DUE DATE
Last Name	Jodi Rell, Governor							Origin	nal 04/13/2009
Armistrong			B. Itemized Contributi	ons from	Individu	ıals			
Residential Street Auffress South Windsor	Last Name	First Name		MI	Method of	contribution:	Con	tribution ID #	Amount of
South Windsor Name of Employer Name of Employ	Armstrong	Dorothy		S		=	040	08	Contribution
Principal Occupation Retired Remaining event littled in Section 11 of a state contractor or principal of a state contractor or branches of legislative Personal Charles Person	Residential Street Address		City		State	Zip Code	Date Rec	ceived	
Retired Second S	522 Foster St		South Windsor		СТ	06074	03/12/	/2009	
It is contributor a principal of a state contractor or prospective state contractor or principal of a state contractor			Name of Employer					Yes	
Securitive	Retired							x No	
Secondary Seco		or prospective	Yes X No				Aggregate C	ontributions	
Derby James L	Is yes, indicate which branch or branches of		Executive Legislative	1 -	_	· ·		\$50.00	\$50.00
Residential Street Address City Hebron Name of Employer Retired Name of Employer Sale Zip Code O3/12/2009	Last Name	First Name		MI	Method of		Con	tribution ID #	Amount of
Sed East St Hebron CT 06248 03/12/2009 Principal Occupation Residential Street Address 122 W Haviland Ln Savage, Jr. Since of Employer Legislative	Derby	James		L	_	=	04:	16	Contribution
Principal Occupation Retired Name of Employer Principal of a state contractor or prospective Prescription Principal of a state contractor or prospective Prescription Principal of a state contractor or prospective Prescription Principal of a state contractor or prospective Prescription Principal of a state contractor or prospective Prescription Principal of a state contract or with: Prescription Principal of a state contractor or prospective Prescription Principal of a state contract or with: Prescription Principal of a state contractor or prospective Prescription Principal of a state contractor or prospective Prescription Principal of a state contractor Principa	Residential Street Address		City		State	Zip Code	Date Rec	ceived	
Retired Yes No Is contributor a principal of a state contractor or prospective state contractor? Syes, indicate which branches of coverment the contract is with: Last Name First Name Principal Occupation Name of Employer Name of Employer Savage, Jr. Last Name Savage, Jr. Last Name Self employed Name of Employer Self employed Name of Employer Self employed Name of Employer Name of Employ	564 East St		Hebron		СТ	06248	03/12,	/2009	
Is contributor a principal of a state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state contract is with: Last Name Feldman First Name Michael City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City State State State State State State State State Sales State State Sales State State Sales State State Sales State State Sales State State Sales State State Sales State State Sales State State Sales State State Sales State State Sales State State Sales State State Sales State	Principal Occupation		Name of Employer					Yes	
state contractors Security Security Legislative Le	Retired						, conon vi	x No	
Second the contract is with: Stame First Name Henry First Name Henry First Name First Name First Name Henry First Name Henry First Name First Name Henry First Name Henry First Name First Name Henry First Name Henry First Name First Name Henry First Name Henry First Name First Name Henry First Name First Name Henry First Name Henry First Name Henry First Name Henry First Name First Name Henry First Name Henry First Name Henry First Name Henry First Name First Name Henry First Name Henry First Name First Name Henry First Name First Name Henry First Name First Name Henry First Name First Name Henry First Name First Name Henry First Name First Name Henry First Name First Name First Name Henry First Name First Name First Name Henry First Name First Name First Name First Name Henry First Name	Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate C	ontributions	1
Last Name First Name Residential Street Address 122 W Haviland Ln Name of Employer William Raveis Real Estate State Contribution a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of covernment the contract is with: Last Name Savage, Jr. First Name Residential Street Address City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford City Stamford Is contribution associated with a fundraising event listed in Section J1? If yes, list Event # Contribution ID # O566 Amount of Contribution State Contribution associated with a fundraising event listed in Section J1? Is contributed a lobbyist? State State Contribution State Contribution ID # O649 Amount of Contribution ID # O649 Amount of Contribution ID # O649 Amount of Contribution ID # O649 Amount of Contribution ID # O649 Principal Occupation Residential Street Address Given State Contribution ID # O649 Amount of Contribution ID # O649 Amount of Contribution ID # O649 Amount of Contribution ID # O649 Amount of Contribution ID # O649 Principal Occupation Public Relations Name of Employer Self employed Self employed Self employed Self employed Self employed State City State Zip Code O3/18/2009 Date Received O3/18/2009 Date Received O3/18/2009 Amount of Contribution ID # O649 Contribution ID # O649 Amount of Contribution ID # O649 Contribution ID # O649 Amount of Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contribution ID # O649 Contrib				1 [^] -		· ·		\$10.00	\$10.00
Feldman Michael O Cash Money Order Personal Check O O Contribution O O Contribution O O O O O O O O O			Executive Legislative	 					1
Residential Street Address 122 W Haviland Ln Start State Zip Code O3/18/2009							eck		
Principal Occupation Real Estate Sales Name of Employer Yes Is this contribution associated with a fundraising event listed in Section J1? Name of Employer Yes Is this contribution associated with a fundraising event listed in Section J1? Yes If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes, list Event # If yes If yes, list Event # If yes If yes, list Event # If yes If yes, list Event # If yes If yes, list Event # If yes I	reidinaii	Michael			_		056	66	Contribution
Principal Occupation Real Estate Sales Name of Employer William Raveis Real Estate Is this contribution associated with a fundraising event listed in Section J1? Yes X No	Residential Street Address		City		State	Zip Code			
Real Estate Sales William Raveis Real Estate Fundraising event listed in Section J1? X No	122 W Haviland Ln		Stamford		СТ	06903	03/18/	/2009	
If yes, list Event # If yes, list Event #								ш	
state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Savage, Jr. Residential Street Address 68 High Farms Rd Principal Occupation Public Relations Public Relations Ratio and principal occupation Public Relations Principal Occupation Public Relations Amount of Legislative Logislative Legislative Real Estate Sales		William Ravels Real Estate					x No		
Is yes, indicate which branch or branches of government the contract is with: Last Name Savage, Jr. Residential Street Address 68 High Farms Rd City West Hartford Name of Employer Public Relations Self employed Executive Legislative Legislative Legislative Yes X No State Vip Code Credit/Debit Card MI Method of contribution: Contribution: Contribution: Contribution ID # 0649 Contribution ID # 0649 Contribution Amount of Contribution Contribution ID # 0649 Contribution State Zip Code CT 06107 Date Received 03/18/2009 Principal Occupation Public Relations Name of Employer Self employed Self employed Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # No Self employed	I	or prospective	Yes X No				Aggregate Co	ontributions	
Last Name Savage, Jr. First Name			-	1 —		•		\$100.00	\$100.00
Savage, Jr. Henry L Cash Money Order Credit/Debit Card Money Order Contribution Amount of Contribution Cont			Executive Legislative	 	1				
Residential Street Address 68 High Farms Rd Vest Hartford Name of Employer Public Relations City State CT 06107 Date Received 03/18/2009 Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # No No No No No No No No No N						_	eck		
68 High Farms Rd West Hartford CT 06107 03/18/2009 Principal Occupation Public Relations Name of Employer Self employed Is this contribution associated with a fundraising event listed in Section J1? X No	Suvage, 31.	Tielli y		_		=		49	Contribution
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 # Name of Employer Self employed If yes, list Event #	Residential Street Address		City		State	Zip Code	Date Rec	ceived	
Public Relations Self employed fundraising event listed in Section J1? If yes, list Event # X No	68 High Farms Rd		West Hartford		СТ	06107	03/18,	/2009	
Public Relations If yes, list Event # X No			1					Yes	
	Public Relations		Self employed					x No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or Aggregate Contributions	Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate C	ontributions	†
state contractor? Is yes, indicate which branch or branches of experiment the contract is with: Executive Legislative Yes X No \$50.00	Is yes, indicate which branch or branches of		Executive Lagiclative					\$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Jodi Rell, Governor							Ori	ginal 04/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals		<u>'</u>	
Last Name Cicchetti	First Name Cynthia		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 07	ontribution ID #	Amount of Contribution
Residential Street Address 1886 Asylum Ave		City West Hartford		State CT	Zip Code 06117		Received 8/2009	
Principal Occupation Sales / Marketing		Name of Employer Recently job eliminated at Ba America	ank of		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.0	0 \$100.00
Last Name Massa	First Name Robert		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 08	ontribution ID #	Amount of Contribution
Residential Street Address 914 Cloverdale Cir		City Wethersfield		State CT	Zip Code 06109		Received 8/2009	
Principal Occupation Consultant		Name of Employer Self employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.0	0 \$100.00
Last Name Rosa	First Name Pete		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 05	ontribution ID #	Amount of Contribution
Residential Street Address 596 D Mountain Rd		City West Hartford		State CT	Zip Code 06117		Received 8/2009	
Principal Occupation Program Officer		Name of Employer Hartford Foundation			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.0	0 \$100.00
Last Name Arisian	First Name Jack		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ontribution ID #	Amount of Contribution
Residential Street Address 179 Honey Hill Rd		City Watertown		State CT	Zip Code 06795-1403		Received 8/2009	
Principal Occupation Retired H.S. Science Teacher		Name of Employer Waterbury Board of Education	n	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$10.0	0 \$10.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Jodi Rell, Governor									Origina	al 04/13/2009
		B. It	emized Contributi	ons fron	Individu	ıals				
Last Name Sheridan	First Name Kathleen			MI	Cash	contribution: X Personal C		Contribution 0713	ID#	Amount of Contribution
Residential Street Address 65 North St		City Ridgefiel	d		State CT	Zip Code 06877		Pate Received 03/18/2009		
Principal Occupation Retired		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contributio \$5	ons 50.00	\$50.00
Last Name Best	First Name Edward			MI J	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0554	ID#	Amount of Contribution
Residential Street Address 190 Goodhill Rd		City Weston			State CT	Zip Code 06883		Pate Received 03/18/2009		
Principal Occupation Retired		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contributio \$5	ons 50.00	\$50.00
Last Name Riess	First Name Norma			MI E	Cash	contribution: X Personal C		Contribution 0603	ID#	Amount of Contribution
Residential Street Address 16 Shady Ln		City Redding			State CT	Zip Code 06896		Pate Received 03/18/2009		
Principal Occupation Homemaker		Name of E	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contributio	ons 00.00	\$100.00
Last Name Olson	First Name Brian			MI T	Cash	contribution: X Personal C y Order Credit/Del		Contribution 0464	ID#	Amount of Contribution
Residential Street Address 44 Mayo Ave		City Greenwic	ch		State CT	Zip Code 06830		Oate Received 03/18/2009		
Principal Occupation Retired		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contributio	ons 00.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	nal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Gamerdinger	First Name Margot		MI P	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 074	tribution ID #	Amount of Contribution
Residential Street Address 65 High St		City Deep River		State CT	Zip Code 06417	Date Rec 03/18/		
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	spansifications \$50.00	\$50.00
Last Name Nedobity	First Name Carol		MI	Cash	contribution: X Personal Chy Order Credit/Debi	neck 063	tribution ID#	Amount of Contribution
Residential Street Address 22 Glen Grove Rd		City Deep River		State CT	Zip Code 06417	Date Rec 03/18/		
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name Perkins	First Name Dorothy		MI E	Cash	contribution: X Personal Character Credit/Debit	neck 053	tribution ID #	Amount of Contribution
Residential Street Address 275 Steele Rd Apt A118		City West Hartford		State CT	Zip Code 06117	Date Rec 03/18/		
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Co	ontributions \$35.00	\$35.00
Last Name Hahn	First Name Brynnen		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 069	tribution ID#	Amount of Contribution
Residential Street Address 148 Skyline Ln		City Stamford		State CT	Zip Code 06903	Date Rec		
Principal Occupation Security Consultant		Name of Employer Clovis Point Solutions		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Jodi Rell, Governor							Origi	nal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		<u>'</u>	
Last Name Lindeman	First Name Edward		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 05	ontribution ID #	Amount of Contribution
Residential Street Address 43 Sunrise Hill Dr		City West Hartford		State CT	Zip Code 06107		eceived 8/2009	
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Nappi	First Name Phyllis		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 05	ontribution ID #	Amount of Contribution
Residential Street Address 42 Perch Rd		City Shelton		State CT	Zip Code 06484		eceived 8/2009	
Principal Occupation Clerk		Name of Employer CT Legislature-Sessional			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name King	First Name William		MI A	Cash	contribution: X Personal Cl	neck 05	ontribution ID #	Amount of Contribution
Residential Street Address 8 Indian Point Ln		City Riverside		State CT	Zip Code 06878		eceived 8/2009	
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Barton	First Name Scott		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 05	ontribution ID #	Amount of Contribution
Residential Street Address 14 Amber Dr		City Seymour		State CT	Zip Code 06483		eceived 8/2009	
Principal Occupation Workers Compensation Commissioner		Name of Employer State of CT		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of accomment the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$100.00	\$100.00

NAME OF COMMITTEE			I. N	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
Last Name	NAME OF COMMITTEE									FILING	G DUE DATE
Last Name	Jodi Rell, Governor									Origin	al 04/13/2009
Hanzalek			B. It	emized Contributi	ons from	ı Individ	ıals				
Residential Second Authors City Sufficient Superins Sufficient Superins Sufficient Superins Sufficient Superins	Last Name	First Name			MI	Method of	_		Contributi	on ID#	Amount of
31 Abraham Ter	Hanzalek	Astrid			Т				0609		Contribution
Name of Employer Name of Emp	Residential Street Address		City			State	Zip Code	Е	Date Received	I	1
Retired No Security Securi	31 Abraham Ter		Suffield			СТ	06078	0	3/18/200	9	1
Recontribution a principal of a state contractor or prospective contributions: Security Secur			Name of E	mployer						Yes	
state contractors by a personance which intends or branches of anyeometric teachers its with. Leat Name First Name Freezitive Legislative Ves No Name of Employer Shelton Ves No Name of Employer Shelton Ves No Name of Employer Shelton Ves No Name of Employer Name of Employer Shelton Ves No Name of Employer	Retired						· -		2	No	
Executive Legislative Le		or prospective		Yes X No			-	Aggre	egate Contrib	utions	
Perillo Joseph	Is yes, indicate which branch or branches of		Executive	Legislative			-		:	\$50.00	\$50.00
Residential Street Address 7 Plaskon Drive Ext Shelton Name of Employer Shelton Walmart Shelto	Last Name	First Name			MI	Method of	_	•	Contributi	on ID#	Amount of
Principal Occupation Shelton S	Perillo	Joseph				_	=		0641		Contribution
Name of Employer Shelton Walmart Shelton W	Residential Street Address		City			State	Zip Code	Е	Date Received	I]
Sales Associate Shelton Walmart Shelton Wal	7 Plaskon Drive Ext		Shelton			СТ	06484	0	3/18/200	9	1
Sales AsSociate Sherical Walling Sherical Wal				• •						Yes	
state contractor? Last Name Herrick, Jr. Residential Street Address 178 Ravine Rd Storrs City Storrs Contribution Contribution Aggregate Contribution Storrs Contribution Aggregate Contribution Storrs Contribution Aggregate Contribution Storrs Contribution Aggregate Contribution Storrs Contribution Amount of Contribution Contribution Storrs Contribution Aggregate Contribution Contribution Storrs Contribution Storrs Storrs Storrs Aggregate Contribution Contribution Storrs Contribution Storrs Contribution Storrs Storrs Storrs Contribution Aggregate Contribution Storrs Contribution Storrs Storrs Storrs Storrs Storrs Contribution Storrs Storrs Storrs Storrs Contribution Storrs Storrs Storrs Aggregate Contribution Contribution Contribution Contribution Storrs Contribution Storrs Storrs Contribution Storrs S	Sales Associate		Shelton	waimart			· -		<u> </u>	No	
Last Name Herrick, Jr. Residential Street Address 178 Ravine Rd Storrs City State Storrs State Storrs State Storrs State Storrs State Storrs State Storrs State Storrs State Storrs State Storrs State Storrs State Storrs State Storrs Aggregate Contributions Storrs Contribution State Contribution Storrs State Storrs State Storrs Contribution State Storrs Aggregate Contribution Stornbutor a principal of a state contractor or prospective state contractor Story Stor		or prospective	•	Yes X No			-	Aggre	egate Contrib	utions	İ
Last Name First Name First Name Friest City State City State Contribution a John principal of a state contractor or prospective state contractor or Prospective Executive Legislative Legislative City State Zip Code Contribution associated with a fundraising event listed in Section J1? X No	Is yes, indicate which branch or branches of	П	Evacutiva	Lagiclativa	l		•		:	\$50.00	\$50.00
Residential Street Address 178 Ravine Rd Storrs Storrs State		First Name	Executive	Legislative	 				1	. ID #	1
Residential Street Address 178 Ravine Rd Storrs State 178 Ravine Rd Storrs State City Storrs State CT 06268 Date Received 03/18/2009 Principal Occupation Retired Name of Employer State contractor or prospective state contractor? Is yes, indicate which branch or branches of covernment the contract is with: Last Name Belding Residential Street Address 2 Smith Neck Rd Name of Employer Maxwell Name of Employer Maxwell MI Method of contribution: Cash Money Order Credit/Debit Card State Contributions dependent child of a lobbyist, spouse, or dependent of the contract is with: Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Amount of Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Contribution ID # 0797 Aggregate Contribution Con					IVII			Check		on ID#	
178 Ravine Rd Storrs CT 06268 03/18/2009						Mone	y Order Credit/Del	bit Card	0332		1
Principal Occupation Retired Name of Employer Same							-				
Retired Secontributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Syes, indicate which branch or branches of government the contract is with: Last Name First Name Residential Street Address City Old Lyme CT O6371 State Contribution associated with a fundraising event listed in Section J1? X No MI Method of contribution: Cash X Personal Check O797 Contribution ID # O797 Amount of Contribution Contribution CT O6371 O3/18/2009 Principal Occupation Name of Employer State Single event listed in Section J1? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? State Single event listed in Section J1? Yes No State Single event listed in Section J1? Yes X No State Single event listed in Section J1? Yes X No State Single event listed in Section J1? Yes X No State Single event listed in Section J1? Yes X No State Single event listed in Section J1? Yes X No State Single event listed in Section J1? Yes X No Single event listed in Section J1? Yes X No Single event listed in Section J1? Yes X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X No Single event listed in Section J1? X X No Single event listed in Section J1? X X No Single event listed in Section J1? X X X No Single even						CI					†
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Security Se			Name of E	mployer			fundraising event listed in		J12 L		
state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Belding Residential Street Address 28 Smith Neck Rd City Old Lyme City Old Lyme City Old Lyme City Old Lyme City Old Lyme City Old Lyme City Old Lyme State City Old Lyme City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme State City Old Lyme Amount of Contribution ID # O797 Amount of Contribution Only 18 / 2009 Principal Occupation Retired Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of System System Aggregate Contributions speciate Contribution Contribution speciate Contribution speciate Contribution Contributio							If yes, list Event #			No No	
Is yes, indicate which branch or branches of government the contract is with: Last Name Belding Residential Street Address 28 Smith Neck Rd City Old Lyme Amount of Contribution ID # Old Received Old Lyme Old Lyme Aggregate Contributions State contractor? If yes, list Event # Aggregate Contributions State contractor? State contractor? Is yes, indicate which branch or branches of State Contributor a lobbyist? State Contribution a sooilated with a fundraising event listed in Section J1? X No State Contribution associated with a fundraising event listed in Section J1? X No State contractor? State contractor? State contractor or prospective State Contr	I	or prospective		Yes X No			-	Aggre	-		
Last Name Belding Mil	Is yes, indicate which branch or branches of		Executive	Legislative			-		\$	100.00	\$100.00
Residential Street Address 28 Smith Neck Rd Old Lyme Name of Employer Is contribution a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Is yes, indicate which branches of Is yes, indicat		First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Residential Street Address 28 Smith Neck Rd Old Lyme CT 06371 Date Received 03/18/2009 Principal Occupation Retired Name of Employer Is this contribution associated with a fundraising event listed in Section J1?	Belding	Maxwell				_	=		0797		
28 Smith Neck Rd Old Lyme CT 06371 03/18/2009 Principal Occupation Retired Name of Employer Is this contribution associated with a fundraising event listed in Section J1? X No Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of The section D Vest X No State Contributor a lobbyist, spouse, or dependent child of a lobbyist? State Contributions \$100.00\$	Residential Street Address	<u> </u>	City		<u> </u>				Date Received	l	1
Retired Section J1? Section J1. Secti			· ·	e			-	0	3/18/200	9	
If yes, list Event # X No Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Towards of	Principal Occupation		Name of E	mployer		•				Yes	
state contractor? Is yes, indicate which branch or branches of	Retired						· -	section.	J1? [<u>></u>	No	
state contractor? Is yes, indicate which branch or branches of	Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
government the contract is with: Legislative Legislative Yes No	Is yes, indicate which branch or branches of		Executive	Legislative	1 —		-		-		\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Birkenruth	Harry				Cash Money	y Order X Personal C		0652		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
81 Ball Hill Rd		Storrs			СТ	06268	0	3/18/2009	Ð	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ			Yes	Ī
Retired CEO		Formerly	Rogers Corp.			fundraising event listed in If yes, list Event #	n Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		.		l '─	child of a lob	*		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	+ -	1			1		<u> </u>
Last Name Delaney	First Name Francis			MI S	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Delaney	Trancis					y Order Credit/De		0644		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
607 W Wakefield Blvd		Winsted			СТ	06098	0	3/18/2009	Ð	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Administrator		West Sta	ate Mechanical, Inc.			fundraising event listed in If yes, list Event #	n Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	Ī
state contractor? Is yes, indicate which branch or branches of		.	Legislative		child of a lob	•		\$	50.00	\$50.00
government the contract is with:		Executive	Legislative	+-	I			1		<u> </u>
Last Name Mashikian	First Name Margareth	20		MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Masilikiaii	Margareti				_	y Order Credit/De		0798		Contribution
Residential Street Address		City			State	Zip Code	D	Date Received		
525 Gurley V Rd		Storrs			СТ	06268	0	3/18/2009	9	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Retired						fundraising event listed in If yes, list Event #	1 Section .	x x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t chause or	Τ.		.:	<u> </u>
state contractor?	or prospective		Yes A No		child of a lob		Aggre	egate Contribu	50.00	\$50.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		*		ψ30.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Blose	Marion				Cash Money	y Order Personal C		0800		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
153 W Hill Rd		New Can	aan		СТ	06846	0	3/18/2009	9	ļ
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Retired						fundraising event listed in If yes, list Event #	n Section .	x x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of				I -	child of a lob	-		\$	50.00	\$50.00
government the contract is with:	Ш	Executive	Legislative	Y	res X	No	1			

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	nal 04/13/2009
		B. Itemized Contributi	ions fron	ı Individu	ıals			
Last Name Carolan	First Name Hugh		MI	Cash	contribution:		ntribution ID #	Amount of Contribution
Residential Street Address 205 Whisconier Rd , P.O. Box 518	8	City Brookfield		State CT	v Order Credit/Debi	t Card Date Re		-
Principal Occupation Retired	<u> </u>	Name of Employer		1	Is this contribution associal fundraising event listed in S If yes, list Event #	ted with a	Yes X No	-
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes X	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Smith	First Name Matthew		MI B	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 08	ntribution ID #	Amount of Contribution
Residential Street Address 12 Standish Rd		City Ellington		State CT	Zip Code 06029	Date Re	eceived 3/2009	
Principal Occupation Corp. Officer		Name of Employer Accurate Wire, Inc.			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Prelli	First Name Frank		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 08	ntribution ID #	Amount of Contribution
Residential Street Address 12 Alexandria Dr		City Barkhamsted		State CT	Zip Code 06063	Date Re 03/18	eceived 3/2009	
Principal Occupation Comm. of Agriculture		Name of Employer State of Connecticut			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Wakefield	First Name Darward		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 08	ntribution ID #	Amount of Contribution
Residential Street Address 278 Ellington Rd		City East Hartford		State CT	Zip Code 06108-1106	Date Re	eceived 3/2009	
Principal Occupation Title Examiner		Name of Employer State of CT/DMV		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MO	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Iter	mized Contributi	ons from	Individu	uals				
Last Name Thorne	First Name Ann			MI M	Cash	contribution: X Personal of the property of t		Contribution 0806	on ID#	Amount of Contribution
Residential Street Address 302 Ocean Dr W .		City Stamford			State CT	Zip Code 06902		ate Received		
Principal Occupation Retired		Name of Emp	oloyer		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	obyist?	Aggre	gate Contribu	ations \$25.00	\$25.00
Last Name Gibson	First Name Gordon			MI F	Cash	contribution: X Personal y Order Credit/De		Contribution 0697	on ID#	Amount of Contribution
Residential Street Address 836 Hartford Tpke		City Vernon			State CT	Zip Code 06066		ate Received		
Principal Occupation Retired		Name of Emp	oloyer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	gate Contribu	utions \$50.00	\$50.00
Last Name Cox	First Name Judith			MI R	Cash	contribution: X Personal of the property of t		Contribution 0549	on ID#	Amount of Contribution
Residential Street Address 98 Ryefield Rd		City Middletowr	n		State CT	Zip Code 06457		ate Received		
Principal Occupation Retired		Name of Emp	oloyer			Is this contribution assoc fundraising event listed i If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	obyist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Fisher	First Name Everett			MI	Cash	contribution: X Personal y Order Credit/De		Contribution 0799	on ID#	Amount of Contribution
Residential Street Address 45 Lismore Ln		City Greenwich			State CT	Zip Code 06831		ate Received		
Principal Occupation Attorney		Name of Emp Fogarty, C	oloyer Cohen, Selby & Nem	nroff		Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origina	al 04/13/2009
		B. It	emized Contributi	ions fron	Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Lener	Rita				Cash Money	y Order Responsible Credit/De		0687		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
4 Ridge Dr		Westport			СТ	06880-4936	0	3/18/2009)	
Principal Occupation Retired		Name of Er	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	t, spouse, or byist?	Aggre	egate Contribut	tions 25.00	\$25.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	<u>Тмі</u>		contribution:	<u> </u>	1		
Gereg-Bradley	Joan			MI	Cash	y Order		Contribution 0458	n ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
66 Ridgedale Rd		Bethel			СТ	06801	0	3/18/2009)	
Principal Occupation Retired		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Williams	C. Webb				Cash Money	y Order X Personal C		0451		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
11 Colonial Ln		Riverside			СТ	06878	0	3/18/2009)	
Principal Occupation Retired		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Simones	Joan	,		Т	Cash Money	y Order Personal C		0494		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
3 Longview Ave		Waterfor	d 		СТ	06385	_	3/18/2009		
Principal Occupation Retired		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of	or prospective	E	Yes X No		utor a lobbyis child of a lob	byist?	Aggre	egate Contribut	tions \$5.00	\$5.00
government the contract is with:	Ш	Executive	Legislative		es	INO				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FII	LING DUE DATE	
Jodi Rell, Governor							Or	riginal 04/13/2009	
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Fitts	First Name Howard		MI E	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID	Amount of Contribution	
Residential Street Address 239 Oak St		City South Windsor		State CT	Zip Code 06074		Received 18/2009		
Principal Occupation Insurance		Name of Employer Travelers			Is this contribution associate fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$25.0		\$25.00
Last Name Stegelmann	First Name Murry		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID	Amount of Contribution	
Residential Street Address 31 Briar Brae Rd		City Darien		State CT	Zip Code 06820		Received 18/2009		
Principal Occupation Investment Advisor		Name of Employer Kilimanjaro Advisors			Is this contribution associate fundraising event listed in State of the If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.0		100.00
Last Name Moffly IV	First Name John		MI W	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID	Amount of Contribution	
Residential Street Address 100 Meadow Rd		City Riverside		State CT	Zip Code 06878		Received 18/2009		
Principal Occupation Publishing		Name of Employer Moffly Publications, Inc		•	Is this contribution associal fundraising event listed in S If yes, list Event #		X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$100.0		100.00
Last Name Benvenuto	First Name Emil		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck C	Contribution ID	Amount of Contribution	
Residential Street Address 255 Palmer Hill Rd		City Old Greenwich		State CT	Zip Code 06870		Received 18/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$100.0		100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Curtiss	Martha				Cash Money	y Order		0617		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
25 Tall Timbers Ln		Glastonb	ury		СТ	06033	0	3/18/2009)	
Principal Occupation		Name of En	nployer		•	Is this contribution assoc	ated with	a	Yes	
Director of Mktg		Mt.Laure	l Sr. Living Commur	nity		fundraising event listed in If yes, list Event #	Section I	J1? x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of				Î	child of a lob	•		\$	50.00	\$50.00
government the contract is with:		Executive	Legislative	+ -	I		<u> </u>	1		
Last Name Phelps	First Name Julie			MI A	Method of Cash	contribution:	Check	Contributio	on ID#	Amount of Contribution
тпорз	Julic					y Order Credit/De		0708		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
215 Congdon St E		Middletov	vn		СТ	06457	0	3/18/2009)	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ			Yes	
Associate Director		Bristol M	yers Squibb			fundraising event listed in If yes, list Event #	Section .	x x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		E d	Legislative		child of a lob	•		\$1	.00.00	\$100.00
government the contract is with:	<u> </u>	Executive	Legislative	+-	I			1		<u> </u>
Last Name Phelps	First Name S. Derek			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Тистро	S. Berek	_			_	y Order Credit/De	bit Card	0707		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
215 Congdon St E		Middletov	vn		СТ	06457	0	3/18/2009	9	
Principal Occupation		Name of En	nployer			Is this contribution associ			Yes	
Executive Director		State of	CT			fundraising event listed in If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	st. spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	byist?	Aggic	-	.00.00	\$100.00
government the contract is with:		Executive	Legislative	L Y	res X	No				
Last Name	First Name			MI		contribution:		Contributio	on ID#	Amount of
Bzdyra	Amalia			V	Cash Money	y Order Personal C		0544		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
47 Fairlawn Dr		Wallingfo	rd		СТ	06492	0	3/18/2009)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
Attorney		State of	CT			If yes, list Event #	i Scenoil ,	х	No	
Is contributor a principal of a state contractor	or prospective	L	Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggra	egate Contribu	tions	†
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	bbyist?	1.5510	-	.00.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	\ \	res X	No				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Jodi Rell, Governor							Orig	ginal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Stephens	First Name Duncan		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 26 Judson Ave		City Woodbury		State CT	Zip Code 06798		Received .8/2009	
Principal Occupation Author		Name of Employer Self employed		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$10.00	\$10.00
Last Name Celentano	First Name Frank		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID#	Amount of Contribution
Residential Street Address 79 Stratton Forest Way		City Simsbury		State CT	Zip Code 06070		Received .8/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Halpert	First Name Jack		MI	Cash	contribution: X Personal Character Credit/Debit	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 77 Cricket Ln		City Stamford		State CT	Zip Code 06903		Received .8/2009	
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name Vance	First Name Carmen		MI L	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 1 Beach Rd		City Columbia		State CT	Zip Code 06237		Received .8/2009	
Principal Occupation College Administrator		Name of Employer Retired from Univ. of CT		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MONETAI	RY REC	EIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origina	al 04/13/2009
		B. Itemized Co	ntributio	ns from	Individu	ıals				
Last Name	First Name		Ī	MI	Method of	contribution:		Contributio	on ID #	Amount of
Cibes	William				Cash Money	y Order X Personal C		0710		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
31 Woodland St # 12B		Hartford			СТ	06105	0.	3/18/2009	9	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in			Yes	
Retired						If yes, list Event #		x	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes	x No		utor a lobbyis		Aggre	gate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislati	ve		child of a lob	-		\$1	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Mastropietro	John			Α	Cash Money	y Order		0500		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
350 Whispering Hill Rd		Watertown			СТ	06795	0.	3/18/2009	9	
Principal Occupation Name of Employer State of Connecticut						Is this contribution association fundraising event listed in If yes, list Event #		1?	Yes No	
			x _{No}							
Is contributor a principal of a state contractor state contractor?	or prospective	Yes	No No		utor a lobbyis child of a lob		Aggre	gate Contribu	.00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislati	ve	Y	es x	No		Ψ1	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Meade	Andrew			J	Cash Money	y Order Personal C		0664		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
362 East St		Southington			СТ	06489	0.	3/18/2009)	
Principal Occupation		Name of Employer				Is this contribution association fundraising event listed in			Yes	
Retired						If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		utor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$	25.00	\$25.00
government the contract is with:		Executive Legislati	ve				<u> </u>	1		
Last Name Schuster	First Name Steven			MI A	Cash	contribution: X Personal C	heck	Contributio	on ID #	Amount of Contribution
					Money	y Order Credit/Deb	oit Card	0667		
Residential Street Address		City			State	Zip Code		ate Received		
386 Westchester Rd		Colchester			СТ	06415		3/18/2009	-	
Principal Occupation		Name of Employer	O Tanada	Donniu		Is this contribution association fundraising event listed in		1?	-	
Service Coordinator		Central CT Truck Fab LLC	J & I ΓUCK	кераіг,		If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		utor a lobbyis		Aggre	gate Contribu	tions	Ì
Is yes, indicate which branch or branches of		Executive Legislati	ve		child of a lob	-		\$1	.00.00	\$100.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)		_	
NAME OF COMMITTEE							FILI	NG DUE DATE
Jodi Rell, Governor							Orig	inal 04/13/2009
		B. Itemized Contribut	tions fron	ı Individu	ıals		•	
Last Name Tortorella	First Name Novella		MI	Cash	contribution: X Personal Cl y Order	heck 04	ontribution ID#	Amount of Contribution
Residential Street Address 38 Friendlee Ln		City Wilton		State CT	Zip Code 06897		Received 8/2009	
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$15.00	\$15.00
Last Name Buckley	First Name Eileen		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 05	ontribution ID#	Amount of Contribution
Residential Street Address 248 Lyons Plain Rd		City Weston		State CT	Zip Code 06883		Received 8/2009	
Principal Occupation Registrar of Voters		Name of Employer Town of Weston			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Young	First Name Penelope		MI L	Cash	contribution: X Personal Cl	heck 07	ontribution ID#	Amount of Contribution
Residential Street Address 52 Indian Rock Rd		City New Canaan		State CT	Zip Code 06840		Received 8/2009	
Principal Occupation Homemaker		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Young	First Name Robert		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 07	ontribution ID #	Amount of Contribution
Residential Street Address 52 Indian Rock Rd		City New Canaan		State CT	Zip Code 06840		Received 8/2009	
Principal Occupation Investments		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. N	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Wilensky	Edward			S	Cash Money	y Order X Personal C		0736		Contribution
Residential Street Address		City			State	Zip Code	Γ	Date Received	ļ	
9 Sheraton Dr		Wolcott			СТ	06716	C	3/18/200	9	<u> </u>
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
Patient Advocate		Wolcott	View Manor	_		If yes, list Event #		2	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	res x	-		:	\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Capano	Ken				Cash Money	y Order X Personal C		0645		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received	!	
6 Trails End		Old Sayb	prook		СТ	06475	C	3/18/200	9	1
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
Retail Food		Self				If yes, list Event #		<u>></u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of				1 [^] -	child of a lob	•		\$	100.00	\$100.00
government the contract is with:		Executive	Legislative	 				1		<u> </u>
Last Name DeNicola	First Name Barbara			MI	Method of Cash	contribution: X Personal C	Check	Contributi	on ID#	Amount of Contribution
						y Order Credit/Del	bit Card	0639		Commodulon
Residential Street Address		City			State	Zip Code		Date Received		
10 Dante Pl		Hamden			СТ	06514	C)3/18/200	9	<u> </u>
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		J12 L	Yes	
Retired Teacher						If yes, list Event #		Ŀ	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 —	child of a lob	-		:	\$50.00	\$50.00
government the contract is with: Last Name	First Name	Executive	Legislative	I MI	1			1		<u> </u>
Miller	Chester			MI	Cash	contribution: X Personal C	Check	Contributi 0622	on ID#	Amount of Contribution
					Mone	y Order Credit/Del	bit Card	0622		
Residential Street Address		City			State	Zip Code		Date Received		
15 Morgan Dr		Wallingfo			СТ	06492	_)3/18/200		•
Principal Occupation		Name of E	mployer Wallingford			Is this contribution associ fundraising event listed in		J1?	_	
Registrar of Voters			amiigioi a			If yes, list Event #		<u>\</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative	1 —	child of a lob	-		:	\$25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Jodi Rell, Governor							Orig	inal 04/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Nickerson	First Name Nancy		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 05	ontribution ID #	Amount of Contribution
Residential Street Address 45 Farmington Ridge Dr		City Farmington		State CT	Zip Code 06032		Received 8/2009	
Principal Occupation n/a		Name of Employer n/a			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Garrey	First Name Robert		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 05	ontribution ID#	Amount of Contribution
Residential Street Address 10 Morrison Ave		City Wethersfield		State CT	Zip Code 06109		Received 8/2009	
Principal Occupation Vice President		Name of Employer ING		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name Scialabba	First Name Art		MI	Cash	contribution: X Personal Character Credit/Debi	neck 05	ontribution ID#	Amount of Contribution
Residential Street Address 2 Acacia St		City Norwalk		State CT	Zip Code 06855		Received 8/2009	
Principal Occupation Norwalk		Name of Employer Lane Telecommunications		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Miyashiro	First Name Gary		MI H	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 06	ontribution ID#	Amount of Contribution
Residential Street Address 41 Sullivan Dr		City Redding		State CT	Zip Code 06896		Received 8/2009	
Principal Occupation Retired		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. MC	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Iten	nized Contributio	ons from	Individu	ıals				
Last Name Stone, Jr.	First Name John			MI E	Cash	contribution: X Personal C y Order Credit/De		Contributi 0686	on ID#	Amount of Contribution
Residential Street Address 195 Carroll Rd		City Fairfield			State CT	Zip Code 06824		oate Received 3/18/200		
Principal Occupation Retired		Name of Emp	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	stions \$50.00	\$50.00
Last Name Orchulli	First Name Jack			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0556	on ID#	Amount of Contribution
Residential Street Address 446 Hollow Tree Ridge Rd		City Darien			State CT	Zip Code 06820		ate Received		
Principal Occupation Retired		Name of Emp	loyer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Mazzucco	First Name Ward			MI J	Cash	contribution: X Personal C y Order Credit/De		Contributi 0462	on ID#	Amount of Contribution
Residential Street Address PO Box 511		City Redding Ric	dge		State CT	Zip Code 06876		ate Received 3/18/200		
Principal Occupation Lawyer		Name of Empl	•			Is this contribution associ fundraising event listed in If yes, list Event #		I12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive [Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	stions \$50.00	\$50.00
Last Name Errickson	First Name Susan			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0615	on ID#	Amount of Contribution
Residential Street Address 55 Hilltop Rd		City Tolland			State CT	Zip Code 06084		ate Received		
Principal Occupation Retired		Name of Emp	loyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	ations \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Jodi Rell, Governor							0	Origina	1 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of
Russo	Evelyn		V	Cash Money	x Personal Ch y Order Credit/Debi		0742		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
108 High St		Middletown		СТ	06457	03/	/18/2009		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the contribution of the contribution associated in the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution associated as the contribution as the con		? –	es es	
Retired					If yes, list Event #		x N	lo .	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ıs	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		es x	-		\$25	5.00	\$25.00
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of
Oliveira	Frank			Cash Money	x Personal Ch y Order Credit/Debi		0517		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
7 Hefflon Farm Rd		Old Lyme		СТ	06371	03/	/18/2009		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state		? =	'es	
Business Owner		A.D.A Machinery Co.			If yes, list Event #		x N	lo	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ıs	
Is yes, indicate which branch or branches of government the contract is with:	П	Executive Legislative	Î	child of a lob	*		\$100	0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of
Oliveira	Delores			Cash Money	y Order Responsible Credit/Debi	neck	0518		Contribution
Residential Street Address		City	•	State	Zip Code	Date	e Received		
7 Hefflon Farm Rd		Old Lyme		СТ	06371	03/	/18/2009		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state			es es	
Housewife					If yes, list Event #	occuon v r .	x N	lo	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	1S	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob	•		\$100	0.00	\$100.00
government the contract is with: Last Name	First Name		MI	1	contribution:	I	Contribution II	D#	
Pitkin	Donald		H	Cash	X Personal Ch	neck	0576	D#	Amount of Contribution
		T		_	y Order Credit/Debi	\neg	- · · ·		
Residential Street Address 39 Timber Trl		City East Hartford		State CT	Zip Code 06118		e Received /18/2009		
Principal Occupation		Name of Employer			Is this contribution associa	ted with a	Пу	es es	
Retired					fundraising event listed in ! If yes, list Event #	Section J1?	$\stackrel{?}{\mathbf{x}}_{N}$		
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis		Agaras	ata Contributi		
state contractor? Is yes, indicate which branch or branches of	,p.soue	_	dependent	child of a lob	byist?	Aggrega	ate Contribution \$100		\$100.00
government the contract is with:		Executive Legislative	L L	es x	No			l	

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Walsh	Ronald			J	Cash Money	y Order X Personal C		0474		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
1146 Main St Apt 2D		Manchest	er		CT	06040		3/18/2009)	
Principal Occupation		Name of Er	nnlover		<u> </u>	Is this contribution associ	ated with	a [Yes	İ
СРА			lerrill & Brosseau			fundraising event listed in	Section .	11? 	No	
						If yes, list Event #			INO	
Is contributor a principal of a state contractor or state contractor?	prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:	П	Executive	Legislative	1 ~	res x	,		\$1	00.00	\$100.00
	First Name			MI	1	contribution:		Contributio	ID #	
	David			J	Cash	x Personal C	Check	0456	n ID#	Amount of Contribution
		т			Money	y Order Credit/Del	bit Card	0430		
Residential Street Address		City			State	Zip Code		ate Received		
34 Carriage Dr		Enfield			СТ	06082	0	3/18/2009)	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in			Yes	
Consultant						If yes, list Event #		х	No	
Is contributor a principal of a state contractor or	prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	00.00	\$100.00
government the contract is with:		Executive	Legislative	L Y	res X	No		1		
	First Name			MI		contribution:	Thools	Contributio	n ID#	Amount of
Konspore	Jeffrey			M	Cash Money	y Order Credit/Del		0498		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
33 Fox Run Rd		Norwalk			СТ	06850	0	3/18/2009)	
Principal Occupation		Name of Er	nployer		-	Is this contribution associ			Yes	
disabled		unemplo	yed			fundraising event listed in If yes, list Event #	Section .	11? x	No	
Is contributor a principal of a state contractor or	nrocnactiva		Yes X No	In contrib	utor a lobbyis	t amayaa ar	Ι.			
state contractor?	prospective		Yes X No		child of a lob		Aggre	gate Contribu	00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		Ψ1		\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Mirkin	Scott				Cash	y Order X Personal C		0605		Contribution
D 11 (10) (411		a'ı						December 1		
Residential Street Address 10 E Ridge Rd		City Stamford			State CT	Zip Code 06903		ate Received 3/18/2009)	
Principal Occupation		Name of Er			1	Is this contribution associ			1	İ
Sales		IBM	nployer			fundraising event listed in		_{11?} 🗀	Yes No	
				1		If yes, list Event #		<u>L</u>	I NO	
Is contributor a principal of a state contractor or state contractor?	prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	tions	
Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent		-		\$	25.00	\$25.00
government the contract is with:							1			1

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Jodi Rell, Governor							Orig	ginal 04/13/2009
		B. Itemized Contributi	ions from	Individu	ıals		•	
Last Name Papantones	First Name Melissa		MI J	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 98 Alden Ave		City New Haven		State CT	Zip Code 06515		Received 18/2009	
Principal Occupation Attorney		Name of Employer Allstate Ins. Co.		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name McQueen	First Name Jared		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 29 High Hill Rd		City Wallingford		State CT	Zip Code 06492		Received 18/2009	
Principal Occupation CPA		Name of Employer Seward & Monde			Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$50.00	\$50.00
Last Name McNamara	First Name Charles		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 0	Contribution ID #	Amount of Contribution
Residential Street Address 39 Washington Ave		City Danbury		State CT	Zip Code 06810		Received 18/2009	
Principal Occupation Teacher		Name of Employer Disability		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	\$100.00	\$100.00
Last Name Adinolfi	First Name Al		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	Contribution ID#	Amount of Contribution
Residential Street Address 235 Sorghum Mill Dr		City Cheshire		State CT	Zip Code 06410		Received 18/2009	
Principal Occupation Retired		Name of Employer PT-State of CT			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	9100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Jodi Rell, Governor							C	Origina	1 04/13/2009
		B. Itemized Contributi	ons fron	Individu	ıals		•		
Last Name Reynolds	First Name Thomas		MI F	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 122 Old West Mountain Rd		City Ridgefield		State CT	Zip Code 06877		e Received /18/2009		
Principal Occupation CPA		Name of Employer Reynolds & Rowella, LLP		•	Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution	1	\$100.00
Last Name Ulrich	First Name Barbara		MI B	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 22 Pleasant St		City West Hartford		State CT	Zip Code 06107		e Received /18/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in State of the If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution	1	\$100.00
Last Name Loeb	First Name Roger		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 26 Ferncliff Dr		City West Hartford		State CT	Zip Code 06117		e Received /18/2009		
Principal Occupation Owner		Name of Employer Allan S. Goodman			Is this contribution associate fundraising event listed in the state of the state o			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$100	1	\$100.00
Last Name Knierim	First Name Gloria		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 4 Somerset Ln		City Simsbury		State CT	Zip Code 06070		e Received /18/2009		
Principal Occupation		Name of Employer n/a			Is this contribution associal fundraising event listed in the second of the second second in the second sec		? x N	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution	ns 5.00	\$25.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	temized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Boord	Maryann			Р	Cash Money	y Order Personal C		0529		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
139 Tuttle Rd		Durham			СТ	06422	0	3/18/200	9	
Principal Occupation		Name of E				Is this contribution association fundraising event listed in			Yes	
Exec. Sec. Office of Ombudsman		State of	СТ			If yes, list Event #	. Section .		No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '	res X	•		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Finneran	Janet			М	Cash Money	y Order Personal C		0586		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
648 Carrington Rd		Bethany			СТ	06524	0	3/18/200	9	ļ
Principal Occupation		Name of E	mployer			Is this contribution association fundraising event listed in			Yes	
Retired						If yes, list Event #)	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of				1 —	child of a lob	•		\$	100.00	\$100.00
government the contract is with:	<u> </u>	Executive	Legislative	<u> </u>	res X	No		1		1
Last Name	First Name Barbara			MI	Method of Cash	contribution:	`heck	Contributi	on ID#	Amount of
Dybas	Darbara	,			_	y Order Credit/Deb		0729		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
22 O'Sullivan Rd		Derby			СТ	06418	0	3/18/200	9	<u> </u>
Principal Occupation		Name of E	mployer			Is this contribution association fundraising event listed in		_{J1?} L	Yes	
Retired						If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor of	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of	_			1 —	child of a lob	-		•	\$25.00	\$25.00
government the contract is with:		Executive	Legislative	'	res x	No				
Last Name	First Name			MI		contribution:	"hook	Contributi	on ID#	Amount of
Wagner	William				Cash Money	y Order Credit/Det		0674		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
172 Stollman Rd		Colchest	er		СТ	06415	0	3/18/200	9	
Principal Occupation		Name of E	mployer			Is this contribution associa			Yes	
Retired						fundraising event listed in If yes, list Event #	Section .	J1? _	No	
Is contributor a minainal oft-tt	or process -4'			In	utor c 1-11 .	-				1
Is contributor a principal of a state contractor state contractor?	oi prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib	utions 100.00	\$100.00
Is yes, indicate which branch or branches of		Executive	Legislative	Y	res x	No		Þ	100.00	ş100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Jodi Rell, Governor							Origi	nal 04/13/2009
		B. Itemized Contributi	ions fron	ı Individu	ıals		•	
Last Name Wagner	First Name Elizabeth		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 06	entribution ID #	Amount of Contribution
Residential Street Address 172 Stollman Rd		City Colchester		State CT	Zip Code 06415	Date Re	eceived 3/2009	
Principal Occupation E.S. Review Board		Name of Employer State of CT		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Norton	First Name Andrew		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 06	ntribution ID#	Amount of Contribution
Residential Street Address 94 Westchester Rd		City Colchester		State CT	Zip Code 06415	Date Re 03/18	eceived 3/2009	
Principal Occupation Legislative Liason		Name of Employer State of CT			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Kuck	First Name John		MI H	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 04	entribution ID #	Amount of Contribution
Residential Street Address 14 Verona Dr		City Riverside		State CT	Zip Code 06878	Date Re	eceived 3/2009	
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Ellefsen	First Name Grace		MI M	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 187 Havenford St		City Hamden		State CT	Zip Code 06517		eceived 3/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribu	itions fron	n Individu	ıals			
Last Name Prokupek	First Name George		MI E	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0447	tion ID#	Amount of Contribution
Residential Street Address 5 Hollow Tree Ct		City South Norwalk		State CT	Zip Code 06854-2813	Date Receive 03/18/20		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contri	storions \$10.00	\$10.00
Last Name Linehan	First Name William		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0448	tion ID#	Amount of Contribution
Residential Street Address 56 Hubinger St		City New Haven		State CT	Zip Code 06511-4035	Date Receive 03/18/20		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Joslin	First Name Ramsey		MI E	Cash	contribution: X Personal Cl y Order	heck 0449	ition ID#	Amount of Contribution
Residential Street Address 379 Hollow Tree Ridge Rd		City Darien		State CT	Zip Code 06820	Date Receive 03/18/20		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Louziotis	First Name Evelyn		MI B	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0450	tion ID#	Amount of Contribution
Residential Street Address 194 Lower Blvd		City New London		State CT	Zip Code 06320	Date Receive 03/18/20		
Principal Occupation Retired		Name of Employer		-	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$25.00	\$25.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	temized Contributi	ons from	ı Individu	ıals				
Last Name Riordan	First Name Corinne			MI	Cash	contribution: X Personal C y Order Credit/De		Contributi 0452	on ID#	Amount of Contribution
Residential Street Address 17 Linda Ln		City Bethel			State CT	Zip Code 06801		Date Received		
Principal Occupation Homemaker		Name of E	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob	byist?	Aggre	egate Contrib	ations \$25.00	\$25.00
Last Name Steele	First Name G. Donald			MI	Cash	contribution: X Personal C y Order Credit/De		Contributi 0453	on ID#	Amount of Contribution
Residential Street Address 150 Cook Hill Rd		City Cheshire	1		State CT	Zip Code 06410-3763		Date Received 03/18/200		
Principal Occupation Retired		Name of E	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob	byist?	Aggre	egate Contrib	utions \$10.00	\$10.00
Last Name Nathanson	First Name Norma			MI p	Cash	contribution: X Personal C y Order Credit/De		Contributi 0454	on ID#	Amount of Contribution
Residential Street Address 62A Greenwood Ave		City Bethel			State CT	Zip Code 06801		Date Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J12 L	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	bbyist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name Sebestyen	First Name Louis			MI J	Cash	contribution: X Personal (y Order Credit/De		Contributi 0455	on ID#	Amount of Contribution
Residential Street Address 2340 North Ave		City Bridgepo	ort		State CT	Zip Code 06604-2313		Date Received 03/18/200		
Principal Occupation Educator Retired		Name of E	imployer Bridgeport		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contrib	ations \$25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Jodi Rell, Governor							О	Origina	1 04/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	(Contribution II	D#	Amount of
Morgan	Mair			Cash Money	y Order Resonal Character Credit/Debi	1 (0459		Contribution
Residential Street Address		City		State	Zip Code		e Received		
9 Park Ln		Westport		СТ	06880	03/	/18/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associated fundraising event listed in State of the If yes, list Event #			es lo	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$5	ns 5.00	\$5.00
Last Name Hollander	First Name Milton		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address PO Box 2903	•	City Stamford	•	State CT	Zip Code 06906		e Received 18/2009		
Principal Occupation Director		Name of Employer Newport		•	Is this contribution associate fundraising event listed in the state of the state o		X N	es Vo	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregat	te Contribution \$100		\$100.00
Last Name Hollander	First Name Betty Rut	h	MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address PO Box 2903		City Stamford	•	State CT	Zip Code 06906		e Received 18/2009		
Principal Occupation Business Manager		Name of Employer Omega Engineering		•	Is this contribution associate fundraising event listed in the second of the second second in the second se			es Vo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$100		\$100.00
Last Name Kosloskey	First Name Marie		MI P	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 28 Spicer Ave		City Groton		State CT	Zip Code 06340		Received 18/2009		
Principal Occupation Retired		Name of Employer		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		X N	es Vo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$100		\$100.00

		I. MONETARY F	RECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	nal 04/13/2009
		B. Itemized Contrib	utions fro	m Individ	ıals		_	
Last Name	First Name		MI	Method of	contribution:	Contr	ribution ID #	Amount of
Kurtz	Donald		R	Cash Mone	y Order X Personal C Credit/Deb	046	3	Contribution
Residential Street Address		City		State	Zip Code	Date Reco		
163 Davenport Dr		Stamford		СТ	06902	03/18/	2009	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Retired					If yes, list Event #		x No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		ibutor a lobbyis		Aggregate Co	ntributions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		nt child of a lob	-		\$50.00	\$50.00
Last Name	First Name		MI	Method of	contribution:	Contr	ribution ID #	Amount of
Allen	Anita			Cash Mone	y Order X Personal C Credit/Deb	046	5	Contribution
Residential Street Address		City		State	Zip Code	Date Reco	eived	
27 Neagle St		Naugatuck		СТ	06770	03/18/	2009	1
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Office Manager		B&E Juice, Inc.			If yes, list Event #	50000011	x No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contr	ibutor a lobbyis	t, spouse, or	Aggregate Co	ntributions	†
state contractor? Is yes, indicate which branch or branches of			depende	nt child of a lob	•		\$20.00	\$20.00
government the contract is with:		Executive Legislative						1
Last Name Smith	First Name Roger		MI G	Method of Cash	contribution:	heck	ribution ID #	Amount of Contribution
Simul	riogei		Ŭ		y Order Credit/Deb	it Card 046	6	Contribution
Residential Street Address		City		State	Zip Code	Date Reco		
34464 SW Firdale Rd		Cornelius		OR	97113	03/18/	2009	1
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	
Retired physician					If yes, list Event #		x No	
Is contributor a principal of a state contractor	or prospective	Yes X No		ibutor a lobbyis		Aggregate Co	ntributions	1
state contractor? Is yes, indicate which branch or branches of		ь z П. 112	depende	nt child of a lob	*		\$100.00	\$100.00
government the contract is with:	<u></u>	Executive Legislative				<u> </u>		
Last Name Mengacii	First Name John		MI A	Method of Cash	contribution: X Personal C	heck	ribution ID #	Amount of Contribution
. 3.1				Mone	y Order Credit/Deb	it Card 046	-/	
Residential Street Address		City		State	Zip Code	Date Reco		
95 Hockanum Blvd # 4407		Vernon		СТ	06066	03/18/	2009	1
Principal Occupation		Name of Employer	. O Manant		Is this contribution associa fundraising event listed in		Yes	
Undersecretary		State of CT Office of Polic	y & Mgmnt		If yes, list Event #		x No	
Is contributor a principal of a state contractor	or prospective	Yes X No		ibutor a lobbyis		Aggregate Co	ntributions	1
Is yes, indicate which branch or branches of		Executive Legislative		nt child of a lob	-		\$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origi	nal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Bailey	First Name Sidney		MI W	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 46 Candlewood Spgs		City New Milford		State CT	Zip Code 06776	Date Re 03/18	eceived 3/2009	
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$25.00	\$25.00
Last Name Shapleigh	First Name Marjorie		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 1742 Nichols Dr		City Stratford		State CT	Zip Code 06614	Date Re 03/18	eceived 8/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Dew	First Name Alice		MI	Cash	contribution: X Personal Cl	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 6 High Acres Rd		City Brookfield		State CT	Zip Code 06804	Date Re 03/18	eceived 8/2009	
Principal Occupation Substitute Teacher		Name of Employer Brookfield Public Schools			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$25.00	\$25.00
Last Name Mancini, Sr.	First Name Pellegrino)	MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 88 Vernon St		City Waterbury		State CT	Zip Code 06708	Date Re 03/18	eceived 8/2009	
Principal Occupation Bus Driver		Name of Employer Land/Jet Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$20.00	\$20.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Braccia	Jane			А	Cash Mone	y Order Personal C		0472		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received	1	
61 Kenilworth Dr W		Stamford	<u> </u>		СТ	06902	C	3/18/200	9	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired				_		If yes, list Event #		2	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 -	res x	•		:	\$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Meyers	Earl			J	Cash Mone	y Order		0473		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received	[
14 Fillmore Ln		Ridgefiel	d		СТ	06877	C	3/18/200	9	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired						If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 î—	child of a lot Yes	•		:	\$25.00	\$25.00
government the contract is with:	Einst Manna	Executive	Legislative	 				1		<u> </u>
Last Name Dix	First Name Robert			MI R	Cash	contribution: X Personal C	Check	Contributi 0475	on ID#	Amount of Contribution
					Mone	y Order Credit/Del	bit Card	0473		
Residential Street Address		City			State	Zip Code		Date Received		
3484 Meadow Rdg		Redding			СТ	06896)3/18/200		•
Principal Occupation Retired		Name of E	mployer			Is this contribution associ fundraising event listed in		J12 L	Yes	
Retired				_		If yes, list Event #		<u>D</u>	No No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative	1 —	child of a lot res	-		:	\$50.00	\$50.00
government the contract is with: Last Name	First Name			MI	1	contribution:		Contributi	on ID#	
Nieman	Joan				Cash	X Personal C	Check	0476	on ib #	Amount of Contribution
		1			Mone	y Order Credit/Del				
Residential Street Address 129 North St		City Trumbull			State	Zip Code 06611		Date Received		
Principal Occupation		Name of E			ļ -·	Is this contribution associ				t
VP of Operation		l	ends Pet Care			fundraising event listed in	Section .	J1?	No No	
				1		If yes, list Event #	1		110	ļ
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib		1100 00
Is yes, indicate which branch or branches of		Executive	Legislative	1 —	res x	-		\$	100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	nal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Pennington	First Name Harold		MI E	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 047	atribution ID #	Amount of Contribution
Residential Street Address 7 Bliss Rd		City New Preston		State CT	Zip Code 06777	Date Red		
Principal Occupation Retired		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00
Last Name Studwell	First Name Chloe		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 047	ntribution ID#	Amount of Contribution
Residential Street Address PO Box 5053 48 Whisconien Rd		City Brookfield		State CT	Zip Code 06804	Date Rec 03/18/		
Principal Occupation Retired		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$30.00	\$30.00
Last Name Donaldson	First Name James		MI N	Cash	contribution: X Personal Character Credit/Debi	neck 047	atribution ID #	Amount of Contribution
Residential Street Address 300 Steiner St		City Fairfield		State CT	Zip Code 06430	Date Red		
Principal Occupation		Name of Employer New Alliance Bank			Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate C	ontributions \$20.00	\$20.00
Last Name Halibozek, Jr	First Name Stanley		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck 048	ntribution ID#	Amount of Contribution
Residential Street Address 1258 Troutbrook Dr .		City West Hartford		State CT	Zip Code 06119	Date Rec 03/18/		
Principal Occupation Manager		Name of Employer State of CT DMV		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	nal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		<u> </u>	
Last Name Neal	First Name Gerald		MI D	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 4 Lakeshore N		City New Fairfield	1	State CT	Zip Code 06812	Date Re	eceived 3/2009	
Principal Occupation Retired accountant		Name of Employer			Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Eckenfelder	First Name Jene		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 5 Baldwin Pl		City Westport		State CT	Zip Code 06880	Date Re 03/18	eceived 3/2009	
Principal Occupation Homemaker		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$25.00	\$25.00
Last Name Holmes	First Name Jonathan		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 10 Saxton Brook Dr		City Simsbury		State CT	Zip Code 06070	Date Re	eceived 3/2009	
Principal Occupation DEP CMMSR		Name of Employer State of Connecticut			Is this contribution associate fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Lucas	First Name John		MI W	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 04	ntribution ID#	Amount of Contribution
Residential Street Address 23 Beech Tree Rd		City Brookfield		State CT	Zip Code 06804	Date Re 03/18	eceived 8/2009	
Principal Occupation Security Director		Name of Employer Danbury Hospital		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. N	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name Dukes	First Name Philip			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0487	on ID#	Amount of Contribution
Residential Street Address 270 James St		City Fairfield			State CT	Zip Code 06824		Date Received		
Principal Occupation Attorney		Name of E CT Dept	mployer :. of Public Utility Con	trol		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Collins	First Name Francis			MI J	Cash	contribution: X Personal of the property of t		Contributi 0488	on ID#	Amount of Contribution
Residential Street Address 157 Country Club Dr		City Oxford			State CT	Zip Code 06478		Date Received 03/18/200		
Principal Occupation Attorney		Name of E Collins,	^{mployer} Hannafin etal		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Fuller	First Name Samuel			мі В	Cash	contribution: X Personal C y Order Credit/De		Contributi 0489	on ID#	Amount of Contribution
Residential Street Address 40 Contentment Island Rd		City Darien			State CT	Zip Code 06820		Date Received		
Principal Occupation Redevelopment		Name of E Fuller D	mployer evelopment, LLC			Is this contribution associ fundraising event listed in If yes, list Event #		J12 L	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Russell	First Name Robert			MI H	Cash	contribution: X Personal (y Order		Contributi 0490	on ID#	Amount of Contribution
Residential Street Address 15 Hemmelskamp Rd		City Wilton			State CT	Zip Code 06897-2104		Date Received 03/18/200		
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	ations \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name	First Name		MI	Method of Cash	contribution:		oution ID #	Amount of
Margenot, Jr.	JOHN	1			y Order Credit/Debi	0491		Contribution
Residential Street Address 18 Clover Pl .		City Cos Cob		State CT	Zip Code 06807	Date Recei		
Principal Occupation Retired		Name of Employer			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$50.00	\$50.00
Last Name Fattibene	First Name Paul		MI A	Cash	contribution: X Personal Characteristics y Order Credit/Debi	eck 0492	oution ID#	Amount of Contribution
Residential Street Address 235 Village Ln		City Southport		State CT	Zip Code 06890	Date Recei		
Principal Occupation Patent Attorney		Name of Employer Self		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Wollenberg	First Name Nancy		MI C	Cash	contribution: X Personal Characteristics of the contribution: y Order Credit/Debi	eck 0493	oution ID #	Amount of Contribution
Residential Street Address 38 Northwoods Rd		City Farmington		State CT	Zip Code 06032	Date Recei		
Principal Occupation Homemaker		Name of Employer		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	\$100.00	\$100.00
Last Name Shields	First Name Bruce		MI	Cash	contribution: X Personal Characteristics y Order Credit/Debi	eck 0496	oution ID#	Amount of Contribution
Residential Street Address 5 Quarry Ln		City Hamden		State CT	Zip Code 06518	Date Recei		
Principal Occupation Physician		Name of Employer Yale University		•	Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00

		I. MONI	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origina	al 04/13/2009
		B. Itemize	d Contributi	ons from	Individu	ıals				
Last Name Martinoli	First Name Beverly			MI M	Cash	contribution: X Personal (y Order Credit/De		Contributio	on ID#	Amount of Contribution
Residential Street Address 35 Hunters Mountain Rd		City Oxford			State CT	Zip Code 06478		ate Received 3/18/2009	9	
Principal Occupation Retired Town Clerk		Name of Employer			•	Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	es X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	tions \$25.00	\$25.00
Last Name Romanow	First Name John			MI M	Cash	contribution: X Personal (y Order Credit/De		Contribution 0501	on ID#	Amount of Contribution
Residential Street Address 401 Whitney Ave		City New Haven			State CT	Zip Code 06511		ate Received 3/18/2009		
Principal Occupation Arbitrator		Name of Employer Self				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	es X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name Forrow	First Name Brian			MI D	Cash	contribution: X Personal 0		Contribution 0502	on ID#	Amount of Contribution
Residential Street Address 704 Lake Ave		City Greenwich			State CT	Zip Code 06830		ate Received	9	
Principal Occupation Retired		Name of Employer			-	Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	es X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	ntions	\$100.00
Last Name Sholanich	First Name Roseann			MI M	Cash	contribution: X Personal of the Credit/De		Contribution 0503	on ID#	Amount of Contribution
Residential Street Address 26 Porter St		City Stratford			State CT	Zip Code 06614-2937		ate Received 3/18/2009		
Principal Occupation Retired		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive I	es X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	itions \$20.00	\$20.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Jodi Rell, Governor							Origi	nal 04/13/2009
		B. Itemized Contribut	ions fron	Individu	ıals		•	
Last Name Nearing	First Name Michael		MI	Cash	contribution: X Personal Cl	neck 05	ntribution ID #	Amount of Contribution
Residential Street Address 19 Sun Ridge Ln		City Cromwell		State CT	Zip Code 06416	Date Re 03/18	eceived 3/2009	
Principal Occupation Security & Safety		Name of Employer State of CT		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$50.00	\$50.00
Last Name Coplen	First Name Patricia		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 05	ntribution ID#	Amount of Contribution
Residential Street Address 119 Harvest Cmn		City Westport		State CT	Zip Code 06880	Date Re 03/18	eceived 3/2009	
Principal Occupation Ageing		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name O'Hearn	First Name David		MI	Cash	contribution: X Personal Cl	neck 05	ntribution ID#	Amount of Contribution
Residential Street Address 206 Walek Farms Rd		City Manchester		State CT	Zip Code 06040	Date Re 03/18	eceived 3/2009	
Principal Occupation Deputy Commissoner DPW		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name McCleery	First Name Derek		MI S	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 05	ntribution ID#	Amount of Contribution
Residential Street Address 24 Franklin Ct		City Newtown		State CT	Zip Code 06470	Date Re 03/18	eceived 3/2009	
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$50.00	\$50.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons fron	Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Mascia	Robert				Cash Money	y Order X Personal C		0510		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
9 Obtuse Rd N		Brookfield	d		СТ	06804	0	3/18/2009)	
Principal Occupation Physician		Name of Er Danbury			•	Is this contribution associ		J1?	Yes No	
				1		If yes, list Event #			110	ļ
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribut \$1	00.00	\$100.00
Last Name	First Name			MI		contribution:		Contributio	ID #	
Scheel	Anne				Cash	y Order Personal Credit/De		0511	III ID #	Amount of Contribution
Residential Street Address	•	City		-	State	Zip Code	D	ate Received		
31 Upper Walnut Hill Rd		East Lym	е		СТ	06333	0	3/18/2009)	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractorstate contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Uzzo	Vickie				Cash Money	y Order		0512		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
5 Woodvale Rd		Branford			СТ	06405	0	3/18/2009)	ļ
Principal Occupation Registered Nurse		Name of Er Branford	nployer Bd of Ed			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribut	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Bowden	Robert				Cash Money	y Order		0513		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
305 Georgetown Dr .		Glastonb	ury		СТ	06033	0	3/18/2009)	
Principal Occupation Retired		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of	or prospective	l	Yes X No	dependent	utor a lobbyis	byist?	Aggre	egate Contribut	tions	\$100.00
government the contract is with:		Executive	Legislative		es x	No				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Jodi Rell, Governor									Origina	al 04/13/2009
		B. It	emized Contributi	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Hollister, Jr., M.D.	Dickerma	n			Cash Money	y Order		0514		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
4 Cedarwood Dr		Greenwic	:h		СТ	06830	0	3/18/2009	1	
Principal Occupation Physician		Name of En	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	gate Contribut	tions 25.00	\$25.00
government the contract is with: Last Name	First Name	Z.Keeun ve	дедилите	MI		contribution:	1		ID //	
Reilly	Ed			IVII	Cash	y Order Personal C		Contribution 0515	n ID#	Amount of Contribution
Residential Street Address		City		1	State	Zip Code	D	ate Received		
5 Old Field Pl		Rowaytor	า		СТ	06853	0	3/18/2009		
Principal Occupation		Name of En	mployer		•	Is this contribution associ			Yes	
Attorney		Self				fundraising event listed in If yes, list Event #	Section .	1? x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Thompson	Thomas				Cash Money	y Order Personal C		0519		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
29 Cypress St		Bristol			СТ	06010	0	3/18/2009	1	
Principal Occupation Retired		Name of En	mployer			Is this contribution associ		11?	Yes No	
				_		If yes, list Event #			1.0	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribut \$	20.00	\$20.00
government the contract is with:	<u></u>	Executive	Legislative	+ -	res X			1		
Last Name Makowski	First Name Thomas			MI M	Cash	y Order Personal C		Contribution 0520	n ID#	Amount of Contribution
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received		
5 Bayberry Rd		Brookfield	d		CT	06804		3/18/2009		
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Export Operations Mg.		Odyssey	Logistics			fundraising event listed in If yes, list Event #	Section I	11?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyis child of a lob	byist?	Aggre	gate Contribut	tions 50.00	\$50.00
government the contract is with:		Executive	Legislative	\rac{1}{2}	res X	No				, , , ,

		I. N	MONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	temized Contributi	ons fron	ı Individ	uals				
Last Name Godkin	First Name Louis			MI A	Cash	contribution: X Personal of the property of t		Contributi 0522	on ID#	Amount of Contribution
Residential Street Address 3 McDonnell Dr		City Bethel			State CT	Zip Code 06801-3022		ate Received		
Principal Occupation Retired		Name of E	imployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob		Aggre	egate Contrib	stions \$50.00	\$50.00
Last Name Piggott	First Name Ed			MI	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 93 Gary Rd		City Stamfore	d		State CT	Zip Code 06903		ate Received		
Principal Occupation Retired		Name of E	imployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes		Aggre	gate Contrib	itions \$25.00	\$25.00
Last Name Steck, III	First Name Charles			MI A	Cash	contribution: X Personal of the property of t		Contributi 0524	on ID#	Amount of Contribution
Residential Street Address PO Box 26 131 Putnam Park Rd		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation Retired		Name of E	imployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res		Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Zezima	First Name Donald			MI F	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 68 Cross Country Trl		City Stamfore	d		State CT	Zip Code 06903		ate Received		
Principal Occupation Attorney		Name of E Self	imployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyist child of a lob	obyist?	Aggre	gate Contrib	utions 100.00	\$100.00

		I. MONETARY I	RECEIP	TS (Section	on A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Jodi Rell, Governor							(Origina	al 04/13/2009
		B. Itemized Contrib	utions fr	om Individ	uals		•		
Last Name	First Name		MI	Method o	f contribution:		Contribution	ID#	Amount of
Nardi	Nicholas		J	Cash Mon	ey Order X Personal C		0526		Contribution
Residential Street Address		City	·	State	Zip Code	Da	nte Received		
PO Box 846		Norwalk		СТ	06852-0846	03	3/18/2009		1
Principal Occupation		Name of Employer			Is this contribution associ fundraising event listed in		1? ''	Yes	
Officer		Culpeper Foundation			If yes, list Event #		x 1	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		ntributor a lobbyi		Aggreg	gate Contributio	ons	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	depen		No		\$2!	5.00	\$25.00
Last Name	First Name		MI	Method o	f contribution:	•	Contribution	ID#	Amount of
Isaacs	Jed			Cash Mon	ey Order X Personal C		0527		Contribution
Residential Street Address		City		State	Zip Code	Da	ate Received		
2 Wallenberg Dr		Stamford		СТ	06903	03	3/18/2009		•
Principal Occupation		Name of Employer			Is this contribution associ fundraising event listed in			Yes	
CPA/Atty					If yes, list Event #		X 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		ntributor a lobbyi		Aggreg	gate Contributio	ons	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative	depen	dent child of a lo	bbyist? No		\$100	0.00	\$100.00
government the contract is with: Last Name	First Name		I MI		f contribution:	1	Contribution	ID#	
Ning	Teresa			Cash	X Personal C	Check	0528	ID#	Amount of Contribution
		<u> </u>			ey Order Credit/De	-			
Residential Street Address 110 Fishing Trl		City Stamford		State CT	Zip Code 06903		ate Received 3/18/2009		
Principal Occupation		Name of Employer		1	Is this contribution associ			Yes	
Physician		. Name of Employer			fundraising event listed in	Section J1			
			<u> </u>		If yes, list Event #	1	ш.		
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		ntributor a lobbyi dent child of a lo		Aggreg	gate Contributio	ons 0.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		Yes	No		\$100	0.00	\$100.00
Last Name	First Name		MI		f contribution:		Contribution	ID#	Amount of
Richardson, Jr.	Lunsford			Cash Mon	ey Order X Personal C		0530		Contribution
Residential Street Address	•	City	•	State	Zip Code	Da	ate Received		
7 Indian Spring Rd		Rowayton		СТ	06853-1304	03	3/18/2009		
Principal Occupation		Name of Employer			Is this contribution associ fundraising event listed in			Yes	
Director of several family companie		None			If yes, list Event #	3223011 9 1	x 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		ntributor a lobby		Aggreg	gate Contributio	ons	
Is yes, indicate which branch or branches of		Executive Legislative	depen	dent child of a lo	bbyist? No		\$100	0.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Jodi Rell, Governor							Origin	al 04/13/2009	
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Jones	First Name Denise		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0531	oution ID#	Amount of Contribution	
Residential Street Address 7 W Ledge Dr	1	City Wethersfield		State CT	Zip Code 06109	Date Recei 03/18/2			
Principal Occupation		Name of Employer State of CT		I	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00	
Last Name Malkin	First Name Warren		MI	Cash	contribution: X Personal Cl y Order	neck 0533	oution ID#	Amount of Contribution	
Residential Street Address 42 Whiscooner Rd Box 5085		City Brookfield		State CT	Zip Code 06804-5085	Date Recei 03/18/2			
Principal Occupation CPA		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00	
Last Name Stramel	First Name Joan		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0535	oution ID#	Amount of Contribution	
Residential Street Address 16 Steeple Chase Rd		City East Windsor		State CT	Zip Code 06088	Date Recei 03/18/2			
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$25.00	\$25.00	
Last Name Lindberg	First Name Charles		MI	Cash	contribution: X Personal Cl	neck 0537	oution ID#	Amount of Contribution	
Residential Street Address 44 Indian Trl		City Brookfield		State CT	Zip Code 06804	Date Recei 03/18/2			
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00	

		I. MONETA	RY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origina	al 04/13/2009
		B. Itemized Co	ntributio	ns from	Individu	ıals				
Last Name Cannella	First Name Philip			MI	Cash	contribution: X Personal C		Contribution 0538	on ID#	Amount of Contribution
Residential Street Address 41 Ledgewood Dr		City Wilton			State CT	Zip Code 06897		ate Received 3/18/2009	9	
Principal Occupation Retired		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	X No	dependent	child of a lob	byist?	Aggre	gate Contribu	tions 525.00	\$25.00
Last Name Sheehan, III	First Name Eugene			MI A	Cash	contribution: X Personal C		Contribution 0539	on ID #	Amount of Contribution
Residential Street Address 511 E Carriage Dr		City Glastonbury			State CT	Zip Code 06033		ate Received 3/18/2009	9	
Principal Occupation Public Relations Executive		Name of Employer Sullivan & Leshane I	Public Rela	tions		Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	X No	dependent	ntor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	tions 550.00	\$50.00
Last Name Susnitzky	First Name Carl			MI M	Cash	contribution: X Personal C		Contribution 0541	on ID#	Amount of Contribution
Residential Street Address 8 Field Rd		City Danbury			State CT	Zip Code 06811		ate Received 3/18/2009)	
Principal Occupation Stock Broker		Name of Employer Oppenheimer & Co.,	Inc.	,		Is this contribution associ fundraising event listed in If yes, list Event #		12	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	X No	dependent	child of a lob	byist?	Aggre	gate Contribu \$1	ons.00.00	\$100.00
Last Name Zeender	First Name Eileen			MI P	Cash	contribution: X Personal C		Contribution 0542	on ID #	Amount of Contribution
Residential Street Address 34 N Elm St		City Wallingford			State CT	Zip Code 06492		ate Received 3/18/2009	9	
Principal Occupation Retired		Name of Employer				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legislati	X No	dependent	ntor a lobbyist child of a lob	byist?	Aggre	gate Contribu	itions 525.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Jodi Rell, Governor							О	Origina	1 04/13/2009
		B. Itemized Contribut	ions fron	Individu	ıals		•		
Last Name	First Name		MI		contribution:		Contribution II	D#	Amount of
Mahon	Arthur			Cash Money	y Order Credit/Debi	[(0545		Contribution
Residential Street Address 41 Middle Beach Rd W		City Madison		State CT	Zip Code 06443		Received		
Principal Occupation		Name of Employer		<u> </u>	Is this contribution associate		<u> </u>	es.	
Executive		Self			fundraising event listed in S If yes, list Event #	Section J1?			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	te Contribution \$100		\$100.00
Last Name Barrieau	First Name Robert		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 338 N Quaker Ln	l .	City West Hartford		State CT	Zip Code 06119		Received 118/2009		
Principal Occupation Fuel Oil Retailer		Name of Employer Barrieau Oil Co., Inc.			Is this contribution associal fundraising event listed in S If yes, list Event #		X N	es Io	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contribution \$100		\$100.00
Last Name Marino	First Name Robert		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck (Contribution II	D#	Amount of Contribution
Residential Street Address 135 Eastridge Dr		City Waterbury		State CT	Zip Code 06708		Received		
Principal Occupation		Name of Employer Self employed		!	Is this contribution associate fundraising event listed in If yes, list Event #			es Io	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	te Contribution		\$100.00
Last Name Ciaccio	First Name George		MI J	Cash	contribution: X Personal Character Credit/Debi	neck (Contribution II	D#	Amount of Contribution
Residential Street Address 20 Freedom Way		City Shelton		State CT	Zip Code 06897		Received 18/2009		
Principal Occupation Retired		Name of Employer		!	Is this contribution associate fundraising event listed in the second of the second second in the second se		X N	es No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	te Contribution \$50		\$50.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Jodi Rell, Governor							Origin	al 04/13/2009	
		B. Itemized Contrib	utions fro	m Individ	uals				
Last Name McPadden	First Name Emily		MI	Cash	contribution: X Personal C	Check 055	ribution ID #	Amount of Contribution	
Residential Street Address 3 Arbor Dr		City Brookfield		State CT	Zip Code 06804	Date Reco			
Principal Occupation Retired		Name of Employer			Is this contribution associ- fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes		Aggregate Co	\$50.00	\$50.00	
Last Name Kroher	First Name Elizabeth		MI	Cash	contribution: X Personal C y Order Credit/Del	Check 055	ribution ID #	Amount of Contribution	
Residential Street Address 3 Mohican Trl		City Old Saybrook		State CT	Zip Code 06475	Date Reco			
Principal Occupation Retired		Name of Employer		•	Is this contribution associ- fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	-	Aggregate Co	stributions \$100.00	\$100.00	
Last Name Perkin	First Name Robert		MI S	Cash	contribution: X Personal C	Check 055	ribution ID #	Amount of Contribution	
Residential Street Address 160 Brookside Rd		City Darien		State CT	Zip Code 06820	Date Reco			
Principal Occupation		Name of Employer		•	Is this contribution associ- fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes		Aggregate Co	stributions \$100.00	\$100.00	
Last Name Wilson	First Name Muriel		MI T	Cash	contribution: X Personal C y Order Credit/Del	Check 055	ribution ID#	Amount of Contribution	
Residential Street Address 122 Palmers Hill Rd Unit 3319		City Stamford		State CT	Zip Code 06902	Date Reco			
Principal Occupation Retired		Name of Employer		•	Is this contribution associ- fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	-	Aggregate Co	stributions \$35.00	\$35.00	

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Jodi Rell, Governor							(Origina	al 04/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution 1	ID#	Amount of
DiZenzo	Ann Marie			Cash Money	y Order Resonal Character Credit/Debi		0555		Contribution
Residential Street Address		City		State	Zip Code		te Received		
200 Orchard Hill Dr		Stratford		СТ	06614	03,	/18/2009		
Principal Occupation		Name of Employer Umemployed			Is this contribution associal fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio \$2!	ons 5.00	\$25.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Merritt	Henry		F	Cash Money	y Order		0557		Contribution
Residential Street Address		City		State	Zip Code		te Received		
Old Hattertwon Road #25		Redding Ridge		СТ	06896		/18/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associal fundraising event listed in ! If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution 1	ID#	Amount of
Effrece	Jeanne			Cash Money	y Order X Personal Ch Credit/Debi		0558		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
3 Candleview Rd		Brookfield		СТ	06804	03,	/18/2009		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in the state of the state			Yes	
Retired					If yes, list Event #		X 1	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 5.00	\$25.00
government the contract is with: Last Name	First Name	Executive Englishative	MI	1	contribution:	1	0 17 1	ID #	
Nevillo	Mahrukh		1911	Cash	X Personal Chy Order Credit/Debi		Contribution 1	ID#	Amount of Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
11 Macintosh Rd		Norwalk		СТ	06851	03,	/18/2009		
Principal Occupation		Name of Employer			Is this contribution associated fundraising event listed in the street from th			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 5.00	\$75.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FII	LING DUE DATE	
Jodi Rell, Governor							Or	riginal 04/13/2009	
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	0	Contribution ID	# Amount of	
Ober	Marilyn		В	Cash Money	y Order X Personal Cl	10	0561	Contribution	
Residential Street Address		City		State	Zip Code	Date	Received		
23 Obtuse Rd S		Brookfield		СТ	06804	03/1	18/2009		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	's	
Retired					If yes, list Event #	Section 31:	X No	,	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggregate	e Contributions		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res X	-		\$25.0	00 \$25	.00
Last Name	First Name		MI	Method of	contribution:		Contribution ID	# Amount of	
Jackson	William		В	Cash Money	y Order Personal Cl	10	0563	Contribution	
Residential Street Address		City		State	Zip Code	Date	Received		
33 Hilda St		East Haven		СТ	06512	03/1	18/2009		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes	es .	
Retired					If yes, list Event #		X No	,	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate	e Contributions	,	
state contractor? Is yes, indicate which branch or branches of			1 ⁻	child of a lob	*		\$10.0	00 \$10	0.00
government the contract is with:		Executive Legislative	 						
Last Name Galda	First Name Charles		MI	Method of Cash	contribution:	neck	Contribution ID	Amount of Contribution	
Guida	Charles			_	y Order Credit/Debi		0564	Contribution	
Residential Street Address		City		State	Zip Code	Date	Received		
36 Arapahoe Rd		Brookfield		СТ	06804	03/1	18/2009		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes		
Executive		GE			If yes, list Event #		X No	,	
Is contributor a principal of a state contractor	or prospective	Yes X No	1	utor a lobbyis		Aggregate	e Contributions		
state contractor? Is yes, indicate which branch or branches of			1 ⁻	child of a lob	*		\$100.0	00 \$100	0.00
government the contract is with:		Executive Legislative	 	1					
Last Name Houghton	First Name Aileen		MI	Method of Cash	contribution: X Personal Cl	neck	Contribution ID	Amount of Contribution	
					y Order Credit/Debi		0565		
Residential Street Address		City		State	Zip Code		Received		
20 Copper Beach Ln		Ridgefield		СТ	06877		18/2009		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		Yes		
Housewife					If yes, list Event #		x No	1	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregate	e Contributions		
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$50.0	00 \$50	0.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	Individ	uals				
Last Name Hickey	First Name Charles			MI E	Cash	contribution: X Personal y Order Credit/De		Contributi 0567	on ID#	Amount of Contribution
Residential Street Address 29 Lewis Rd		City Marlboro	ugh		State CT	Zip Code 06447		Pate Received		
Principal Occupation Attorney		Name of Er Feldman	mployer ı & Hickey			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol Yes		Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Borst	First Name Barbara			MI C	Cash	contribution: X Personal y Order Credit/De		Contributi 0568	on ID#	Amount of Contribution
Residential Street Address 10 Beechwood Dr		City Sandy Ho	ook		State CT	Zip Code 06482		0ate Received 03/18/200		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol 'es X		Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name Pacelli	First Name Louis			MI M	Cash	contribution: X Personal of the property of t		Contributi 0569	on ID#	Amount of Contribution
Residential Street Address 9 Twin Bridge Rd		City Madison			State CT	Zip Code 06443		Date Received 03/18/200		
Principal Occupation Attorney		Name of En			•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol		Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Ulbrich	First Name Chris			МІ	Cash	contribution: X Personal or Order Credit/Dec		Contributi	on ID#	Amount of Contribution
Residential Street Address 24 Shunpike Rd		City Durham			State CT	Zip Code 06422		Date Received		
Principal Occupation Executive		Name of E				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol res		Aggre	egate Contrib	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE FILING									
Jodi Rell, Governor							Origin	al 04/13/2009	
		B. Itemized Contribu	itions fron	ı Individu	ıals		•		
Last Name Booth	First Name John		MI T	Cash	contribution: X Personal Cl y Order Credit/Deb	0571	tion ID#	Amount of Contribution	
Residential Street Address 182 Whites Woods Rd Box 25		City Litchfield		State CT	Zip Code 06759	Date Receive 03/18/200			
Principal Occupation Investments		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contril	butions \$100.00	\$100.00	
Last Name Boris	First Name Greg		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	0572	tion ID#	Amount of Contribution	
Residential Street Address 33 Elderslie Ln		City Woodbridge		State CT	Zip Code 06525	Date Receive 03/18/200			
Principal Occupation Physician		Name of Employer Griffin Hospital		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	stantage butions \$10.00	\$10.00	
Last Name Steers	First Name William		MI V	Cash	contribution: X Personal Cl y Order Credit/Deb	0573	tion ID #	Amount of Contribution	
Residential Street Address 214 Painter Hill Rd		City Roxbury		State CT	Zip Code 06283	Date Receive 03/18/200			
Principal Occupation Retired pilot		Name of Employer American Airlines		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contril	stantions \$10.00	\$10.00	
Last Name Brignole	First Name Kimberly		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	0574	tion ID#	Amount of Contribution	
Residential Street Address 117 Peak Mountain Dr		City East Granby		State CT	Zip Code 06026	Date Receive 03/18/200			
Principal Occupation Office manager		Name of Employer Brignole, Bush & Lewis			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions	\$100.00	

		I. MO	NETARY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Item	nized Contributio	ons from	Individu	ıals				
Last Name Toomey	First Name Tom			MI	Cash	contribution: X Personal 0		Contribution 0578	on ID#	Amount of Contribution
Residential Street Address 22 Hebron Rd		City Bolton			State CT	Zip Code 06043		oate Received 3/18/200		
Principal Occupation Retired		Name of Emplo	oyer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name Millington	First Name John			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 0579	on ID#	Amount of Contribution
Residential Street Address 49 Kinney Hill Rd		City New Prestor	n		State CT	Zip Code 06777		ate Received		
Principal Occupation Retired		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name Regina	First Name Alfred			MI	Cash	contribution: X Personal 0		Contribution 0580	on ID#	Amount of Contribution
Residential Street Address 1397 Old Colchester Rd		City Oakdale			State CT	Zip Code 06370		Pate Received		
Principal Occupation Director, Strategic Servicing		Name of Emplo Phoenix Life	oyer e Insurance Co.			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name Monteith	First Name Jane			MI M	Cash	contribution: X Personal (Contribution 0581	on ID#	Amount of Contribution
Residential Street Address 1130 Ridge Rd		City North Have	n		State CT	Zip Code 06473		ate Received		
Principal Occupation Homemaker		Name of Emplo	oyer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILIN	G DUE DATE	
Jodi Rell, Governor							Origin	al 04/13/2009	
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name Shiller	First Name Jack		MI G	Cash	contribution: X Personal Cl	heck 0582	oution ID#	Amount of Contribution	
Residential Street Address 17 Cranberry Ln		City Ridgefield		State CT	Zip Code 06877-5504	Date Receive 03/18/20			
Principal Occupation Physician		Name of Employer not employed at present			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$25.00	\$25.00	
Last Name George	First Name Marion		MI A	Cash	contribution: X Personal Cl / Order Credit/Deb	heck 0583	oution ID#	Amount of Contribution	
Residential Street Address 240 Wardwell St # 26		City Stamford		State CT	Zip Code 06902	Date Receive 03/18/20			
Principal Occupation Executive Secretary		Name of Employer Mormac Marine Group, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$30.00	\$30.00	
Last Name Lozis	First Name Frank		MI C	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0584	oution ID#	Amount of Contribution	
Residential Street Address 30 Robbins Rd		City Kensington		State CT	Zip Code 06037	Date Receiv			
Principal Occupation Supervisor		Name of Employer The Marlin Firearms Co.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions \$100.00	\$100.00	
Last Name Luke	First Name Patricia		MI	Cash	contribution: X Personal Cl	heck 0585	oution ID#	Amount of Contribution	
Residential Street Address 4 Oak Knoll Rd		City East Hampton		State CT	Zip Code 06424	Date Receive 03/18/20			
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Cont	ributions \$100.00	\$100.00	

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Ite	mized Contributio	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Harris	Barton			Е	Cash Money	y Order X Personal Credit/De		0588		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
271 Eastbury Hill Rd		Glastonbu	ry		СТ	06033	С	3/18/200	9	
Principal Occupation		Name of Emp	•			Is this contribution assoc fundraising event listed in			Yes	
Systems analyst		Henkel of	America			If yes, list Event #		x	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	l	res x	•		:	\$20.00	\$20.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Bishop	Julie			Р	Cash Money	y Order X Personal Credit/De		0589		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
30 Talmadge Hill Rd		Darien			СТ	06820	C	3/18/200	9	1
Principal Occupation		Name of Em	ployer			Is this contribution assoc fundraising event listed in			Yes	
Homemaker						If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of		F	□	l	child of a lob	•		:	\$20.00	\$20.00
government the contract is with:	<u></u>	Executive	Legislative	 			<u> </u>	1		<u> </u>
Last Name McCann	First Name Robert			MI B	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
						y Order Credit/De	bit Card	0590		Commodulon
Residential Street Address		City			State	Zip Code		Date Received		
66 Crossroads Ln		Glastonbu	ry		СТ	06033	C	03/18/200	9	<u> </u>
Principal Occupation		Name of Emp				Is this contribution assoc fundraising event listed in		J12 L		
Exec. V.P. and Treasurer		Allieu Pili	nting Services, Inc.			If yes, list Event#		<u>x</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$	100.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Legislative	<u> </u>	1			T		<u> </u>
Poliner	Robert			MI S	Cash	contribution: X Personal	Check	Contributi 0591	on ID #	Amount of Contribution
		1			Mone	y Order Credit/De	bit Card	0591		
Residential Street Address		City			State	Zip Code		Date Received		
PO Box 544		Durham			СТ	06422)3/18/200		•
Principal Occupation		Name of Emp	•			Is this contribution assoc fundraising event listed in		J1?		
Lawyer						If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	1	utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$	100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	temized Contributi	ons fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Lunn	Ann			В	Cash Mone	y Order X Personal C		0592		Contribution
Residential Street Address	-	City			State	Zip Code	Г	ate Received	l	
9 Contentment Island Rd		Darien			СТ	06820	C	3/18/200	9	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired				_		If yes, list Event #		2	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Miller	Robert				Cash Mone	y Order X Personal C		0594		Contribution
Residential Street Address		City			State	Zip Code	E	ate Received	ļ	1
41 Barnum Rd		New Fair	field		СТ	06812	C	3/18/200	9]
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired						If yes, list Event #		···	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lot es	-		\$	100.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Legislative	МІ		contribution:	<u> </u>	Contributi	ID #	
Gessert	David			"	Cash	X Personal C	Check	0596	on ID#	Amount of Contribution
		Ī			Mone	y Order Credit/De				
Residential Street Address 43 Grandview Ave		City Wallingfo	ord		State CT	Zip Code 06492		Date Received 03/18/200		
					[[Is this contribution associ				l
Principal Occupation Retired		Name of E	mpioyer			fundraising event listed in		J1?	Yes No	
				1		If yes, list Event #			<u> </u>	<u> </u>
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x			:	\$20.00	\$20.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Howey	Greg				Cash Mone	y Order X Personal C		0597		Contribution
Residential Street Address		City			State	Zip Code	E	ate Received	l	
580 Shuttle Meadow Ave		New Brit	ain		СТ	06052	C	3/18/200	9	_
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in		J1?		
Preident		Okay In	dustries, Inc.			If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lot	-		\$	100.00	\$100.00

		I. MONETARY R	RECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contrib	utions fro	m Individu	ıals			
Last Name Smith	First Name Ernest		MI W	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0598	ition ID#	Amount of Contribution
Residential Street Address 21 Ox Yoke Dr		City Simsbury		State CT	Zip Code 06070	Date Receive 03/18/20		
Principal Occupation Engineer		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contri	butions \$50.00	\$50.00
Last Name Brown	First Name Diane		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0599	tion ID#	Amount of Contribution
Residential Street Address 62 Westwood Rd		City West Hartford		State CT	Zip Code 06117	Date Receive 03/18/20		
Principal Occupation Homemaker		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Craighead	First Name Lincoln		MI W	Cash	contribution: X Personal C	heck 0600	ition ID#	Amount of Contribution
Residential Street Address 175 Barlow Rd		City Fairfield		State CT	Zip Code 06824	Date Receive 03/18/20		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Norman	First Name Marion		MI	Cash	contribution: X Personal City Order Credit/Deb	heck 0601	tion ID#	Amount of Contribution
Residential Street Address 51 Grove St		City Ansonia		State CT	Zip Code 06401	Date Receive 03/18/20		
Principal Occupation		Name of Employer Not employed			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contri	butions \$20.00	\$20.00

		I. N	IONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	Individ	uals				
Last Name Cella	First Name Gary			MI	Cash	contribution: X Personal of the property of t		Contributi 0602	on ID#	Amount of Contribution
Residential Street Address 5 Ridge Rd		City Cos Cob			State CT	Zip Code 06807		ate Received		
Principal Occupation Investor		Name of E Self	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol Yes		Aggre	gate Contrib	s50.00	\$50.00
Last Name Mihalec	First Name John			MI H	Cash	contribution: X Personal of the property of t		Contributi 0604	on ID#	Amount of Contribution
Residential Street Address 1687 Cross Hwy		City Fairfield			State CT	Zip Code 06824		ate Received		
Principal Occupation Executive		Name of E	mployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol 'es X	-	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Papp	First Name Grace			MI	Cash	contribution: X Personal of the property of t		Contributi 0606	on ID#	Amount of Contribution
Residential Street Address 110 Dunn Ave		City Stamford	i		State CT	Zip Code 06905-1113		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol		Aggre	gate Contrib	s5.00	\$5.00
Last Name Bishop	First Name Faith			MI	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 25 Nawthorne Rd		City Old Gree	nwich		State CT	Zip Code 06870		ate Received		
Principal Occupation Homemaker		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol res	-	Aggre	gate Contrib	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Jodi Rell, Governor							Orig	inal 04/13/2009
		B. Itemized Contributi	ions fron	ı Individu	ıals		•	
Last Name Carroll	First Name Robert		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 17 Uplands Dr	<u> </u>	City West Hartford		State CT	Zip Code 06107	Date R	Received 8/2009	1
Principal Occupation Retired		Name of Employer		I	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$25.00	\$25.00
Last Name Kellner	First Name Marian		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID#	Amount of Contribution
Residential Street Address 37 Main St		City Farmington		State CT	Zip Code 06032		Received 8/2009	
Principal Occupation Physician		Name of Employer Physicians for Women's Heal	th	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Flattery	First Name Silvana		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 51 New Rd		City Rocky Hill		State CT	Zip Code 06067		Received 8/2009	
Principal Occupation Regional Administrator		Name of Employer Dept. of Social Svs.		-	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Carmon	First Name John		MI C	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 301 Country Club Rd		City Avon		State CT	Zip Code 06001		Received 8/2009	
Principal Occupation Funeral Director		Name of Employer Carmon Funeral Homes, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Neuman	Mark				Cash Money	y Order X Personal C		0614		Contribution
Residential Street Address	-	City			State	Zip Code	D	ate Received		
29 Burleigh Dr		Granby			СТ	06035	0	3/18/2009)	
Principal Occupation Engineer		Name of Er	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut	tions 25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	1	Contributio	n ID#	
Johnson	Elizabeth				Cash	y Order		0616	m 1D #	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
24 Pheasant Dr		Middletov	wn		СТ	06457	0	3/18/2009)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Grandmother				-		fundraising event listed in If yes, list Event #	section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribut	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
White	Alan				Cash Money	y Order Personal C		0618		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
28 Windy Hill Ln		Rocky Hil	<u> </u>		СТ	06067	0	3/18/2009)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		J1?		
Executive		C. White	A 5011			If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribut	tions	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No		Ψı	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Sargent, Jr.	Lawton			G	Cash Money	y Order Personal C		0619		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
88 Notch Hill Rd		North Bra	anford		СТ	06471-1861	0	3/18/2009)	
Principal Occupation Retired		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	<u> </u>	Yes X No		utor a lobbyis	-	Aggre	gate Contribut	tions	\$40.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No		Ψ	.0.00	Ψ+0.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Ite	emized Contribution	ons from	Individu	ıals				
Last Name Goering	First Name Marian			MI	Cash	contribution: X Personal of the property of t		Contributi 0620	on ID#	Amount of Contribution
Residential Street Address 37 Ashlar Vlg		City Wallingfo	rd		State CT	Zip Code 06492		Pate Received		
Principal Occupation Retired		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	ations \$30.00	\$30.00
Last Name Jackson	First Name Richard			MI	Cash	contribution: X Personal of the property of t		Contributi 0621	on ID#	Amount of Contribution
Residential Street Address 35 Stillmeadow Ln		City Somers			State CT	Zip Code 06071		ate Received		
Principal Occupation Retired		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	bbyist?	Aggre	egate Contrib	utions \$10.00	\$10.00
Last Name Gill	First Name Ann			MI	Cash	contribution: X Personal of the property of t		Contributi 0623	on ID#	Amount of Contribution
Residential Street Address 53 High Point Rd		City Westport			State CT	Zip Code 06880		oate Received 3/18/200		
Principal Occupation Retired		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contrib	utions \$40.00	\$40.00
Last Name Hobbs	First Name Michael			MI D	Cash	contribution: X Personal of the property of t		Contributi 0624	on ID#	Amount of Contribution
Residential Street Address 249 Main St		City New Cana	aan		State CT	Zip Code 06840		oate Received 3/18/200		
Principal Occupation Retired		Name of En	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	bbyist?	Aggre	egate Contrib	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Jodi Rell, Governor							C	Origina	al 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Wolfe	Susan		М	Cash Money	y Order X Personal Cl		0625		Contribution
Residential Street Address		City	•	State	Zip Code	Dat	te Received		
36 Bainton Rd		West Hartford		СТ	06117	03,	/18/2009		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			r'es	
Retired			_		If yes, list Event #		X N	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$25	5.00	\$25.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Tomascak	Lee			Cash Money	y Order X Personal Cl		0626		Contribution
Residential Street Address		City	•	State	Zip Code	Dat	te Received		
1 Overlook Dr		Brookfield		СТ	06804	03,	/18/2009		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		I Y	Yes	
Retired					If yes, list Event #		X N	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	1 ⁻	child of a lob	•		\$25	5.00	\$25.00
government the contract is with:	Einst Manna	Executive Legislative				1			
Last Name Leonardi	First Name Peter		IVII	Cash	contribution: X Personal Cl	neck	Contribution I	D#	Amount of Contribution
		1		Money	y Order Credit/Debi	it Card	0027		
Residential Street Address		City		State	Zip Code		te Received		
2 South St		East Haven		СТ	06512-4535		/18/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in		? —	l'es	
Retired					If yes, list Event #		X N	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 ⁻	es x	•		\$100	0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Rogg	Anne		w	Cash	y Order X Personal Cl		0628	- "	Contribution
Residential Street Address		City		State	Zip Code		te Received		
1383 Topaz Dr		Draper		VA	24324		/18/2009		
Principal Occupation		Name of Employer		•	Is this contribution associa		I Y	res .	
Retired					fundraising event listed in If yes, list Event #	Section J1	? x N		
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	· ·	Aggraco	ate Contribution	ne	
state contractor? Is yes, indicate which branch or branches of			dependent	child of a lob	byist?	ледісда		0.00	\$50.00
government the contract is with:		Executive Legislative	L Y	es x	No				

		I. MON	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Itemiz	ed Contribution	ons from	Individ	ıals				
Last Name Dritenbas	First Name Arthur			MI C	Cash	contribution: X Personal of the property of t		Contribution 0630	on ID#	Amount of Contribution
Residential Street Address 111 Gray St		City Shelton			State CT	Zip Code 06484		ate Received 3/18/2009		
Principal Occupation Retired		Name of Employe	er			Is this contribution assoc fundraising event listed i If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	ations \$15.00	\$15.00
Last Name Ermish	First Name Joan			MI	Cash	contribution: X Personal of the property of t		Contribution 0631	on ID#	Amount of Contribution
Residential Street Address 11 Far View Cmns		City Southbury			State CT	Zip Code 06488		ate Received 3/18/2009		
Principal Occupation Retired		Name of Employe	er		•	Is this contribution assoc fundraising event listed i If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive		dependent	utor a lobbyis child of a lot es		Aggre	gate Contribu	utions \$50.00	\$50.00
Last Name Ross	First Name Edmund			MI T	Cash	contribution: X Personal of the Credit/December Credit/Decemb		Contribution 0633	on ID#	Amount of Contribution
Residential Street Address 4 Fifth St		City East Norwalk			State CT	Zip Code 06855		ate Received 3/18/2009		
Principal Occupation Retired		Name of Employe	er			Is this contribution assoc fundraising event listed i If yes, list Event #		12	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	, 1	Aggre	gate Contribu	ations \$25.00	\$25.00
Last Name Wallace	First Name Diane			MI S	Cash	contribution: X Personal of the property of t		Contribution 0634	on ID#	Amount of Contribution
Residential Street Address 71 Westerly Ter		City Hartford			State CT	Zip Code 06105	1	ate Received 3/18/2009		
Principal Occupation Chief Information Officer		Name of Employe State of Conr				Is this contribution assoc fundraising event listed i If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE]	FILING	DUE DATE
Jodi Rell, Governor							(Origina	al 04/13/2009
		B. Itemized Contributi	ons fron	ı Individu	ıals		•		
Last Name Collamore	First Name Thomas		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi		Contribution 0635	ID#	Amount of Contribution
Residential Street Address 5206 Norway Dr		City Chevy Chase		State MD	Zip Code 20815		te Received /18/2009		ı
Principal Occupation Executive		Name of Employer U.S. Chamber of Commerce			Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution	ons 0.00	\$100.00
Last Name Tretter	First Name Charles		MI C	Cash	contribution: X Personal Chy Order Credit/Debi		Contribution 0636	ID#	Amount of Contribution
Residential Street Address 91 Monroe St		City Dedham		State MA	Zip Code 02026		te Received /18/2009		ı
Principal Occupation Executive Director		Name of Employer New England Governors Cont Inc.	ferece,	•	Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name McIsaac	First Name Harold		MI J	Cash	contribution: X Personal Character Credit/Debi		Contribution 0637	ID#	Amount of Contribution
Residential Street Address 55 Sea Park Blvd		City Satellite Beach		State FL	Zip Code 32937		te Received /18/2009		ı
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 0.00	\$20.00
Last Name Gross	First Name Ronald		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution 0638	ID#	Amount of Contribution
Residential Street Address 925 Westover Rd		City Stamford		State CT	Zip Code 06902		te Received /18/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00

		I. MC	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Iten	nized Contributio	ons from	Individ	uals				
Last Name Bernardoni	First Name James			MI H	Cash	contribution: X Personal of the property of t		Contributi 0640	on ID#	Amount of Contribution
Residential Street Address 52 New Place St		City Yalesville			State CT	Zip Code 06492-2237		Date Received		
Principal Occupation Shipper		Name of Empl Cooper-Atk	-			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	egate Contrib	s30.00	\$30.00
Last Name Monaco	First Name Anna			MI	Cash	contribution: X Personal y Order Credit/De		Contributi 0642	on ID#	Amount of Contribution
Residential Street Address 96 Longmeadow Rd		City Shelton			State CT	Zip Code 06484		Oate Received 03/18/200		
Principal Occupation n/a		Name of Empl	loyer		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	-	Aggre	egate Contrib	utions \$20.00	\$20.00
Last Name Lutz	First Name Stephen			MI G	Cash	contribution: X Personal of the property of t		Contributi 0643	on ID#	Amount of Contribution
Residential Street Address 66 High Hill Cir		City Madison			State CT	Zip Code 06443		Date Received		
Principal Occupation Sales		Name of Empl Loreal-USA	-			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res		Aggre	egate Contrib	utions \$25.00	\$25.00
Last Name Clark	First Name Constance	2		MI	Cash	contribution: X Personal y Order Credit/De		Contributi 0646	on ID#	Amount of Contribution
Residential Street Address 9 Trotters Gln		City Farmington	ı		State CT	Zip Code 06032		Date Received 03/18/200		
Principal Occupation n/a		Name of Empl	loyer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	-	Aggre	egate Contrib	utions \$25.00	\$25.00

		I. N	ONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	ı Individ	uals				
Last Name Fitzgerald	First Name John			MI C	Cash	contribution:	Check	Contributi 0647	on ID#	Amount of Contribution
Residential Street Address		City			State	y Order Credit/De	D	ate Received		
728 Redstone Hill Rd Principal Occupation Retired		Bristol Name of E	mployer		СТ	Is this contribution assoc fundraising event listed in	iated with	J1?		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lol Yes		Aggre	gate Contrib		\$50.00
Last Name Golon	First Name Edward			MI S	Cash	contribution: X Personal of the property of t		Contributi 0648	on ID#	Amount of Contribution
Residential Street Address 29 Laurie Dr		City Enfield			State CT	Zip Code 06082		ate Received		
Principal Occupation Retired		Name of E	mployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lol	-	Aggre	egate Contribu	ations \$25.00	\$25.00
Last Name Askham	First Name Patty			MI	Cash	contribution: X Personal of the property of t		Contributi 0650	on ID#	Amount of Contribution
Residential Street Address 5 Branchbrook Dr		City Simsbur	у		State CT	Zip Code 06070		ate Received		
Principal Occupation Homemaker		Name of E	mployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lol		Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Zakszewski	First Name James			MI	Cash	contribution: X Personal of the Credit/December 1 Credit/December 2 Credit/December		Contributi	on ID#	Amount of Contribution
Residential Street Address 132 Shipman Dr		City Glastonb	oury		State CT	Zip Code 06033-4190		ate Received		
Principal Occupation Pharmacy Consultant		Name of E State of	mployer CT Dept. of Social Sy	vs.	•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lol	-	Aggre	gate Contrib	utions 100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contributi	ions from	Individu	ıals			
Last Name Stephenson	First Name Wendell		MI	Cash	contribution: X Personal Cl	heck 0653	oution ID#	Amount of Contribution
Residential Street Address 45 Blue Ridge Ln		City West Hartford		State CT	Zip Code 06117-2314	Date Recei 03/18/2		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$20.00	\$20.00
Last Name Hornbecker	First Name Joyce		MI K	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0654	oution ID #	Amount of Contribution
Residential Street Address 151 Settlers Hill Rd		City Southbury		State CT	Zip Code 06488-1849	Date Recei 03/18/2		
Principal Occupation Retired Town clerk		Name of Employer Retired Town of Southbury			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$25.00	\$25.00
Last Name Lewis	First Name Paul		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0655	oution ID #	Amount of Contribution
Residential Street Address 21 Staples Pl		City West Hartford		State CT	Zip Code 06107	Date Recei 03/18/2		
Principal Occupation Owner		Name of Employer Dittman & Greer, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$25.00	\$25.00
Last Name Bodick	First Name Nancy		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0656	oution ID#	Amount of Contribution
Residential Street Address 26 High St		City Milford		State CT	Zip Code 06460	Date Recei 03/18/2		
Principal Occupation Boatyard/Marina Manager		Name of Employer Milford Boat Works	_		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	tributions \$100.00	\$100.00

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name Perrelli	First Name Cosmo			MI	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 18 Cowpen Rd		City West Hav	ven		State CT	Zip Code 06516		ate Received 3/18/200		
Principal Occupation HVAC Tech		Name of Er J&V Hea				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribu	s50.00	\$50.00
Last Name Young	First Name Richard			MI A	Cash	contribution: X Personal y Order Credit/De		Contributi 0659	on ID#	Amount of Contribution
Residential Street Address 301 W Lyon Farm Dr		City Greenwic	ch		State CT	Zip Code 06831		ate Received		
Principal Occupation Attorney		Name of E	mployer		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	bbyist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Wilson	First Name Bruce			MI A	Cash	contribution: X Personal of the property of t		Contributi 0660	on ID#	Amount of Contribution
Residential Street Address 1 Windsor Ct		City Farmingt	on		State CT	Zip Code 06032		ate Received		
Principal Occupation CEO		Name of E	nployer t Tee of Connecticut			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	utions \$25.00	\$25.00
Last Name Ballard	First Name Marilyn			MI	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 9 Rockledge Dr		City West Har	tford		State CT	Zip Code 06107		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Jodi Rell, Governor							Origin	al 04/13/2009			
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name Steiner	First Name Richard		MI	Cash	contribution: X Personal Contribution: V Order Credit/Deb	heck 0662	ibution ID#	Amount of Contribution			
Residential Street Address 45 Jokcey Hollow Rd	l	City Monroe		State CT	Zip Code 06468	Date Rece 03/18/2					
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00			
Last Name Sweeton, III	First Name Arthur		MI W	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0665	ibution ID#	Amount of Contribution			
Residential Street Address 6 Murphy Rd		City Canton Center		State CT	Zip Code 06020	Date Rece 03/18/2					
Principal Occupation Retired Civil Engineer		Name of Employer The Metropolitan District		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00			
Last Name Desaulniers	First Name Yvon		MI J	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0666	ibution ID#	Amount of Contribution			
Residential Street Address 7 Evergreen Dr		City Wolcott		State CT	Zip Code 06716	Date Rece 03/18/2					
Principal Occupation CEO		Name of Employer Devon Precision Ind/Alden C	Corp.	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00			
Last Name Slattery	First Name James		MI P	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0668	ibution ID#	Amount of Contribution			
Residential Street Address 67 Fable Farm Rd		City New Canaan		State CT	Zip Code 06840	Date Rece 03/18/2					
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00			

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Jodi Rell, Governor							Origin	al 04/13/2009			
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name White	First Name John		MI H	Cash	contribution: X Personal Characteristics (Credit/Debit)	neck 0669	ibution ID#	Amount of Contribution			
Residential Street Address 125 Hampden Rd		City Stafford Springs		State CT	Zip Code 06076	Date Rece 03/18/2					
Principal Occupation Wholesaler- LBM		Name of Employer Parksite		-	Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	\$100.00	\$100.00			
Last Name Robilotti	First Name Martha		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0670	ibution ID#	Amount of Contribution			
Residential Street Address 28 Huntingtown Rd		City Newtown		State CT	Zip Code 06470	Date Rece 03/18/2					
Principal Occupation Retired		Name of Employer		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00			
Last Name Wrinn	First Name Judeen		MI	Cash	contribution: X Personal Character Credit/Debit	neck 0672	ibution ID#	Amount of Contribution			
Residential Street Address 97 Miner St		City Middletown		State CT	Zip Code 06457	Date Rece 03/18/2					
Principal Occupation Management		Name of Employer ING		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00			
Last Name Faure	First Name Jeanne		MI	Cash	contribution: X Personal Character Credit/Debi	neck 0673	ibution ID#	Amount of Contribution			
Residential Street Address 133 Chestnut Land Rd		City New Milford		State CT	Zip Code 06776	Date Rece 03/18/2					
Principal Occupation Retired		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	stributions \$50.00	\$50.00			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Hirschfield	Barbara				Cash Money	y Order X Personal C		0675		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
60 Samp Mortar Dr		Fairfield			СТ	06824	0	3/18/2009)	
Principal Occupation Retired		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1? \square	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribut	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributio	n ID #	A
Wright	C. Craig				Cash Money	y Order Registration Registrati		0677	п по #	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
114 Pequot Ln		New Can	aan		СТ	06840	0	3/18/2009)	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Retired Physician						fundraising event listed in If yes, list Event #	1 Section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$	tions 10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Sullivan	Timothy			С	Cash Money	y Order Personal C		0678		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
187 Steep Hill Rd		Weston			СТ	06883-1924	0	3/18/2009)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		J1?		
Businessman		Bacardi	Linia.			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of					t child of a lob Tes	-		\$1	00.00	\$100.00
government the contract is with:		Executive	Legislative	+ -	1			1		<u> </u>
Last Name Garrity	First Name Edward			MI	Method of Cash	contribution:	Check	Contributio	n ID#	Amount of Contribution
damey	Lawara					y Order Credit/De		0679		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
2 Butternut Ln		Westport	:		СТ	06880	0	3/18/2009		
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired						If yes, list Event #	i occiioii .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		t child of a lob Yes	-		\$	50.00	\$50.00
government the contract is with:					·- U		1			1

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Jodi Rell, Governor							Origin	al 04/13/2009			
		B. Itemized Contrib	utions fro	m Individ	ıals						
Last Name Gesund	First Name Lillian		MI	Cash	contribution: X Personal C y Order	heck 0680	tion ID#	Amount of Contribution			
Residential Street Address 202 Old Bridge Ln		City Danbury		State CT	Zip Code 06811	Date Receive 03/18/20					
Principal Occupation Retired teacher		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contri	butions \$50.00	\$50.00			
Last Name Benysek	First Name Geri		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0681	tion ID#	Amount of Contribution			
Residential Street Address 4 Norris Ln		City Brookfield		State CT	Zip Code 06804	Date Receive 03/18/20					
Principal Occupation Housewife		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes		Aggregate Contri	butions \$50.00	\$50.00			
Last Name Culpert	First Name Sandra		MI P	Cash	contribution: X Personal C y Order Credit/Deb	heck 0682	tion ID#	Amount of Contribution			
Residential Street Address 16 Deer Ln		City Greenwich		State CT	Zip Code 06830	Date Receive 03/18/20					
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes		Aggregate Contri	butions \$100.00	\$100.00			
Last Name Grant	First Name Stephen		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0684	tion ID#	Amount of Contribution			
Residential Street Address 175 Lonetown Rd		City Redding		State CT	Zip Code 06896	Date Receive 03/18/20					
Principal Occupation Aviation		Name of Employer Jet Aviation		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contri	butions \$50.00	\$50.00			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Jodi Rell, Governor							Origin	al 04/13/2009		
		B. Itemized Contributi	ons fron	Individu	ıals		•			
Last Name Baff	First Name Fredric		MI	Cash	contribution: X Personal Cl	neck 0685	oution ID #	Amount of Contribution		
Residential Street Address 15 Orchard Hill Rd		City Newtown		State CT	Zip Code 06470	Date Recei				
Principal Occupation Veterinarian		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	\$100.00	\$100.00		
Last Name Kalat	First Name Edward		MI W	Cash	contribution: X Personal Cl / Order Credit/Debi	neck 0688	oution ID#	Amount of Contribution		
Residential Street Address 310 Annelise Ave		City Southington		State CT	Zip Code 06489	Date Recei				
Principal Occupation Self Employed		Name of Employer Southington Tool & Mfg. Cor	p.	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name Healey	First Name Marc		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0689	oution ID #	Amount of Contribution		
Residential Street Address 55 Platt Ave		City West Haven		State CT	Zip Code 06516	Date Recei				
Principal Occupation V.P.		Name of Employer City Point Construction, Co.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name Sadloski	First Name Peter		MI J	Cash	contribution: X Personal Cl	neck 0691	oution ID#	Amount of Contribution		
Residential Street Address 25 Clearview Ter .		City Manchester		State CT	Zip Code 06042-1918	Date Recei				
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	\$25.00	\$25.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE									FILING	G DUE DATE	
Jodi Rell, Governor									Origin	al 04/13/2009	
		B. It	emized Contributi	ons from	ı Individ	uals					
Last Name Wiltse	First Name John			MI T	Cash	contribution: X Personal of the property of t		Contributi 0692	on ID#	Amount of Contribution	
Residential Street Address 114 Sea Green Dr		City Berlin			State CT	Zip Code 06037		ate Received 3/18/200			
Principal Occupation Deputy Commissioner		Name of E State of				Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res		Aggre	gate Contrib	utions 100.00	\$100.00	
Last Name Gundaker	First Name Christine			MI	Cash	contribution: X Personal of the property of t		Contributi 0693	on ID#	Amount of Contribution	
Residential Street Address 4 Ridge Rd		City Simsbury	y		State CT	Zip Code 06070		ate Received 3/18/200			
Principal Occupation Retired		Name of E	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes		Aggre	gate Contrib	utions \$25.00	\$25.00	
Last Name Dooley	First Name Ed			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0695	on ID#	Amount of Contribution	
Residential Street Address 42 Glenwood Dr		City Windsor			State CT	Zip Code 06095		ate Received 3/18/200			
Principal Occupation Retired Bank Examiner		Name of E	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob		Aggre	gate Contrib	ations \$25.00	\$25.00	
Last Name Knapsack	First Name Tracie			MI M	Cash	contribution: X Personal 0 y Order Credit/De		Contributi	on ID#	Amount of Contribution	
Residential Street Address 30 Tinsmith Xing		City Wethers	field		State CT	Zip Code 06109		ate Received 3/18/200			
Principal Occupation AFAO		Name of E State of			•	Is this contribution associ fundraising event listed in If yes, list Event #		1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes		Aggre	gate Contrib	utions 100.00	\$100.00	

		I. MONETARY RI	ECEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name Pedalino	First Name Elinor		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0699	ition ID#	Amount of Contribution
Residential Street Address 600 Washington Ave # C-4		City North Haven		State CT	Zip Code 06473	Date Receive 03/18/20		
Principal Occupation Retired tax collector		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name DiLorenzo	First Name Richard		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0700	tion ID#	Amount of Contribution
Residential Street Address 39 Chapman Ave		City Westbrook		State CT	Zip Code 06498	Date Receive 03/18/20		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$50.00	\$50.00
Last Name Woerner	First Name Dorothy		MI	Cash	contribution: X Personal Cl	neck 0701	ition ID#	Amount of Contribution
Residential Street Address 109 Highland Dr		City Monroe		State CT	Zip Code 06468	Date Receive		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$15.00	\$15.00
Last Name Cellar	First Name Richard		MI S	Cash	contribution: X Personal Cl	neck 0702	tion ID#	Amount of Contribution
Residential Street Address 83 Lawrence Rd		City Fairfield		State CT	Zip Code 06824-3039	Date Receive		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions \$25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	nal 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name McKinney	First Name Fred		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 070	tribution ID #	Amount of Contribution
Residential Street Address 8 Windmill Ln		City Trumbull		State CT	Zip Code 06611	Date Rec		
Principal Occupation Executivw		Name of Employer GNEMSDC		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Logan	First Name Lawrence		MI M	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 070	tribution ID #	Amount of Contribution
Residential Street Address 61 Greenway St		City Hamden		State CT	Zip Code 06517	Date Rec 03/18/		
Principal Occupation accountant		Name of Employer Deloitte, LLP		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$30.00	\$30.00
Last Name Connolly	First Name Bruce		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha	neck 070	tribution ID#	Amount of Contribution
Residential Street Address PO Box 164		City Westport		State CT	Zip Code 06881	Date Rec 03/18/		
Principal Occupation Sales		Name of Employer Self			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Borgio	First Name Ron		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 070	tribution ID#	Amount of Contribution
Residential Street Address 4 Catherine Ln		City Suffield		State CT	Zip Code 06078	Date Rec		
Principal Occupation Engineer		Name of Employer Smith & Wesson		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$25.00	\$25.00

		I. MO	NETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Item	ized Contributio	ons from	Individu	ıals				
Last Name Kowalsky	First Name John			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0709	on ID#	Amount of Contribution
Residential Street Address 1027 Worthington Rdg		City Berlin			State CT	Zip Code 06037		ate Received		
Principal Occupation Retired		Name of Emplo	yer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Kibner	First Name Larry			MI	Cash	contribution: X Personal (y Order		Contributi 0711	on ID#	Amount of Contribution
Residential Street Address 8812 49th Ave W		City Bradenton			State FL	Zip Code 34210		ate Received		
Principal Occupation Retired		Name of Emplo	yer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	bbyist?	Aggre	gate Contrib	utions \$50.00	\$50.00
Last Name Harrington	First Name John			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 8 Mountain Trl		City Stamford			State CT	Zip Code 06903		ate Received		
Principal Occupation Retired		Name of Emplo	yer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contrib	ations \$30.00	\$30.00
Last Name Hahn	First Name Philip			MI M	Cash	contribution: X Personal 0 y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 58 Lockwood Ln		City Riverside			State CT	Zip Code 06878		ate Received		
Principal Occupation Retired		Name of Emplo	yer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	bbyist?	Aggre	gate Contrib	ations \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	Individ	uals				
Last Name Blackman	First Name Eleanore			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0715	on ID#	Amount of Contribution
Residential Street Address 36 Maple Avenue Ext		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol 'es X		Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Hunicke	First Name Barbara			MI	Cash	contribution: X Personal of the property		Contributi 0716	on ID#	Amount of Contribution
Residential Street Address 8 Southbury Rd		City Roxbury			State CT	Zip Code 06783		ate Received		
Principal Occupation Homemaker		Name of E	mployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol 'es X	-	Aggre	gate Contrib	utions \$25.00	\$25.00
Last Name Lyons	First Name Ann			MI	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 37 Higgins Ave		City Plainville			State CT	Zip Code 06062		ate Received		
Principal Occupation Retired		Name of E	mployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol		Aggre	gate Contrib	utions \$10.00	\$10.00
Last Name Schroder	First Name Roy			MI	Cash	contribution: X Personal of the property of t		Contributi 0718	on ID#	Amount of Contribution
Residential Street Address 148 Long Meadow Hill Rd		City Brookfiel	d		State CT	Zip Code 06804		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol res	-	Aggre	gate Contrib	utions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Jodi Rell, Governor							Origin	al 04/13/2009			
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name Parke, M.D.	First Name David		MI W	Cash	contribution: X Personal Cl	neck 0721	ution ID#	Amount of Contribution			
Residential Street Address 88 Notch Hill Rd Apt 332		City North Branford		State CT	Zip Code 06471	Date Receiv 03/18/20					
Principal Occupation Physician		Name of Employer Yale University Medical Scho	ol		Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	\$100.00	\$100.00			
Last Name Church	First Name Mrs. J		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0722	ution ID#	Amount of Contribution			
Residential Street Address 111 Two Brook Rd		City Wethersfield		State CT	Zip Code 06109	Date Receiv 03/18/20					
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$8.00	\$8.00			
Last Name Volpe	First Name Michael		MI	Cash	contribution: X Personal Cl	neck 0723	ution ID#	Amount of Contribution			
Residential Street Address 81 N Lakeshore Dr .		City Brookfield		State CT	Zip Code 06804	Date Receiv 03/18/20					
Principal Occupation Sales Operations		Name of Employer IBM		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ibutions \$50.00	\$50.00			
Last Name Roy	First Name Manik		MI K	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0724	ution ID#	Amount of Contribution			
Residential Street Address 10 E Gate Rd .		City Danbury		State CT	Zip Code 06811	Date Receiv 03/18/20					
Principal Occupation Business		Name of Employer Roy Estate, LLC			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	sibutions \$100.00	\$100.00			

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Ite	emized Contributi	ons fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Henry	Brian				Cash Money	=	al Check Debit Card	0725		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
500 Old Academy Rd		Fairfield			СТ	06824	c	3/18/2009	Ð	
Principal Occupation		Name of En	nployer		•	Is this contribution ass			Yes	
Executive		Terex Co	rporation			fundraising event listed If yes, list Event #	d in Section	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:	П	Executive	Legislative	l '┌┐	child of a lob	•		\$1	100.00	\$100.00
Last Name	First Name			MI		contribution:		Contributio	on ID #	
Champagne	Lorna			L	Cash	X Persona	al Check Debit Card	0726	лг нэ #	Amount of Contribution
Residential Street Address	1	City		1	State	Zip Code		Date Received		•
172 Bingham Rd		Canterbu	ry		СТ	06331	c	3/18/2009	e	
Principal Occupation		Name of En	nployer		•	Is this contribution asse			Yes	
Registered nurse		Dept. of	Developmental Serv	ices		fundraising event listed If yes, list Event #	l in Section	J1?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	itions 50.00	\$50.00
government the contract is with: Last Name	First Name			MI		contribution:		Contributio	on ID #	
Skelly	Martin				Cash	X Persona	al Check Debit Card	0727	лг н <i>э</i> #	Amount of Contribution
Residential Street Address		City			State	Zip Code	Г	ate Received		
103 Woodpond Rd		West Har	tford		СТ	06107	C	3/18/2009	9	
Principal Occupation		Name of En				Is this contribution asset fundraising event listed			Yes	
Teacher		Board of	Ed, Middletown			If yes, list Event #	i in Section	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	•
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	 	1			1		
Last Name Wofford	First Name Ron			MI	Method of Cash	contribution:	al Check	Contributio	on ID #	Amount of Contribution
Wonerd	1.0				_	y Order Credit/l	Debit Card	0728		Controllion
Residential Street Address		City			State	Zip Code	Г	Date Received		
102 Admiral Dr		New Lond	lon		СТ	06320	C	3/18/2009	9	
Principal Occupation Emergency Response Coordination	n	Name of En State of				Is this contribution asso fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu	itions	\$25.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	No		4		Ψ23.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Jodi Rell, Governor							Origin	al 04/13/2009		
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Beckwith	First Name Neil		MI M	Cash	contribution: X Personal Cl	neck 0730	ution ID #	Amount of Contribution		
Residential Street Address 56 Kings Hwy		City North Haven		State CT	Zip Code 06473	Date Receiv 03/18/20				
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	sibutions \$50.00	\$50.00		
Last Name Walrich	First Name Susan		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	neck 0731	ution ID#	Amount of Contribution		
Residential Street Address 3 Columbia St		City Westbury		State NY	Zip Code 11590	Date Receiv 03/18/20				
Principal Occupation CFO		Name of Employer Republican Majority for Choi	ce	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ributions \$100.00	\$100.00		
Last Name Babbitt	First Name Margaret		MI	Cash	contribution: X Personal Cl	neck 0732	ution ID#	Amount of Contribution		
Residential Street Address 95 County Home Rd - P.O. Box 29)4	City Thompson		State CT	Zip Code 06277	Date Receiv				
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Conti	ributions \$50.00	\$50.00		
Last Name Wainright	First Name David		MI	Cash	contribution: X Personal Cl	neck 0733	ution ID #	Amount of Contribution		
Residential Street Address 1 Kimberly Dr		City Brookfield		State CT	Zip Code 06804	Date Receiv				
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ributions \$100.00	\$100.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Jodi Rell, Governor							Origin	al 04/13/2009		
		B. Itemized Contributi	ons fron	Individu	ıals					
Last Name Dapuzzo	First Name Peter		MI J	Cash	contribution: X Personal Character Credit/Debi	neck 073	ibution ID #	Amount of Contribution		
Residential Street Address 18 Pilot Rock Ln		City Riverside		State CT	Zip Code 06878	Date Rece 03/18/2				
Principal Occupation Investments		Name of Employer MJHD, Inc.			Is this contribution associate fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	\$100.00	\$100.00		
Last Name Morgan	First Name Lisa Kelly		MI	Cash	contribution: X Personal Ch / Order Credit/Debi	neck 073	ibution ID #	Amount of Contribution		
Residential Street Address 170 Surrey Dr		City Wethersfield		State CT	Zip Code 06109	Date Rece 03/18/2				
Principal Occupation Attorney		Name of Employer Ruben, Johnson, Morgan & F P.C.	loran,	•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	stributions \$100.00	\$100.00		
Last Name Kelly	First Name Jill		MI	Cash	contribution: X Personal Character Credit/Debi	neck 073	ibution ID #	Amount of Contribution		
Residential Street Address 158 Redding Rd		City Fairfield		State CT	Zip Code 06824	Date Rece 03/18/2				
Principal Occupation Real Estate		Name of Employer Self		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cor	stributions \$100.00	\$100.00		
Last Name Wynne	First Name Edward		MI C	Cash	contribution: X Personal Ch Order Credit/Debi	neck 073	ibution ID #	Amount of Contribution		
Residential Street Address 1177 Hebron Ave		City Glastonbury		State CT	Zip Code 06033	Date Recei				
Principal Occupation Retired attorney		Name of Employer			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	stributions \$50.00	\$50.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	temized Contributi	ons from	Individu	ıals				
Last Name Moody	First Name M. Lisa			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0740	on ID#	Amount of Contribution
Residential Street Address 89 Campbell Ave		City Vernon			State CT	Zip Code 06066		ate Received		
Principal Occupation Chief of Staff for Governor		Name of E State of				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name Moody	First Name Nancy			MI	Cash	contribution: X Personal (y Order		Contributi 0741	on ID#	Amount of Contribution
Residential Street Address 434 Millstream Dr		City Vernon			State CT	Zip Code 06066		ate Received		
Principal Occupation Retired		Name of E	imployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes		Aggre	gate Contrib	utions \$25.00	\$25.00
Last Name Putnam	First Name James			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 157 Tallwood Dr		City Southing	yton		State CT	Zip Code 06489		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Haas	First Name Gerald			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi 0746	on ID#	Amount of Contribution
Residential Street Address 11 Golden Ln		City Bethel			State CT	Zip Code 06801		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	bbyist?	Aggre	gate Contrib	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	temized Contributi	ons from	ı Individ	uals				
Last Name Reardon, Jr.	First Name John			MI B	Cash	contribution: X Personal of the property of t		Contributi 0747	on ID#	Amount of Contribution
Residential Street Address 7 Palmer Ln		City Darien			State CT	Zip Code 06820	1	Pate Received		
Principal Occupation Probate Judge/lawyer		Name of E Self	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob Yes X		Aggre	egate Contrib	stions \$50.00	\$50.00
Last Name Martin	First Name Bradford			MI W	Cash	contribution: X Personal of the property of t		Contributi 0748	on ID#	Amount of Contribution
Residential Street Address 171 Judd Rd		City Easton			State CT	Zip Code 06612		ate Received		
Principal Occupation Retired		Name of E	mployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	-	Aggre	egate Contrib	utions \$25.00	\$25.00
Last Name Annett	First Name Charles			MI E	Cash	contribution: X Personal (by Order Credit/De		Contributi 0749	on ID#	Amount of Contribution
Residential Street Address 18 Cannon Dr		City Newtowr	1		State CT	Zip Code 06470		oate Received 3/18/200		
Principal Occupation Manufacturing Manager		Name of E Belimo	imployer Customization (USA),	Inc.	•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob		Aggre	egate Contribi	utions 100.00	\$100.00
Last Name Rezendes	First Name Karen			MI	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 38 Wooster Hts		City Danbury			State CT	Zip Code 06810-7507	1	ate Received		
Principal Occupation High School Principal		Name of E Danbury	mployer y Board of Ed			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	-	Aggre	egate Contrib	ations \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Itemize	ed Contribution	ons from	Individu	uals				
Last Name Licursi	First Name Anthony			MI	Cash	contribution: X Personal y Order Credit/Do		Contribution 0751	on ID#	Amount of Contribution
Residential Street Address 10 Parker Hl		City Brookfield			State CT	Zip Code 06804		Date Received		
Principal Occupation Mechanic		Name of Employer Hollander Nurs				Is this contribution assoc fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob res	obyist?	Aggre	egate Contribu	utions \$25.00	\$25.00
Last Name Peterson	First Name Carl	_		MI D	Cash	contribution: X Personal y Order Credit/Do	Check ebit Card	Contribution 0752	on ID#	Amount of Contribution
Residential Street Address 149 Whisconier Rd		City Brookfield			State CT	Zip Code 06804		0ate Received 03/18/200		
Principal Occupation Retired		Name of Employer				Is this contribution associated fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	egate Contribu \$3	utions 100.00	\$100.00
Last Name Larson	First Name Tom			MI	Cash	contribution: X Personal y Order Credit/De	Check ebit Card	Contribution 0753	on ID#	Amount of Contribution
Residential Street Address 73 High Ridge Rd		City Trumbull			State CT	Zip Code 06611		Date Received 03/18/200		
Principal Occupation Finance		Name of Employer GE Company				Is this contribution associated fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		ves X No Legislative	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	egate Contribu	utions \$30.00	\$30.00
Last Name Schmierer	First Name Jeffrey			MI	Cash	contribution: X Personal y Order Credit/Do	Check ebit Card	Contribution 0754	on ID#	Amount of Contribution
Residential Street Address 5 Belden Hill Rd		City Brookfield			State CT	Zip Code 06804		Oate Received		
Principal Occupation Physician		Name of Employer Danbury Office	e Physician Svs			Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	egate Contribu	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Itemiz	ed Contribution	ons from	Individu	ıals				
Last Name Campbell	First Name Robert			MI F	Cash	contribution: X Personal y Order Credit/De		Contributio	on ID#	Amount of Contribution
Residential Street Address 6 Chatham Ct		City Brookfield			State CT	Zip Code 06804		ate Received		
Principal Occupation Turck Driver		Name of Employe O&G Industri				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	ations 100.00	\$100.00
Last Name Kibbe	First Name Alan			MI	Cash	contribution: X Personal y Order Credit/De		Contribution 0756	on ID#	Amount of Contribution
Residential Street Address 1 Singing Woods Rd		City Norwalk			State CT	Zip Code 06850		ate Received		
Principal Occupation Sales		Name of Employe Philips	er			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es	bbyist?	Aggre	gate Contribu	utions \$25.00	\$25.00
Last Name Browne	First Name William			MI	Cash	contribution: X Personal y Order Credit/De		Contributio	on ID#	Amount of Contribution
Residential Street Address 237 Round Hill Rd		City Greenwich			State CT	Zip Code 06831		ate Received		
Principal Occupation Investments		Name of Employe				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Ingardia	First Name Joseph			MI	Cash	contribution: X Personal y Order Credit/De		Contribution 0759	on ID#	Amount of Contribution
Residential Street Address 246A Federal Rd		City Brookfield			State CT	Zip Code 06804		ate Received		
Principal Occupation Retired Engineer		Name of Employe	er			Is this contribution assoc fundraising event listed i If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	utions \$30.00	\$30.00

NAME OF COMMITTEE			I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
Last Name Prior Name Prio	NAME OF COMMITTEE							F	ILING	DUE DATE
List Name	Jodi Rell, Governor							0	Origina	1 04/13/2009
			B. Itemized Contribut	ions from	ı Individu	ıals		•		
Connection	Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of
285 Lake Ave	O'Connor	Brian						0760		
Name of Employer D. Sicco Morton D. Sicco	Residential Street Address		City		State	Zip Code	Date	e Received		
Actioney D. Sicce Mortion Processing over listed as Section Processing over listed as Section Processing over listed as Section Processing over listed as Section Processing over listed as Section Processing over listed over listed as Section Processing over listed over listed as Section Processing over listed over listed as Section Processing over listed as Section	285 Lake Ave		Greenwich		СТ	06830	03/	/18/2009		
Security Description Security Securi	Principal Occupation		• •						es es	
state contractors which intends or branches of averement the contract is with. Executive Legislative Legislative Ves No	Attorney		D. Sicco Morton			_ ·	Section 31:	X N	lo .	
Executive Legislative Le	1 1	or prospective	Yes X No		-		Aggregat	te Contribution	ns	
Residential Street Address 37 Horse Heaven Rd City Washington State of CT CHRO Credit/Debit Card O6793 Ditte Received O3/21/2009	Is yes, indicate which branch or branches of		Executive Legislative			-		\$100	0.00	\$100.00
Residential Street Address 37 Horse Heaven Rd Washington State of CT CHRO State State of CT CHRO State of CT State of CT CHRO State of CT	Last Name	First Name		MI	Method of			Contribution II	D#	Amount of
37 Horse Heaven Rd Washington CT 06793 03/21/2009	Kerr	Allen			_	=		0761		Contribution
Principal Occupation Human Rights Refere Name of Employer State of CT CHRO State of CT CHRO State of CT CHRO State of CT CHRO State of CT CHRO State of CT CHRO State of CT CHRO State of CT CHRO State of CT CHRO State of CT CHRO State contractor a principal of a state contractor or prospective state contractor or p	Residential Street Address		City		State	Zip Code				
Human Rights Refere State of CT CHRO	37 Horse Heaven Rd		Washington		СТ	06793	03/	/21/2009		
If yes, list Event # X No Is contributor a principal of a state contractor or prospective state contractor? South Name of Employer State of CT State of CT State of CT State of CT State contractor? Sye, findcate which branch or branches of experiment the contract is with: South Name of Employer State of CT State of			1 ' '						res .	
state contractors Security Se	Human Rights Refere		State of CT CHRO			_ ·		x N	lo	
Last Name Harris State City Credit/Debit Card Credit/Debit Card Credit/Debit Card Contribution First Name First Name Richard City Credit/Debit Card Credit/Debit	Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregat	te Contribution	ıs	
Last Name Harris Richard First Name Residential Street Address 130 Lawler Rd Name of Employer State contractor? Is contributor a principal of a state contractor or prospective state contractor Tanguay MI Method of contribution: P Cash X Personal Check CT O6117 O3/21/2009 Amount of Pontibution a Sociated with a fundraising event listed in Section J1? X No State of CT State of CT If yes, list Event # Anguestate Contributions associated with a fundraising event listed in Section J1? X No State contractor? Is ves, indicate which branch or branches of covernment the contract is with: Last Name Tanguay MI Method of contribution:				Î		•		\$50	0.00	\$50.00
Residential Street Address 130 Lawler Rd Name of Employer State of CT State of CT			Executive Legislative	+ -			<u> </u>			
Residential Street Address 130 Lawler Rd State Zip Code Date Received O3/21/2009							heck		D#	
130 Lawler Rd West Hartford CT 06117 03/21/2009 Principal Occupation Spokesman-Governor' office State of CT	Hullis	Richard			_	=		0762		Contribution
Principal Occupation Spokesman-Governor' office Name of Employer State of CT St	Residential Street Address		City		State	Zip Code	Date	e Received		
Spokesman-Governor' office State of CT	130 Lawler Rd		West Hartford		СТ	06117	03/	/21/2009		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Tanguay State									es es	
state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Tanguay Residential Street Address 212 Sherwood Dr Principal Occupation Sales Sales Residential of a state contractor or prospective state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Legislative MI Method of contribution: Cash MI Method of contribution: Cash Money Order Credit/Debit Card Date Received 03/21/2009 Date Received 03/21/2009 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 # Aggregate Contributions state contractor? Is yes, indicate which branch or branches of spendent child of a lobbysit? \$100.00	Spokesman-Governor' office		State of CT			_ ·	occuon v i .	x N	lo	
Is yes, indicate which branch or branches of government the contract is with: Last Name Tanguay First Name Michael City Southport Contribution ID # O763 Amount of Contribution ID # O763 Am	I	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregat	te Contribution	ns	
Last Name First Name Michael Mil Method of contribution: Cash X Personal Check O763 Amount of Contribution Residential Street Address City State Zip Code Date Received O3/21/2009 Principal Occupation Sales Sa						•		\$100	0.00	\$100.00
Tanguay Michael Cash	government the contract is with:		Executive Legislative	+ -	1		<u> </u>			
Residential Street Address 212 Sherwood Dr 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 # Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Name of Employer Eastern Bag & Paper Co. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions \$10.00				MI		_	heck		D#	
212 Sherwood Dr Southport CT 06890 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? X No If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of The state of the principal of a lobbyist? Southport CT 06890 03/21/2009 Is this contribution associated with a fundraising event listed in Section J1? X No If yes, list Event # Aggregate Contributions \$10.00 \$10.00	ranguay	Michael				=		0763		Contribution
Principal Occupation Sales Name of Employer Eastern Bag & Paper Co. Is this contribution associated with a fundraising event listed in Section J1? X No Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Feastern Bag & Paper Co. Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Aggregate Contributions \$10.00 \$10.00	Residential Street Address		City		State	Zip Code	Date	e Received		
Sales Eastern Bag & Paper Co. If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Eastern Bag & Paper Co. If yes	212 Sherwood Dr		Southport		СТ	06890	03/	/21/2009		
If yes, list Event # X No Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of Seventian Description of the pendent child of a lobbyist? Sales If yes, list Event # X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? \$10.00 \$10.00			1 .						'es	
state contractor? Is yes, indicate which branch or branches of	Sales		Eastern Bag & Paper Co.			_ ·	_ ceaon J1 !	x N	lo	
state contractor? Is yes, indicate which branch or branches of	Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregat	te Contribution	ns	
government the contract is with: Legislative Legislative Yes No	Is yes, indicate which branch or branches of		Executive Legislative	1 —		-				\$10.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Jodi Rell, Governor							Origin	al 04/13/2009		
		B. Itemized Contrib	utions fro	m Individı	ıals					
Last Name Atwood	First Name Peter		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0764	ition ID#	Amount of Contribution		
Residential Street Address 22 Cowles Rd		City Bethlehem		State CT	Zip Code 06751	Date Receive 03/21/20				
Principal Occupation Investments		Name of Employer Aetna, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00		
Last Name Donohue	First Name Patrick		MI T	Cash	contribution: X Personal C y Order Credit/Deb	heck 0766	tion ID#	Amount of Contribution		
Residential Street Address 14 Indian Trl		City Brookfield		State CT	Zip Code 06804	Date Receive 03/21/20				
Principal Occupation Consuting Engineer		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00		
Last Name Diebolt	First Name Denison		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0767	ition ID#	Amount of Contribution		
Residential Street Address 46 Alfred Dr		City Tolland		State CT	Zip Code 06084	Date Receive 03/21/20				
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contri	butions \$50.00	\$50.00		
Last Name Wetmore	First Name Jacquline		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0768	tion ID#	Amount of Contribution		
Residential Street Address 12 Ledgewood Dr		City Brookfield		State CT	Zip Code 06804	Date Receive 03/21/20				
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ibutor a lobbyis nt child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00		

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Joerman	Wilhelm				Cash Money	y Order Registration X Personal C		0769		Contribution
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received		
119 Davenport Ridge Rd		Stamford	I		СТ	06903		3/21/2009)	
Principal Occupation		Name of Er	nployer		•	Is this contribution associ			Yes	
Real Estate Investment		Self				fundraising event listed in If yes, list Event #	Section I	x x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	I '┌─	child of a lob	•		\$1	00.00	\$100.00
government the contract is with:	First Name	Executive	Legislative	I MI		contribution:	<u> </u>	I	"	<u> </u>
Last Name Helbig	Nancy			P	Cash	X Personal C	Check	Contributio	n ID#	Amount of Contribution
		,			Money	y Order Credit/De	bit Card	0770		
Residential Street Address		City			State	Zip Code		ate Received		
126 Prospect Hil Rd		Noank			СТ	06340-5631		3/21/2009	-	ļ
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		_{11?} 🗀	Yes	
Retired						If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes X No		utor a lobbyis t child of a lob	-	Aggre	gate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res X	No		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Butcher	Marjorie			V	Cash Money	y Order Personal C		0773		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
9 Greystone Rd		West Har	tford		СТ	06107	0	3/21/2009)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired professor						If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	·	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$	25.00	\$25.00
government the contract is with:	<u></u>	Executive	Legislative	 	res x		<u> </u>	1		<u> </u>
Last Name King	First Name Barbara			MI A	Method of Cash	contribution:	Check	Contributio	n ID#	Amount of Contribution
Killy	Darbara					y Order Credit/De		0775		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
47 Devon Dr		Manchest	ter		СТ	06040	0	3/21/2009)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Semi-Retired		Journal 1	Inquirer			If yes, list Event #	i occuoil .	x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of	_		_		child of a lob	-		-	20.00	\$20.00
government the contract is with:	Ш	Executive	Legislative	1	res X	No	1			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Jodi Rell, Governor							Origin	al 04/13/2009		
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name Gawronski	First Name Stanislaus	s	MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0777	oution ID #	Amount of Contribution		
Residential Street Address 107 Martin Luther King Dr Apt 31	1	City New Britain		State CT	Zip Code 06051	Date Recei				
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$25.00	\$25.00		
Last Name Sousa, Jr.	First Name Norman		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0778	oution ID#	Amount of Contribution		
Residential Street Address 20 Wettleson Ave		City West Hartford		State CT	Zip Code 06107	Date Recei				
Principal Occupation Owner		Name of Employer The Sousa Corp.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$50.00	\$50.00		
Last Name Hyland	First Name Edward		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0779	oution ID#	Amount of Contribution		
Residential Street Address 272 Todd Rd		City Wolcott		State CT	Zip Code 06716	Date Recei				
Principal Occupation Retired Priest		Name of Employer Archdiocease of Hartford		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$25.00	\$25.00		
Last Name Brown	First Name Nancy		MI R	Cash	contribution: X Personal C	heck 0781	oution ID#	Amount of Contribution		
Residential Street Address 10 Lambtown Rd		City Ledyard		State CT	Zip Code 06339-1924	Date Recei				
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00		

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons fron	ı Individu	uals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Nindorf	Gerald				Cash Money	y Order Registration X Personal Credit/De		0782		Contribution
Residential Street Address	1	City		1	State	Zip Code	D	ate Received		
86 S Lakeshore Dr		Brookfiel	d		СТ	06804	0	3/21/2009)	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes	
Retired		United A	irlines			fundraising event listed i If yes, list Event #	n Section .	x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribut	tions	İ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	I '─	child of a lob	,		\$1	00.00	\$100.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	I MI	1	contribution:	<u> </u>		ID //	<u> </u>
Rudy	Kathleen			V	Cash	x Personal	Check	Contributio 0783	n ID#	Amount of Contribution
		ī			Money	y Order Credit/De	bit Card	0703		
Residential Street Address		City			State	Zip Code		ate Received		
37 Lismore Ln		Greenwic			СТ	06831	_	3/21/2009		
Principal Occupation Retired		Name of Er	nployer			Is this contribution assoc fundraising event listed i		J1?	Yes	
Retired						If yes, list Event #		X	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	I —	child of a lob	-		\$1	00.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Degisianve	I MI		contribution:	<u> </u>		ID //	<u> </u>
Burnham	John			P	Cash	x Personal	Check	Contributio 0785	n ID#	Amount of Contribution
		i			Money	y Order Credit/De	bit Card	0703		
Residential Street Address		City			State	Zip Code	1	ate Received		
395 Main St		Old Sayb	rook		СТ	06475		3/21/2009	•	
Principal Occupation		Name of Er Self	nployer			Is this contribution assoc fundraising event listed i		J1?		
		00				If yes, list Event #		[X	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	, I	Aggre	egate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	•		\$1	00.00	\$100.00
government the contract is with: Last Name	First Name	Executive	Degisianve	МІ	I	contribution:	<u> </u>		ID //	<u> </u>
Ruggiero, Sr.	Carl			J	Cash	x Personal	Check	Contributio 0786	n ID#	Amount of Contribution
		ī			Money	y Order Credit/De	bit Card	0700		
Residential Street Address		City			State	Zip Code	1	ate Received		
12 Oak Hil Dr		East Hav			СТ	06513	_	3/21/2009		
Principal Occupation Retired		Name of Er	nployer			Is this contribution assoc fundraising event listed i		J1?		
- Neureu						If yes, list Event #			No	l
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$	50.00	\$50.00
government the contract is with:										i

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Iter	mized Contributio	ons from	Individu	uals				
Last Name Nevas	First Name Janet			MI	Cash	contribution: X Personal of the property of t		Contributi 0787	on ID#	Amount of Contribution
Residential Street Address 62 Terra Nova Cir		City Westport			State CT	Zip Code 06880		Date Received		
Principal Occupation n/a		Name of Emp	oloyer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es X	obyist?	Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name Robinson	First Name Donald			MI W	Cash	contribution: X Personal y Order Credit/De		Contributi 0790	on ID#	Amount of Contribution
Residential Street Address 43 Tamara Cir		City Avon			State CT	Zip Code 06001		Oate Received		
Principal Occupation Retired		Name of Emp	oloyer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No Legislative	dependent	utor a lobbyis child of a lob es X	-	Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name Balla	First Name Susan			MI	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 60 Whisconier Rd Unit 6		City Brookfield			State CT	Zip Code 06804		Date Received 03/21/200		
Principal Occupation Home Health Aide/CNA		Name of Emp Visiting Ar	oloyer ngels Homecare Age	ency		Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es X		Aggre	egate Contrib	utions \$15.00	\$15.00
Last Name Heinbaugh	First Name Ron			MI	Cash	contribution: X Personal y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 6 Outlook Dr		City Darien			State CT	Zip Code 06820		Date Received		
Principal Occupation Retired		Name of Emp	oloyer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	obyist?	Aggre	egate Contrib	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Jodi Rell, Governor							Origin	al 04/13/2009	
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name DeLucia	First Name Alexander	r	MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0795	ution ID#	Amount of Contribution	
Residential Street Address 167 Whisconier Rd		City Brookfield		State CT	Zip Code 06804	Date Receiv 03/21/20			
Principal Occupation Finance Representative		Name of Employer Northwestern Mutual			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	\$25.00	\$25.00	
Last Name O'Brien	First Name Sharon		MI M	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0796	ution ID#	Amount of Contribution	
Residential Street Address 190 Moore Hill Dr		City Southington		State CT	Zip Code 06489	Date Receiv 03/21/20			
Principal Occupation Principal- Smalley Academy		Name of Employer New Britain Board of ED		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	sibutions \$100.00	\$100.00	
Last Name Platt, Jr.	First Name Henry		MI	Cash	contribution: X Personal Cl	heck 0791	ution ID#	Amount of Contribution	
Residential Street Address 233 Goodrich St		City Hamden		State CT	Zip Code 06517-3117	Date Receiv 03/21/20			
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Conti	sibutions \$10.00	\$10.00	
Last Name Mullane, II	First Name Nicholas		MI H	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0780	ution ID#	Amount of Contribution	
Residential Street Address 28 Miller Rd		City North Stonington		State CT	Zip Code 06359	Date Receiv 03/21/20			
Principal Occupation First Selectman		Name of Employer Town of North Stonington			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	sibutions \$100.00	\$100.00	

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Palomba	William			J	Cash Money	y Order X Personal Credit/De		0776		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
41 Mt Fair Dr		Watertow	/n		СТ	06795	0	3/21/2009	9	
Principal Occupation Executive Director		Name of En				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	_	Contribution	on ID #	Amount of
Griswold	John			S	Cash Money	y Order X Personal Credit/De		0792		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
120 Cummings Point Rd		Stamford			СТ	06902	0	3/21/2009	9	
Principal Occupation Investment Advisor		Name of Er Common				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	utions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Detjen	David			W	Cash Money	y Order		0772		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
35 Stonehedge Dr		Greenwic	:h		СТ	06831	0	3/21/2009	9	
Principal Occupation Lawyer		Name of Er Alston &	nployer Bird, LLP			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	_	Contribution	on ID #	Amount of
Drake	Philip			М	Cash Money	y Order X Personal Credit/De		0784		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
27 Ridgebrook Rd		Greenwic	h		СТ	06830	0	3/21/2009	9	l
Principal Occupation Lawyer		Name of En	nployer gs & Lockwood			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu \$1	itions	\$100.00
government the contract is with:	Ш	Executive	Legislative	L 1	res X	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons fron	ı Individ	uals				
Last Name Strong	First Name Geraldine			MI R	Cash	Contribution: X Personal by Order Credit/De		Contributi 0788	on ID#	Amount of Contribution
Residential Street Address 274 West St		City Vernon			State CT	Zip Code 06066		Date Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyi child of a lo Yes		Aggre	egate Contrib	utions \$25.00	\$25.00
Last Name Maco	First Name Joseph			MI P	Cash	contribution: X Personal y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 22 Randi Dr		City Madison			State CT	Zip Code 06443		Oate Received		
Principal Occupation Ship Pilot		Name of E Self	mployer		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyi child of a lo		Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Glazier	First Name Douglas			MI C	Cash	Contribution: X Personal by Order Credit/De		Contributi 0765	on ID#	Amount of Contribution
Residential Street Address 167 Taft Ln		City Windsor	Locks		State CT	Zip Code 06096		Date Received		
Principal Occupation Engineer		Name of E Applied	^{mployer} Engineering Services	, Inc.	•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyi child of a lo		Aggre	egate Contrib	utions \$30.00	\$30.00
Last Name Underhill	First Name George			MI	Cash	contribution: X Personal y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 10 Harding Ln		City Westport	t		State CT	Zip Code 06880		Date Received		
Principal Occupation Tax Collector		Name of E Town of	mployer Westport		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyi child of a lo Yes		Aggre	egate Contrib	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Ite	mized Contribution	ons from	Individu	ıals				
Last Name DeNardis	First Name Lawrence			MI	Cash	contribution: X Personal 0 y Order Credit/De		Contributi 0789	on ID#	Amount of Contribution
Residential Street Address 790 Still Hill Rd		City Hamden			State CT	Zip Code 06518		Date Received		
Principal Occupation Administrator/Professor		Name of Em University	ployer y of New Haven			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name Zahn	First Name Estelle			MI I	Cash	contribution: X Personal (y Order		Contributi 0810	on ID#	Amount of Contribution
Residential Street Address 252 Essex Mdws		City Essex			State CT	Zip Code 06426		Date Received		
Principal Occupation Retired		Name of Em	ployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Sander	First Name Lincoln			MI R	Cash	contribution: X Personal (y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 211 Walnut Tree Hill Rd		City Sandy Ho	ok		State CT	Zip Code 06482-1052		Date Received		
Principal Occupation Retired		Name of Em	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name Unangst	First Name Addison			MI	Cash	contribution: X Personal (y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 38 High Ridge Rd		City Brookfield	l		State CT	Zip Code 06804		ate Received		
Principal Occupation Business owner/Mech. Engineer		Name of Em Leading E	ployer Edge Concepts	_		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Itemize	ed Contributi	ons from	Individu	ıals				
Last Name Morrison	First Name John			MI C	Cash	contribution: X Personal of the Credit/December 1 Credit/December 2 Credit/December		Contribution 0813	on ID#	Amount of Contribution
Residential Street Address 123 Longmeadow Hill Rd		City Brookfield			State CT	Zip Code 06804		ate Received 3/25/2009		
Principal Occupation Retired		Name of Employer				Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Olstein	First Name Kathleen			MI	Cash	contribution: X Personal of the property		Contribution 0814	on ID#	Amount of Contribution
Residential Street Address 201 Sturges Ridge Rd		City Wilton			State CT	Zip Code 06897		ate Received 3/25/2009		
Principal Occupation Homemaker		Name of Employer			•	Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Marek	First Name Adelaide			MI M	Cash	contribution: X Personal of the Credit/December 2 Credit/December		Contribution 0815	on ID#	Amount of Contribution
Residential Street Address 5 N Pleasant Rise		City Brookfield			State CT	Zip Code 06804		ate Received		
Principal Occupation Retired		Name of Employer				Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Greene	First Name Alan			MI K	Cash	contribution: X Personal of the Credit/December 2 Credit/December		Contribution 0816	on ID#	Amount of Contribution
Residential Street Address 10 Runkenhage Rd		City Darien			State CT	Zip Code 06820		ate Received 3/25/2009		
Principal Occupation Retired		Name of Employer				Is this contribution assoc fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	ı Individ	uals				
Last Name Tyransky	First Name Jack			MI	Cash	contribution: X Personal or Order Credit/De		Contributi	ion ID#	Amount of Contribution
Residential Street Address 31 Shamrock Dr		City Brookfiel	d	<u> </u>	State CT	y Order Credit/De Zip Code 06804	D	Pate Received 03/25/200		
Principal Occupation Accountant		Name of E Self	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes X		Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Helman, III	First Name William			MI W	Cash	contribution: X Personal of the property of t		Contributi	ion ID#	Amount of Contribution
Residential Street Address 32 Hillsley Rd		City Darien			State CT	Zip Code 06820		oate Received 3/25/200		
Principal Occupation Retired		Name of E	mployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis child of a lob Yes		Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name Bagley	First Name Laurie			MI D	Cash	contribution: X Personal of the property of t		Contributi 0819	ion ID#	Amount of Contribution
Residential Street Address 70 Yarrow Rd		City Fairfield			State CT	Zip Code 06824	1	ate Received		
Principal Occupation Managing Director-Inv.		Name of E				Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes		Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Merriman	First Name Peter			MI	Cash	contribution: X Personal of the Credit/December 1 Credit/December 2 Credit/December		Contributi 0820	ion ID#	Amount of Contribution
Residential Street Address 6 Merriman Ln		City Prospect			State CT	Zip Code 06712	1	oate Received 3/25/200		
Principal Occupation Accountant		Name of E Robinso	mployer n & Cole, LLP		•	Is this contribution assoc fundraising event listed in If yes, list Event #		I12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis child of a lob Yes		Aggre	egate Contrib	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	temized Contributi	ons fron	Individ	uals				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Gaffney	John			J	Cash Mone	y Order X Personal Credit/De		0821		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
28 Westmont		Avon			СТ	06001		3/25/200	9	
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis		Access	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	child of a lol		Aggit	-	100.00	\$100.00
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Boldry	J Stuart				Cash Mone	y Order Personal Credit/De		0822		Contribution
Residential Street Address 73 Woodstock Rd		City East Woo	odstock		State CT	Zip Code 06244		Date Received		
Principal Occupation		Name of E				Is this contribution assoc				
Retired			1.00			fundraising event listed in If yes, list Event #	n Section	J1?	No No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol res		Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Nicholson	Richard			N	Cash Mone	y Order		0823		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
105 S Mill Dr			lastonbury		СТ	06073		3/25/200		
Principal Occupation Attorney		Name of E State of				Is this contribution assoc fundraising event listed in		J1?	Yes No	
,						If yes, list Event #			No No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lol		Aggre	egate Contrib	utions 100.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No			100.00	\$100.00
Last Name	First Name			MI		contribution:	Ob1-	Contributi	on ID#	Amount of
Vallieres	Laurence				Cash Mone	y Order Personal Credit/De		0824		Contribution
Residential Street Address		City			State	Zip Code	Г	ate Received		
376 Maple Ave		Old Sayb	orook		СТ	06475		3/25/200	9	
Principal Occupation Electrical Contractor		Name of E	mployer Vide Electric, Inc.			Is this contribution assoc fundraising event listed in		J12 L		
Liectrical Contractor			Licetile, Illei			If yes, list Event #	_	<u> </u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions 100.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	No		₽	200.00	Ψ100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Jodi Rell, Governor							Origin	al 04/13/2009	
		B. Itemized Contr	ibutions f	from Indiv	iduals				
Last Name Oldakowski	First Name Donna		MI	☐ Ca	of contribution: X Personal	Check 082!	bution ID#	Amount of Contribution	
Residential Street Address 7 Villa Louisa Rd		City Manchester		State CT	Zip Code 06043-7541	Date Rece 03/25/2			
Principal Occupation Energy consultant		Name of Employer Self employed			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		endent child of a		Aggregate Cor	\$100.00	\$100.00	
Last Name Whelton	First Name Michael		MI J	☐ Ca	oney Order Credit/Do	Check 0826	bution ID#	Amount of Contribution	
Residential Street Address 45 Brancroft Rd		City East Hartford		State CT	Zip Code 06118	Date Rece 03/25/2			
Principal Occupation Attorney		Name of Employer Self		·	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		contributor a lobbendent child of a		Aggregate Cor	stributions \$100.00	\$100.00	
Last Name Crick	First Name Joan		MI G	Ca	of contribution: X Personal	Check 0828	bution ID#	Amount of Contribution	
Residential Street Address 7 Glover Ave		City Newtown		State CT	Zip Code 06470	Date Rece 03/25/2			
Principal Occupation Retired		Name of Employer		•	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X ! Executive Legislative		contributor a lobbendent child of a		Aggregate Cor	tributions \$15.00	\$15.00	
Last Name Soeder	First Name Kenneth		MI	Ca	of contribution: X Personal	Check 0829	bution ID#	Amount of Contribution	
Residential Street Address 97 Old Ponsett Rd , P.O. Box 480		City Haddam		State CT	Zip Code 06438	Date Rece 03/25/2			
Principal Occupation Environmental Services		Name of Employer Azvee Water Services,	Inc.	-	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X !		contributor a lobbendent child of a		Aggregate Cor	stributions \$100.00	\$100.00	

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ions fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Tyska, Jr.	Stan				Cash Money	y Order		0831		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
4 Cliffside Dr		Wallingfo	rd		СТ	06492	0	3/25/2009)	
Principal Occupation Printer		Name of En	nployer Department, Inc.			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Zacchera	Eleanor				Cash Money	y Order X Personal C		0833		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
33 Old Canton Rd		Canton			СТ	06019	0	3/25/2009)	
Principal Occupation Retired		Name of En	nployer		-	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob yes	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Richardson	Clyde			J	Cash Money	y Order Personal C		0834		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
84 Kyles Way		Shelton			СТ	06484	0	3/25/2009)	ļ
Principal Occupation Defense Marketing		Name of En				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Antonetti	Zaiga				Cash Money	y Order Personal C		0827		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
397 Kimberly Ln		Watertow	/n		СТ	06795	0	3/25/2009)	
Principal Occupation Retired		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No		utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
government the contract is with:		LACCULIVE	Legisiative	1 - '		110	1			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Kopetz	Kevin				Cash Money	y Order X Personal Credit/De		0832		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
14 Howe St		North Ha	ven		СТ	06473	0	3/25/2009)	
Principal Occupation Managing Attorney		Name of Er State of			•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob	t, spouse, or	Aggre	egate Contribut		\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	No		ÞΙ	00.00	\$100.00
Last Name Noujaim	First Name Selim			MI G	Cash	contribution: X Personal of the property of t		Contributio	n ID#	Amount of Contribution
Residential Street Address	1	City			State	Zip Code		ate Received		
104 Dinatali Dr		Waterbur	- y		CT	06705		3/25/2009)	
Principal Occupation		Name of En	mployer		1	Is this contribution assoc	iated with	a	Yes	
Exec. VP/State Rep		Noujaim	Tool Co.			fundraising event listed i If yes, list Event #	n Section .	J1?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Coykendall	Alan	_		L	Cash Money	y Order		0808		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
15 Whispering Rod Rd		Unionville	=		СТ	06085	0	3/25/2009)	
Principal Occupation Retired		Name of Er	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
				1			1			ł
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$	25.00	\$25.00
government the contract is with: Last Name	First Name	Executive	Eegistative	I MI	1	contribution:		1	"	
Wilson	Robin			IVII	Cash	y Order Personal Credit/De		Contributio 0830	n ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
45 Summer Ln		North Ha	ven		СТ	06473	0	3/25/2009)	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
President		Quinnipia	ac Chamber			fundraising event listed i If yes, list Event #	ii Section .	X	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob		Aggre	gate Contribut	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$	50.00	\$50.00
				_			•			•

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Itemized Contr	ibutions f	from Indiv	vidua	ıls				
Last Name Ferrari	First Name Richard		MI		od of co Cash Money (ntribution: X Personal Cl Order Credit/Deb		Contribution 0809	on ID#	Amount of Contribution
Residential Street Address 9 Carriage Ln		City East Granby		State CT		Zip Code 06026		ate Received 3/25/2009	9	
Principal Occupation Employment Security Board of Review		Name of Employer Dept. of Labor				Is this contribution associa fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X 1 Executive Legislative		contributor a lot endent child of Yes		vist?	Aggre	gate Contribu \$1	tions	\$100.00
Last Name Genuario	First Name Robert		MI		od of co Cash Money (ntribution: X Personal Cl Order Credit/Deb		Contribution 0841	on ID#	Amount of Contribution
Residential Street Address 2 Singing Woods Rd		City Norwalk		State CT		Zip Code 06850		ate Received 3/26/2009	9	
Principal Occupation Secretary of OPM		Name of Employer State of CT		•		Is this contribution associa fundraising event listed in If yes, list Event #		u? _	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		contributor a lol endent child of Yes		vist?	Aggre	gate Contribu \$1	itions	\$100.00
Last Name Campo	First Name Lynn		MI		od of co Cash Money (ntribution: X Personal Cl Order Credit/Deb		Contribution 0847	on ID#	Amount of Contribution
Residential Street Address 825 Hill St		City Hamden		State CT		Zip Code 06514		ate Received	e	
Principal Occupation President		Name of Employer Specialty Wire & Cord S	Sets			Is this contribution associa fundraising event listed in If yes, list Event #		112	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X	No Is co	contributor a lol endent child of Yes		vist?	Aggre	gate Contribu	tions 550.00	\$50.00
Last Name Marx	First Name Catherine		MI		od of co Cash Money (ntribution: X Personal Cl Order Credit/Deb		Contribution 0853	on ID #	Amount of Contribution
Residential Street Address 81 Sentinal Woods		City Hebron		State CT		Zip Code 06248		ate Received 3/26/2009	9	
Principal Occupation n/a		Name of Employer n/a				Is this contribution associa fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		contributor a lol endent child of Yes		vist?	Aggre	gate Contribu \$1	tions	\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Jodi Rell, Governor							Origin	al 04/13/2009	
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name Gallo	First Name Diem-Hor	ng	MI T	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 0865	ution ID#	Amount of Contribution	
Residential Street Address 116 Eagle Hollow Dr		City Middletown		State CT	Zip Code 06457	Date Receiv 03/26/20			
Principal Occupation Executvie Assistant		Name of Employer State of CT/OLG			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	\$100.00	\$100.00	
Last Name Gallo	First Name George		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 0866	ution ID#	Amount of Contribution	
Residential Street Address 116 Eagle Hollow Dr		City Middletown		State CT	Zip Code 06457	Date Receiv 03/26/20			
Principal Occupation Chief of Staff		Name of Employer State of CT/OLM			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	
Last Name Cronan	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 0845	ution ID#	Amount of Contribution	
Residential Street Address 20 Ivy Ter		City Prospect		State CT	Zip Code 06712	Date Receiv 03/26/20			
Principal Occupation Mayoral Aide		Name of Employer City of Waterbury		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	
Last Name Jowdy	First Name Daniel		MI P	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 0848	ution ID#	Amount of Contribution	
Residential Street Address 9-11 Granville Ave		City Danbury		State CT	Zip Code 06810	Date Receiv 03/26/20			
Principal Occupation Funeral Director		Name of Employer Jowdy-Kane Funeral Home		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ibutions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	Individ	uals				
Last Name Heifetz	First Name Patricia			MI S	Cash	cy Order Personal Credit/De		Contributi 0860	on ID#	Amount of Contribution
Residential Street Address 4 Ledgebrook Ct		City Weston			State CT	Zip Code 06883		oate Received 03/26/200		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	tutor a lobbyis child of a lo		Aggre	egate Contrib	ations \$25.00	\$25.00
Last Name Dangermond	First Name Mary			MI S	Cash	contribution: X Personal of the property		Contributi 0835	on ID#	Amount of Contribution
Residential Street Address 26 Mile Creek Rd		City Old Lyme	е		State CT	Zip Code 06371		ate Received		
Principal Occupation Housewife & Volunteer		Name of E	mployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lo		Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name McCullough	First Name Dorothy			MI J	Cash	contribution: X Personal of the property Order Credit/Dec		Contributi 0836	on ID#	Amount of Contribution
Residential Street Address 324 Riverside Ave		City Riverside	9		State CT	Zip Code 06878		Pate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		_{J12} _	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lo		Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name Cook	First Name John			MI E	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address 1057 Racebrook Rd		City Woodbrie	dge		State CT	Zip Code 06525	1	oate Received		
Principal Occupation Controller		Name of E Field Vie	mployer ew Trans Inc.			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lo		Aggre	egate Contrib	utions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Jodi Rell, Governor							Origin	al 04/13/2009		
		B. Itemized Contribut	ions from	ı Individu	ıals		<u> </u>			
Last Name Buckett	First Name Stephen		MI	Cash	contribution: X Personal Cl	heck 0838	bution ID #	Amount of Contribution		
Residential Street Address 9 Bonny Brook Trl		City Norwalk		State CT	Zip Code 06850-2705	Date Rece 03/26/2				
Principal Occupation Buildings & Grounds Mgr		Name of Employer St. Matthew RC Church			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	\$25.00	\$25.00		
Last Name Turner	First Name Chelsea		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0839	bution ID#	Amount of Contribution		
Residential Street Address 74 Montclair Dr		City West Hartford		State CT	Zip Code 06107	Date Rece 03/26/2				
Principal Occupation Dir. of Legislative Affairs		Name of Employer State of CT/Office of Gov. Re	ell		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name Burr	First Name Ruth		MI	Cash	contribution: X Personal Cl	heck 0840	bution ID #	Amount of Contribution		
Residential Street Address 15 Dingle Brook Rd		City Brookfield		State CT	Zip Code 06804	Date Rece 03/26/2				
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00		
Last Name Aldridge	First Name Robert		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0842	bution ID#	Amount of Contribution		
Residential Street Address 13 E Pembroke Rd		City Danbury		State CT	Zip Code 06811	Date Rece 03/26/2				
Principal Occupation Architect		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$50.00	\$50.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	Individ	uals				
Last Name Urban	First Name Xenia			MI	Cash	contribution: X Personal of the property of t		Contribution 0843	on ID#	Amount of Contribution
Residential Street Address 122 Palmers Rd # 1325		City Stamford	d		State CT	Zip Code 06902-2134		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol res		Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Yomazzo	First Name Kathleen			MI	Cash	contribution: X Personal of the property of t		Contribution 0844	on ID#	Amount of Contribution
Residential Street Address 21 Kent Rd		City Newtowr	1		State CT	Zip Code 06470		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol Yes		Aggre	gate Contribu	utions \$35.00	\$35.00
Last Name Plumb	First Name Gilbert			MI	Cash	contribution: X Personal (by Order Credit/De		Contribution 0846	on ID#	Amount of Contribution
Residential Street Address 82 N Main St		City Essex			State CT	Zip Code 06426		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol		Aggre	gate Contribu	ations \$25.00	\$25.00
Last Name Al-Ghani	First Name D. Anwar			MI	Cash	contribution: X Personal of the property of t		Contribution 0849	on ID#	Amount of Contribution
Residential Street Address 59 Westland St		City Hartford			State CT	Zip Code 06120		ate Received		
Principal Occupation Business Owner		Name of E Self	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol res		Aggre	gate Contribu	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Jodi Rell, Governor							Origin	al 04/13/2009		
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Guarco, Jr.	First Name Michael		MI B	Cash	contribution: X Personal Cl	neck 0850	ution ID#	Amount of Contribution		
Residential Street Address 80 Harmony Hill Rd		City Granby		State CT	Zip Code 06035	Date Receiv 03/26/20				
Principal Occupation Management		Name of Employer Stateline Oil			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	\$100.00	\$100.00		
Last Name Moran	First Name Bridget		MI T	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0851	ution ID#	Amount of Contribution		
Residential Street Address 54 Waterside Ln		City West Hartford		State CT	Zip Code 06107	Date Receiv 03/26/20				
Principal Occupation		Name of Employer Governor's Office		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions \$50.00	\$50.00		
Last Name Evon, Jr.	First Name Francis		MI	Cash	contribution: X Personal Cl	neck 0852	ution ID#	Amount of Contribution		
Residential Street Address 238 Goodale Dr		City Newington		State CT	Zip Code 06111	Date Receiv				
Principal Occupation Asst.		Name of Employer State of CT		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		
Last Name Opatrny	First Name Donald		MI R	Cash	contribution: X Personal Cl	neck 0854	ution ID#	Amount of Contribution		
Residential Street Address 171 Pheasant Rdg		City Shelton		State CT	Zip Code 06484	Date Receiv 03/26/20				
Principal Occupation Consultant		Name of Employer Self Employed		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ibutions \$10.00	\$10.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name Walter	First Name Richard			MI	Cash	contribution: X Personal of the property of t		Contribution 0855	on ID#	Amount of Contribution
Residential Street Address 395 Barrach Hill Rd		City Ridgefield	d		State CT	Zip Code 06877		ate Received		
Principal Occupation Retired Realtor		Name of Er Self	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	gate Contribu	ations \$25.00	\$25.00
Last Name Johnson	First Name Dorothy			MI R	Cash	contribution: X Personal of the property of t		Contribution 0856	on ID#	Amount of Contribution
Residential Street Address 3 Glen Hill Rd Apt 204		City Danbury			State CT	Zip Code 06811		ate Received		
Principal Occupation Retired		Name of E	mployer		•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes		Aggre	gate Contribu	utions \$25.00	\$25.00
Last Name Went	First Name Mary			MI E	Cash	contribution: X Personal of the property of t		Contribution 0857	on ID#	Amount of Contribution
Residential Street Address 139 Long Meadow Hill Rd		City Brookfiel	d		State CT	Zip Code 06804		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob		Aggre	gate Contribu	utions \$25.00	\$25.00
Last Name Parson, Jr.	First Name			MI C	Cash	contribution: X Personal of the property of t		Contribution 0858	on ID#	Amount of Contribution
Residential Street Address 186A S Compo Rd		City Westport	:		State CT	Zip Code 06880		ate Received		
Principal Occupation Banker		Name of En First Rep	mployer public Bank			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x		Aggre	gate Contribu	ations \$25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							FI	ILING I	DUE DATE
Jodi Rell, Governor							Oı	riginal	04/13/2009
		B. Itemized Contribution	ons from	ı Individu	ıals				
Last Name Canning	First Name Robert		MI V	Method of Cash	contribution:	neck	Contribution ID)#	Amount of Contribution
		•			y Order Credit/Debi		0859		Commount
Residential Street Address 67 Bailey Dr		City North Branford		State CT	Zip Code 06471		Received 26/2009		
Principal Occupation Retired		Name of Employer			Is this contribution associate fundraising event listed in the second of the second second in the second se		Ye X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$50.		\$50.00
Last Name Palmer	First Name Chris		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution ID)#	Amount of Contribution
Residential Street Address 82 Calvin Dr		City Dennis		State MA	Zip Code 02638		Received 26/2009		
Principal Occupation Football coach		Name of Employer New York Football Giants			Is this contribution associate fundraising event listed in the second of the second second in the second se		Ye X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.		\$100.00
Last Name Haims	First Name Bruce		MI D	Cash	contribution: X Personal Ch y Order Credit/Debi	neck C	Contribution ID)#	Amount of Contribution
Residential Street Address 470 W End Ave		City New York		State NY	Zip Code 10024		Received 26/2009		
Principal Occupation Lawyer		Name of Employer Debevoisa & Plimpton, LLP		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Ye x No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$100.		\$100.00
Last Name Cookney	First Name Betty Ann	1	MI	Cash	contribution: X Personal Character Credit/Debit	neck C	Contribution ID) #	Amount of Contribution
Residential Street Address 72 Deleo Dr		City Stamford		State CT	Zip Code 06906		Received 26/2009		
Principal Occupation Insurance Agent		Name of Employer Rand Ins. Inc.		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Ye x No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$25.		\$25.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Jodi Rell, Governor							(Origina	ıl 04/13/2009
		B. Itemized Contribut	ions from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Mercer	William			Cash Money	x Personal Ch y Order Credit/Debi		0864		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
42 Candelwood Shores Rd		Brookfield		СТ	06804	03/	/26/2009		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S			Yes	
Attorney		Kirkland & Ellis, LLP			If yes, list Event #		X N	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis	-	Aggrega	ate Contribution	ns	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	-		\$100	0.00	\$100.00
Last Name	First Name		MI		contribution:		Contribution I	ID#	Amount of
Donato	Michael		J	X Cash Money	Personal Ch y Order Credit/Debi		0867		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
120 Spring Rd		North Haven		СТ	06473-3406	03/	/27/2009		
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		, D	Yes	
Metal Broker		Self			If yes, list Event #	occuon v i .	x N	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	I	child of a lob	·		\$5	5.00	\$5.00
government the contract is with:	l _{E: ()}	Executive Legislative	+ -			1			
Last Name Schumann	First Name Jytte		MI	Cash	contribution: X Personal Ch	neck	Contribution I	ID#	Amount of Contribution
	,	1		Money	y Order Credit/Debi		0868		
Residential Street Address		City		State	Zip Code		e Received		
292 Sandhill Rd		South Windsor		СТ	06074	<u> </u>	/27/2009	-	
Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		, –	Yes	
Housewife					If yes, list Event #		X N	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggrega	nte Contribution	ons	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative	T	child of a lob	•		\$10	0.00	\$10.00
government the contract is with: Last Name	First Name		MI	1	contribution:	1	Contribution I	ID #	
Schain	Dennis		IVII	Cash	X Personal Ch	neck	0870	ID#	Amount of Contribution
		1		Money	y Order Credit/Debi				
Residential Street Address 245 Redwood Rd		City Manchester		State CT	Zip Code 06040		e Received /27/2009		
				Ci	Is this contribution associate				
Principal Occupation Communications		Name of Employer State of CT			fundraising event listed in S		? =	Yes	
		<u> </u>			If yes, list Event #		x 1	NO	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggrega	ate Contribution		
Is yes, indicate which branch or branches of		Executive Legislative	1 —	res x	-		\$100	0.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Cooper	Denise				Cash Money	y Order X Personal C		0871		Contribution
Residential Street Address		City		-	State	Zip Code	D	ate Received		
77 Ripley Hill Rd		Coventry			СТ	06238	0	3/27/2009	9	
Principal Occupation		Name of Er	nployer		_	Is this contribution assoc			Yes	
WPCA Administrator		Town of	Hebron			fundraising event listed in If yes, list Event #	n Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		E	□	1 ⁻	child of a lob	•		\$1	.00.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+-				1		<u> </u>
Last Name Jeamel	First Name Adam			MI	Method of Cash	contribution:	Check	Contributio	on ID#	Amount of Contribution
Jeaniel	Adam					y Order Credit/De		0873		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
19 Morrison Ave		Wethersf	ield		СТ	06109	0	3/27/2009	9	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc			Yes	
Governor's Staff		State of	СТ			fundraising event listed in If yes, list Event #	n Section .	J1?	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	egate Contribu	tions	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No				4100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Durrschmidt	Jackwyn				Cash Money	y Order Personal C		0879		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
333 Old Evarts Ln		Mystic			СТ	06355	0	3/27/2009	9	1
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired						If yes, list Event #	i bection .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	tions	†
state contractor? Is yes, indicate which branch or branches of					child of a lob	byist?	718810	-	.00.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	res X	No				
Last Name	First Name			MI		contribution:		Contributio	on ID#	Amount of
Nordstrom	Eistan			E	Cash Money	y Order Personal C		0880		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
512 Russell St		New Hav	en		СТ	06513	0	3/27/2009	9	1
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Retired						fundraising event listed in If yes, list Event #	a section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		E	Track of	1 -	child of a lob	•	1		\$5.00	\$5.00
government the contract is with:	ш	Executive	Legislative		. C	INU				<u> </u>

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name Schuetz	First Name Harold		MI A	x Cash	contribution: Personal Ci y Order Credit/Deb	heck 088:	ibution ID #	Amount of Contribution
Residential Street Address 100 Long Hill Dr		City East Hartford		State CT	Zip Code 06108-3809	Date Rece 03/27/2		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$5.00	\$5.00
Last Name Anderson	First Name Beatrice		MI E	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0882	ibution ID#	Amount of Contribution
Residential Street Address 125 Harding St		City New Britain		State CT	Zip Code 06052-1665	Date Rece 03/27/2		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$35.00	\$35.00
Last Name Gibb	First Name John		MI R	Cash	contribution: X Personal C	heck 0883	ibution ID#	Amount of Contribution
Residential Street Address 50 Hanson Rd		City Darien		State CT	Zip Code 06820	Date Rece 03/27/2		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00
Last Name Connelly	First Name Francis		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0884	ibution ID#	Amount of Contribution
Residential Street Address 272 N Main St		City Suffield		State CT	Zip Code 06078	Date Rece 03/27/2		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Jodi Rell, Governor									Origina	al 04/13/2009
		B. Itemized C	ontributio	ons from	Individu	ıals				
Last Name Stout	First Name Martha			MI L	Cash	contribution: X Personal of the Credit/December 1 Credit/December 2 Credit/December		Contributio	n ID#	Amount of Contribution
Residential Street Address 74 Hunt Glen Dr		City Granby			State CT	Zip Code 06035		ate Received 3/27/2009		
Principal Occupation Retired		Name of Employer				Is this contribution assoc fundraising event listed in If yes, list Event #		1? <u> </u>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	X No	dependent	utor a lobbyis child of a lob res	byist?	Aggreg	gate Contribut	tions 25.00	\$25.00
Last Name Toohey	First Name Emily			MI	Cash	contribution: X Personal of the property		Contribution	n ID#	Amount of Contribution
Residential Street Address 567 Lake Ave		City Greenwich			State CT	Zip Code 06830		ate Received 3/27/2009	1	
Principal Occupation Retired		Name of Employer				Is this contribution assoc fundraising event listed in If yes, list Event #		1? <u></u>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribut \$	tions 25.00	\$25.00
Last Name Lyall	First Name Joan			MI E	Cash	contribution: X Personal (Contributio	n ID#	Amount of Contribution
Residential Street Address 38 Old Middle Rd		City Brookfield			State CT	Zip Code 06804		ate Received 3/27/2009		
Principal Occupation Town Clerk		Name of Employer Town of Brookfield				Is this contribution assoc fundraising event listed in If yes, list Event #		1? <u></u>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	gate Contribut \$	tions 50.00	\$50.00
Last Name Novak	First Name Alex			MI	Cash	contribution: X Personal of the Credit/December 2 Credit/December		Contribution	n ID#	Amount of Contribution
Residential Street Address 140 Green Hill Rd		City Middlebury			State CT	Zip Code 06762		ate Received 3/27/2009	ı	
Principal Occupation Retired		Name of Employer				Is this contribution assoc fundraising event listed in If yes, list Event #		1? Ľ	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	X No	dependent	utor a lobbyis child of a lob res	byist?	Aggreg	gate Contribut \$	tions 25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. It	emized Contributi	ons from	Individ	uals				
Last Name Welnicki	First Name Raymond			MI	Cash	contribution: X Personal y Order Credit/De		Contributi 0869	on ID#	Amount of Contribution
Residential Street Address 43 Pondview Dr		City Manches	ter		State CT	Zip Code 06040		ate Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol Yes		Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Cairns	First Name Robert			MI A	Cash	contribution: X Personal		Contributi 0890	on ID#	Amount of Contribution
Residential Street Address 72 Winthrop Rd		City Guilford			State CT	Zip Code 06437		ate Received		
Principal Occupation Retired		Name of E	mployer		•	Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol 'es X		Aggre	gate Contrib	utions \$50.00	\$50.00
Last Name Wood, Jr.	First Name John			MI F	Cash	contribution: X Personal y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 50 St Nicholas Rd		City Darien			State CT	Zip Code 06820		ate Received		
Principal Occupation Financial Advisor		Name of En				Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lol		Aggre	gate Contrib	utions 100.00	\$100.00
Last Name Wood	First Name Terrie			MI	Cash	contribution: X Personal y Order Credit/De		Contributi 0878	on ID#	Amount of Contribution
Residential Street Address 50 St Nicholas Rd		City Darien			State CT	Zip Code 06820		ate Received		
Principal Occupation State Rep 141st District		Name of E	mployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol res		Aggre	gate Contrib	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Jodi Rell, Governor							Origin	al 04/13/2009		
		B. Itemized Contribu	ıtions fron	n Individu	ıals					
Last Name Heist	First Name Mary		MI L	Cash	contribution: X Personal Cl	heck 0885	ition ID#	Amount of Contribution		
Residential Street Address 187 Shore Rd		City Old Greenwich		State CT	Zip Code 06870	Date Receive 03/27/20				
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	butor a lobbyis at child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00		
Last Name Stripp	First Name Judith		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0875	tion ID#	Amount of Contribution		
Residential Street Address 4 Scatacook Trl		City Weston		State CT	Zip Code 06883	Date Receive 03/27/20				
Principal Occupation Paralegal		Name of Employer B.M. Aron			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00		
Last Name Stripp	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0876	ition ID#	Amount of Contribution		
Residential Street Address 4 Scatacook Trl		City Weston	·	State CT	Zip Code 06883	Date Receive 03/27/20				
Principal Occupation Banker		Name of Employer Fairfield County Bank			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00		
Last Name Russell	First Name John		MI G	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0874	tion ID#	Amount of Contribution		
Residential Street Address 2780 Redding Rd		City Fairfield		State CT	Zip Code 06824	Date Receive 03/27/20				
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob	byist?	Aggregate Contri	butions \$50.00	\$50.00		

		I. MONETARY R	ECEIPT	ΓS (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribu	utions fro	m Individu	ıals			
Last Name Cook	First Name Catherine	·	MI W	Cash	contribution: X Personal C y Order Credit/Deb	heck 0872	ution ID#	Amount of Contribution
Residential Street Address 43 Pequot Ave		City Mystic		State CT	Zip Code 06355	Date Receiv 03/27/20		
Principal Occupation Dir. Community Affairs Dept. Vetera		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Conti	\$100.00	\$100.00
Last Name Roraback	First Name Andrew		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0895	ution ID#	Amount of Contribution
Residential Street Address 455 Milton Rd		City Goshen		State CT	Zip Code 06756	Date Receiv		
Principal Occupation State Senator		Name of Employer State of CT		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Conti	sibutions \$100.00	\$100.00
Last Name Platt	First Name Jeffrey		MI	Cash	contribution: X Personal C y Order	heck 0904	ution ID#	Amount of Contribution
Residential Street Address 11 Horton Ln		City New Canaan		State CT	Zip Code 06840	Date Receiv		
Principal Occupation Marketing Director		Name of Employer Pitney-Bowes		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Conti	sibutions \$50.00	\$50.00
Last Name Hammers	First Name Elaine		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0900	ution ID#	Amount of Contribution
Residential Street Address 59 Coventry Ln		City Trumbull		State CT	Zip Code 06611	Date Receiv 03/30/20		
Principal Occupation Business Manager		Name of Employer Hammers Healthcare Imag	ging		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate Contr	sibutions \$100.00	\$100.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name Beeble	First Name Timothy		MI	Cash	contribution: X Personal Cl	heck 0902	bution ID #	Amount of Contribution
Residential Street Address 63 Grassy Plain St		City Bethel		State CT	Zip Code 06801	Date Rece 03/30/2		
Principal Occupation Urban Planner		Name of Employer City of Stamford			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Ulbrich, Jr.	First Name Fred		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 0891	bution ID#	Amount of Contribution
Residential Street Address 59 Madison Ave		City Wallingford		State CT	Zip Code 06492	Date Rece 03/30/2		
Principal Occupation Chairman		Name of Employer Ulbrich Steel			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00
Last Name Broadman	First Name Anona		MI A	Cash	contribution: X Personal Cl	heck 0892	bution ID #	Amount of Contribution
Residential Street Address 15 Byron Dr		City Avon		State CT	Zip Code 06001	Date Rece 03/30/2		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$50.00	\$50.00
Last Name Anderson	First Name William		MI H	Cash	contribution: X Personal Cl y Order	heck 0893	bution ID#	Amount of Contribution
Residential Street Address 26 Holly Ln		City Darien		State CT	Zip Code 06820	Date Rece 03/30/2		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	tributions \$100.00	\$100.00

		I. MONI	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Itemize	d Contribution	ons from	Individu	ıals				
Last Name Litke	First Name Jeffrey			MI	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution 0896	on ID#	Amount of Contribution
Residential Street Address 230 May St		City Naugatuck			State CT	Zip Code 06770		Pate Received		
Principal Occupation Executive Assistant		Name of Employer State of CT				Is this contribution assoc fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	res X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	ations \$50.00	\$50.00
Last Name King	First Name Roberta			MI M	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution 0897	on ID#	Amount of Contribution
Residential Street Address 55 Frances Dr		City Seymour			State CT	Zip Code 06483-2005		ate Received		
Principal Occupation Retired		Name of Employer				Is this contribution associated fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive I	res X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name Parahus	First Name Elaina			MI	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution 0898	on ID#	Amount of Contribution
Residential Street Address 379 Roast Meat Hill Rd		City Killingworth			State CT	Zip Code 06419		Pate Received		
Principal Occupation Admin. Assistant		Name of Employer State of CT				Is this contribution associated fundraising event listed If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	res X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$1	utions 100.00	\$100.00
Last Name Hart	First Name Steven			MI	Cash	contribution: X Personal y Order Credit/D	Check ebit Card	Contribution 0899	on ID#	Amount of Contribution
Residential Street Address 10 Blueberry Ln		City Darien			State CT	Zip Code 06820		ate Received		
Principal Occupation Finance		Name of Employer Hart Capital, L	LC			Is this contribution assoc fundraising event listed If yes, list Event #		_{J1?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	res X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribu	utions 100.00	\$100.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Kilbride	First Name Marian		MI B	Cash	contribution:	heck 0901	tion ID#	Amount of Contribution
Residential Street Address 19 Lee Allen Lanve		City Wilton		State CT	y Order Credit/Deb Zip Code 06897	Date Receive		
Principal Occupation Retired		Name of Employer		1	Is this contribution associa fundraising event listed in If yes, list Event #	ted with a Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Flavin	First Name Melisande	e	MI	Cash	contribution: X Personal Ci y Order Credit/Deb	heck 0903	ition ID#	Amount of Contribution
Residential Street Address 357 Frogtown Rd		City New Canaan		State CT	Zip Code 06840	Date Receive 03/30/20		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Lorenson	First Name Jon		MI T	Cash	contribution: X Personal C y Order Credit/Deb	heck 0905	tion ID#	Amount of Contribution
Residential Street Address 102 Townwoods Rd		City Old Lyme		State CT	Zip Code 06371	Date Receive 03/30/20		
Principal Occupation Auto Dealer		Name of Employer Lorenson Auto Group		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Traceski, Jr	First Name Stanley		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 0906	ition ID#	Amount of Contribution
Residential Street Address 102 Vine St		City New Britain		State CT	Zip Code 06052-1433	Date Receive 03/30/20		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$50.00	\$50.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name Palazzo	First Name Vincent		MI D	Cash	contribution: X Personal Cl	neck 0907	ution ID#	Amount of Contribution
Residential Street Address 58 Marbern Dr		City Suffield		State CT	Zip Code 06078	Date Receiv 03/30/20		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	ributions \$70.00	\$70.00
Last Name Muradian	First Name R. Carol		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0908	ution ID#	Amount of Contribution
Residential Street Address 13 Evens Dr		City Canton		State CT	Zip Code 06019	Date Receiv 03/30/20		
Principal Occupation Adminsitrator		Name of Employer New England Certified Deve	lopment	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ributions \$100.00	\$100.00
Last Name Crosson	First Name William		MI S	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0909	ution ID#	Amount of Contribution
Residential Street Address 17 Sage Park Rd		City Windsor		State CT	Zip Code 06095-3327	Date Receiv		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	ributions \$20.00	\$20.00
Last Name Rubin	First Name Barbara		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 0910	ution ID#	Amount of Contribution
Residential Street Address 1699 Main St		City Glastonbury		State CT	Zip Code 06033	Date Receiv		
Principal Occupation VP		Name of Employer ISTAR Fianancial		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ributions \$100.00	\$100.00

		I. MONETARY	RECE	ZIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Jodi Rell, Governor									Origin	al 04/13/2009
		B. Itemized Contr	ibutions	from	Individu	als				
Last Name Stafford	First Name Elizabeth		M	II	Method of c	contribution: X Personal (Contribution 0911	on ID#	Amount of Contribution
Residential Street Address 244 Griswold Dr		City West Hartford			State CT	Zip Code 06119		Date Received		
Principal Occupation Director of Finance		Name of Employer Connecticut Republican	s			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X 1 Executive Legislative			tor a lobbyist child of a lobbes	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name Tyler	First Name Thomas		M. J	II	Method of c	X Personal		Contribution 0912	on ID#	Amount of Contribution
Residential Street Address 2 Cadbury Turn		City Avon			State CT	Zip Code 06001		Date Received		
Principal Occupation Manager		Name of Employer State of CT		·		Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X			tor a lobbyist child of a lobbes	byist?	Aggre	egate Contribu \$3	utions 100.00	\$100.00
Last Name Buckley, Jr.	First Name Francis		M. J	II	Method of c	contribution: X Personal (Contribution 0913	on ID#	Amount of Contribution
Residential Street Address 84 Grassy Hill Rd		City Old Lyme	•		State CT	Zip Code 06371		Date Received		
Principal Occupation Real Estate Appraiser		Name of Employer Buckley Appraisal Servi	ices, Inc	•		Is this contribution assoc fundraising event listed in If yes, list Event #		_{J1?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X	No Is de		tor a lobbyist child of a lobbes	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name Steir	First Name Michael		M	II	Method of cash Cash Money	contribution: X Personal of Order Credit/De		Contribution 0914	on ID#	Amount of Contribution
Residential Street Address 1902 Bradford Dr		City Danbury			State CT	Zip Code 06811		Oate Received		
Principal Occupation Retail Owner		Name of Employer Mt. View Plaza Wines &	Liquor			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X			tor a lobbyist child of a lobl	byist?	Aggre	egate Contribu	utions 100.00	\$100.00

		I. MONETARY	RECEIP	TS (Sectio	on A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contrib	outions fr	om Individ	uals			
Last Name Barbino	First Name Anthony		MI C	Cash	contribution: X Personal C y Order	Check 0915	ution ID#	Amount of Contribution
Residential Street Address 55 Main St S		City Bethlehem		State CT	Zip Code 06751	Date Receiv		
Principal Occupation CSSD-Mediator/Counselor		Name of Employer State of CT-Judicial			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ntributor a lobbyis dent child of a lob Yes	obyist?	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Brennan	First Name Dorothea		MI E	Cash	contribution: X Personal C y Order Credit/Del	Check 0916	ution ID#	Amount of Contribution
Residential Street Address 1931 Fairfield Beach Rd		City Fairfield		State CT	Zip Code 06824	Date Receiv		
Principal Occupation Manager		Name of Employer The United Illuminating C	Co.	·	Is this contribution association fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ntributor a lobbyis dent child of a lob Yes	-	Aggregate Cont	ributions \$100.00	\$100.00
Last Name Uzenoff	First Name Robert		MI A	Cash	contribution: X Personal C y Order Credit/Deb	heck 0917	ution ID#	Amount of Contribution
Residential Street Address 180 Davis Hill Rd		City Weston		State CT	Zip Code 06883-2020	Date Receiv		
Principal Occupation Technical Manager		Name of Employer Fuji Film Medical System	s USA, Inc.		Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No	Is con	ntributor a lobbyis dent child of a lob Yes	obyist?	Aggregate Cont	ributions \$20.00	\$20.00
Last Name Schaller	First Name Carol		MI	Cash	contribution: X Personal C y Order Credit/Deb	Check 0918	ution ID#	Amount of Contribution
Residential Street Address 453 Uncas Point Rd		City Guilford		State CT	Zip Code 06437	Date Receiv		
Principal Occupation Homemaker		Name of Employer			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ntributor a lobbyis dent child of a lob Yes	obyist?	Aggregate Cont	ributions \$100.00	\$100.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Jordan	First Name Robert		MI P	Cash	contribution: X Personal C y Order Credit/Deb	heck 0894	ition ID#	Amount of Contribution
Residential Street Address 337 Saw Mill Hill Rd		City Sterling		State CT	Zip Code 06377	Date Receive 03/30/20		
Principal Occupation Retired		Name of Employer			Is this contribution association fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	butions \$25.00	\$25.00
Last Name Williams	First Name Betty		MI A	Cash	contribution: X Personal C y Order Credit/Deb	heck 0924	ition ID#	Amount of Contribution
Residential Street Address 3 Sequin Rd		City West Hartford		State CT	Zip Code 06117	Date Receive 03/31/20		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	butions \$25.00	\$25.00
Last Name Thrasher	First Name Barrie		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0919	ition ID#	Amount of Contribution
Residential Street Address 27 Mooreland Rd		City Greenwich		State CT	Zip Code 06831	Date Receive 03/31/20		
Principal Occupation Finance		Name of Employer Mooreland Partners		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	butions \$100.00	\$100.00
Last Name Grossman	First Name Bob		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 0920	ition ID#	Amount of Contribution
Residential Street Address 105 Long Meadow HI		City Brookfield		State CT	Zip Code 06804	Date Receive 03/31/20		
Principal Occupation Consultant		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	butions \$25.00	\$25.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Matula	First Name Ethel		MI	Cash	contribution: X Personal Cl	neck 0921	ition ID#	Amount of Contribution
Residential Street Address 4 Johns Rd		City Brookfield		State CT	Zip Code 06804	Date Receive 03/31/20		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contri	butions \$20.00	\$20.00
Last Name Jones	First Name Francis		MI T	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 0923	tion ID#	Amount of Contribution
Residential Street Address 27 Monticello Dr		City Gales Ferry		State CT	Zip Code 06335-1945	Date Receive		
Principal Occupation Defense Analyst		Name of Employer Sonalysts, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contri	butions \$50.00	\$50.00
Last Name Shea	First Name Raymond		MI D	Cash	contribution: X Personal Cl	neck 0925	ition ID#	Amount of Contribution
Residential Street Address 100 Randal Ave		City West Hartford		State CT	Zip Code 06110	Date Receive 03/31/20		
Principal Occupation Retired		Name of Employer		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions \$100.00	\$100.00
Last Name Bose	First Name Robert		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 0928	tion ID#	Amount of Contribution
Residential Street Address 8 Hitching Post Ln		City Danbury		State CT	Zip Code 06811	Date Receive		
Principal Occupation Retired		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	butions \$75.00	\$75.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Huffman	First Name Terry		MI	Cash	contribution: X Personal Cl	heck 0932	oution ID #	Amount of Contribution
Residential Street Address 711 Prospect Ave		City West Hartford		State CT	Zip Code 06105	Date Recei 03/31/2		
Principal Occupation Owner		Name of Employer Cutting Edge Pizza			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Bigelow	First Name Peter		MI H	Cash	contribution: X Personal Cl / Order Credit/Debi	heck 0933	oution ID#	Amount of Contribution
Residential Street Address 10 Colton Rd		City West Hartford		State CT	Zip Code 06107	Date Recei 03/31/2		
Principal Occupation Insurance Agent		Name of Employer Self employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	ributions \$25.00	\$25.00
Last Name Abromaitis	First Name James		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 0935	oution ID#	Amount of Contribution
Residential Street Address 4 Dunne Wood Ct		City Unionville		State CT	Zip Code 06085	Date Recei 03/31/2		
Principal Occupation Exec. Director		Name of Employer CCEDA			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggregate Con	ributions \$100.00	\$100.00
Last Name Griswold	First Name E. Bulkele	·y	MI	Cash	contribution: X Personal Cl	heck 0929	oution ID#	Amount of Contribution
Residential Street Address 47 Keelers Ridge Rd		City Wilton		State CT	Zip Code 06897	Date Recei 03/31/2		
Principal Occupation Finance Exec.		Name of Employer L&L Capital Partners			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	ributions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Jodi Rell, Governor							Origin	al 04/13/2009
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Oliveria	First Name David		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 092	ribution ID #	Amount of Contribution
Residential Street Address 11 Pinewood Trl		City Deep River		State CT	Zip Code 06417	Date Reco		
Principal Occupation Business Development		Name of Employer Kaman Aerospace			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	\$25.00	\$25.00
Last Name Mueller-London	First Name Joane		MI R	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 093	ribution ID #	Amount of Contribution
Residential Street Address 27 Kenwood Rd		City Wethersfield		State CT	Zip Code 06109	Date Rece 03/31/2		
Principal Occupation Attorney		Name of Employer London & London		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name Ficeto	First Name Anna		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 093	ribution ID #	Amount of Contribution
Residential Street Address 13 Diamond Rock Rd		City Wolcott		State CT	Zip Code 06716	Date Rece 03/31/2		
Principal Occupation Attorney		Name of Employer State of CT Office of the Gov	/ernor	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00
Last Name Viggiano	First Name Margaret		MI B	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 092	ribution ID#	Amount of Contribution
Residential Street Address 61 Lynde St		City Old Saybrook		State CT	Zip Code 06475	Date Recei		
Principal Occupation RN		Name of Employer Dominion Nuclear Connectic	ut	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	stributions \$25.00	\$25.00

	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE		
Jodi Rell, Governor							Origina	al 04/13/2009		
		B. Itemized Contribution	ons from	Individu	ıals					
Last Name Moore	First Name Douglas		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	0931	ion ID#	Amount of Contribution		
Residential Street Address 1602 Briarwood Ct		City Rocky Hill		State CT	Zip Code 06067	Date Received 03/31/200				
Principal Occupation State Manager		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Contrib	outions 100.00	\$100.00		
Last Name Guilmartin	First Name Joseph		MI S	Cash	contribution: X Personal Cl	0922	ion ID#	Amount of Contribution		
Residential Street Address 759 Hale St		City Suffield		State CT	Zip Code 06078	Date Received 03/31/200				
Principal Occupation Real Estate- Energy Development		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es x	byist?	Aggregate Contrib	outions 100.00	\$100.00		
						Total of	Section B	\$49,388.00		
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary Page)		\$49,388.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	DUE DATE			
Jodi Rell, Governor								04/13/2009			
C1. Contributions from Other Committees											
Name of Committee					Name of Treasurer						
				Is this contribution associated with a Yes If yes, list Event fundraising event listed in Section J1? No				Amount of Contribution			
City	State	Zip	Code	Date R	eceived	Aggregate Contributions					
Total of Section C1											

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE				FILIN	NG DUE DATE			
Jodi Rell, Governor	Origi	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	1 04/13/2009				
	D. Loans Received this Period									
Name of Lender				Source of Louis	Is there a cosigner or Guarantor of	Amount Received				
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes					
Name of Cosigner/Guarantor										
Street Address	City	State	Zip Code	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 Paymen	nt Cash	Personal Check	Credit/Debit Card				
Total of Section E									

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

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE		FILING DUE DATE								
Jodi Rell, Governor	Origi	nal 04/13/2009								
G. Interest from Deposits in Authorized Accounts										
Name of Institution		Date Received		Total Amount Received						
Street Address	City	State	Zip Code							
Total of Section G										

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE					FILING DUE DATE					
Jodi Rell, Governor	Original 04/13/2009									
Purpose of Grant: Initial Primary Ge	eneral or Special Election	Supplemental/Independe Primary	ent Expenditure General or Special Election	Date Received	Amount					
Supplemental/Post Election Deficit General or Special Election		Supplemental/Excess Ex	xpenditure General or Special Election							
				Total of Section	н					

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE				FILI	NG DUE DATE				
Jodi Rell, Governor				Origi	inal 04/13/2009				
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name			saction		Amount Received				
Street Address	City	State Zip Code							
Description	•								
Total of Section I									

	II. FUNDRAISING EVENT ACTIVITY											
NAME OF						FILING	DUE 1	DATE				
COMMITTEE Jodi Rell, Governor							Original 04/13/2009					
J1. Fundraising Event Information												
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code				
Was this fundraising event ho	Was this fundraising event hosted at a personal residence? Yes No											
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No							
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	i	No							

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE						FILING	G DUE DATE			
Jodi Rell, Governor Original										
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI M	ethod of payment	: Card	Aggregate Amount of Purchases					
Residential Street Address	City	State	Zip Code	Date Received	Event #					
Items Purchased										
	Total of Section 12									

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE							FILING	G DUE DATE	
Jodi Rell, Governor						Origin	al 04/13/2009		
J3. In-Kind Donations Not Considered Contributions									
Name of the Donor					Donation G Indivi		ess Entity	Fair Market Value of Donation	
Street Address	City	State Zip C			· Code	Aggregate value for this even			
Description of Donation			Date Received		Event #				
						Total of Se	ction J3		

	III. I	NON	MO	NETARY RECEIPTS					
NAME OF COMMITTEE								FILING I	DUE DATE
Jodi Rell, Governor								Original	I 04/13/2009
	К.	In-K	ind (Contributions					
Name							Date Receive	ed	Fair Market Value of this Contribution
Street Address		(City State Zip Code			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 contra contractor? If yes, indicate which branch or branches government the contract is with:	Post souther			Yes No Legislative	
Is this contribution associated with a funda- listed in Section J1? If yes, list Event#		Yes No	Des	cription of In-Kind Contribution			Aggregate contr	ributions	
							Total of	f 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	First Name M			Date Received		Amount of Deposit		
Street Address	City		State	Zip Code					
Name of Telephone company			•	•					
Street Address		City			State	Zip Code			
	L								

III. NONMONET.									
NAME OF COMMITTEE						F	ILING DUE DATE		
Jodi Rell, Governor						С	riginal 04/13/2009		
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee									
Name of Committee		Name of Treas	surer						
Street Address		•		Date Notice Received			Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations						
Description of Donation		Purpose of Ex	penditure B	С	D	Е			
				То	tal of Secti	on M			

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Jodi Rell, Governor						Origi	nal 04/13/2009
	N. Expenses Paid By Commi	ttee				-	
Name of Payee Paul Pendergast Street Address 5 S Pond Rd Description Reimburse contribution	City Bloomfield	State CT	Zip Code 06002	Date of Payment 01/05/2009 Purpose of Expenditure REF	Method of Pay X Check # 1011 Debit Car Event #		Amount
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
U.S. Postal Service				01/16/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1012		
Lasalle Road	West Hartford	CT	06107	POST	Debit Car	rd	
Description P.O. Box rental extension for # 271817			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$56.00
Name of Payee Filomeno & Company				Date of Payment 02/17/2009	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1013		
80 S Main St	West Hartford	СТ	06107	RCW	Debit Car	rd	
Description Reimbursement for postage costs for certi	fied letters				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$21.96

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Jodi Rell, Governor						Origi	nal 04/13/2009
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Filomeno & Company				Date of Payment 02/24/2009	Method of Paye	ment	Amount
Street Address 80 S Main St	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure	1014 Debit Car	⁻ d	
Description Reimbursement for Web expenses			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$471.17
Name of Payee Flagship Mailing				Date of Payment 02/24/2009	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 1016		
44 Chase River Rd	Waterbury	CT	06704	POST	Debit Car	rd	
Description postage for mailing		ı	!	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,951.00
X No				<u> </u>	1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples		I		03/12/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1017 Debit Car	vd.	
2550 Albany Ave Description	West Hartford	СТ	06117	OFFICE		u	
supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$100.67

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Jodi Rell, Governor						Origi	nal 04/13/2009
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Cricket Press			_	Date of Payment 03/18/2009	Method of Pays	ment	Amount
Street Address 19 Sedgwick Rd	City West Hartford	State CT	Zip Code 06107	Purpose of Expenditure PRNT	1018 Debit Car	·d	
Description mailing project	west Hartioid	<u> </u>	00107		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$4,028.37
Name of Payee Cricket Press				Date of Payment 03/18/2009	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 1019		
19 Sedgwick Rd	West Hartford	CT	06107	PRNT	Debit Car	·d	
Description envelopes/letters/contribution cards					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,992.80
Name of Payee Cricket Press				Date of Payment 03/18/2009	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1020</u>		
19 Sedgwick Rd	West Hartford	СТ	06107	PRNT	Debit Car	·d	
Description pages			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			417.40
X No							\$17.49

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Jodi Rell, Governor						Origi	nal 04/13/2009
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Bryan Caffarelli				Date of Payment 03/30/2009	Method of Pays	ment	Amount
Street Address Walden Street	City West Hartford	State CT	Zip Code	Purpose of Expenditure	1021 Debit Car	rd	
Description food for phone bank		l			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$42.93
Name of Payee Filomeno & Company				Date of Payment 03/30/2009	Method of Pay	ment	Amount
	City	C+-+-	Zin Code	Purpose of Expenditure	X Check #		
Street Address 80 S Main St	West Hartford	State CT	Zip Code 06107	RCW	Debit Car	d d	
Description Food for phone banks		<u> </u>	!	l	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$229.40
X No				T	T		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Filomeno & Company	T		1	03/31/2009	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1025		
80 S Main St	West Hartford	СТ	06107	RCW	Debit Car	·d	
Description postage for certified letters					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$140.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Jodi Rell, Governor						Origi	nal 04/13/2009
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Flagship Mailing				Date of Payment 03/31/2009	Method of Paye	ment	Amount
Street Address 44 Chase River Rd	City Waterbury	State CT	Zip Code 06704	Purpose of Expenditure POST	1023 Debit Car	rd	
Description mailing							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$132.23
Name of Payee Filomeno & Company				Date of Payment 03/31/2009	Method of Pay	ment	Amount
Street Address 80 S Main St	City West Hartford	State CT	Zip Code	Purpose of Expenditure	1024 Debit Car	rd	
Description postage for certified letters		-	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$54.76
No No					Total of Sec	ction N	\$9,338.78

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Jodi Rell, Governor							Origina	1 04/13/2009
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee				Date of Payme		Is Reimbur Claimed?	rsement	Amount
Street Address		City	State	Zip Code		Yes No		
Purpose of Expenditure	Description				Event #	ŧ		
						Total of	Section O	

		IV. EXPENDITURES					
NAME OF COMMITTEE						FII	LING DUE DATE
Jodi Rell, Governor							iginal 04/13/2009
Name of Issuing Institution			Type of Credit C	ard:			
			Visa	Master Card	Discover	Ameri	ican
			Other				
Name of Vendor					Date of Transaction		Amount
Street Address		City	State	Zip Code			
Purpose of Expenditure	Description		·	•	Event #		
					Total of Section	ı P	

	IV. EXPE	ENDITURES								
NAME OF CO	MMITTEE				FILING DU	E DATE				
Jodi Rell, Gov	vernor				Original 04	/13/2009				
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor			Date Incurred	Event #		Amount Incurred (Estimate or				
Street Address		City		State	Zip Code	Actual)				
Purpose of Expenditure	Description									
Is this expenditure of which reimburseme Yes	coordinated with another candidate for Other Candida nt is sought?	te(s) Name	Office Sought							
				Total of	Section Q					

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Jodi Rell. Governor					Origir	nal 04/13/2009
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants		•	
Name of Worker/Consultant Filomeno & Company Secondary Payee USPS	Date of Payment 02/17/2009 Purpose of Expenditure POST		02/17/2009		nent	Amount
Street Address Lasalle Road	City West Hartford		State CT	Zip Code 06107		
	idate(s) Name	Office	Sought	Event #		
which reimbursement is sought? Yes No						\$21.96
Name of Worker/Consultant Filomeno & Company		Date of Pa		Method of Payment X Check #		Amount
Secondary Payee GoDaddy.com		Purpose o	of Expenditure	1014 Debit Card	d	
Street Address	City		State	Zip Code		
Description Web Expenses			•	Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$471.17

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Jodi Rell, Governor					Origin	nal 04/13/2009
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Bryan Caffarelli			ayment 2009	Method of Paym X Check #	ent	Amount
Secondary Payee Harry's Pizza		Purpose o	of Expenditure	Debit Card	i	
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 Other Candwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$42.93
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount
Filomeno & Company		03/30/	2009	X Check #		
Secondary Payee Various		Purpose o	of Expenditure	Debit Card	i	
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? Yes	idate(s) Name	Office	Sought	1		\$229.40

IV. EXPENDITURES									
NAME OF COMMITTEE FILE						NG DUE DATE			
Jodi Rell. Governor					Origin	Original 04/13/2009			
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants						
Name of Worker/Consultant Filomeno & Company		Date of Payment 03/31/2009		Method of Payn	nent	Amount			
Secondary Payee USPS		Purpose of Expenditure POST		1025 Debit Card					
Street Address Lasalle Road	City West Hartford		State CT	Zip Code 06107					
Description Postage for certified letters Event #									
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought									
which reimbursement is sought? Yes No						\$140.00			
Name of Worker/Consultant Filomeno & Company		Date of Payment 03/31/2009		Method of Payment X Check # 1024 Debit Card		Amount			
ondary Payee		Purpose of Expenditure POST							
Street Address Lasalle Road	City West Hartford		State CT	Zip Code 06107					
Description postage for certified letters			•	Event #					
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?									
Yes X No						\$54.76			
				Total of So	ection 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									