## **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

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Page 1 of 141

## **SUMMARY PAGE**

1. NAME OF COMMITTEE													
South Windsor Republ	ican Town (	Committee											
2. TREASURER NAME													
Title	First <b>Richard</b>			МІ <b>J.</b>	Last Cullen			Suffix					
3. TREASURER ADDRESS													
Street Address			City			State		Zip Code					
218 Lisa Dr			South	n Windsor		СТ		06074					
4. ELECTION DATE			5. O	FFICE SOUG	SHT (if applicable)		6. DISTRI	CT CODE (if applicable)					
7. CANDIDATE NAME													
Title First MI Last Suffix													
8. TYPE OF REPORT													
July 10 Filing - Amendment													
9. PERIOD COVERED													
		Beginning Date			Ending Date								
		04/01/2011		thru	06/30/2011								
			10. CER	RTIFICATION									
					of the information set forth or covered is true, accurate and								
Electronic Filing		Richard Cullen			09/22	2/2011 6	:58:05 am	1					
SIGNATURE		PRINT NAME OF THE	SIGNE	∃R	DATE	CERTIFIED							
		R FALSE STATEMENT IS			INE NOT TO EXCEED \$1,000, OR BOTH.								

## **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE								
NAME OF COMMITTEE	FILING DUE DATE								
South Windsor Republican Town Committee	Amended 07/11/2011								
	COLUMN A	COLUMN B							
	This Period	Aggregate							
11 Palance on hand January 1 of augment year for Oncoing and Party									
Balance on hand January 1 of current year for Ongoing and Party     Committees OR Balance on hand from day Committee was formed for all other		\$12,158.43							
12. Balance on hand at the beginning of Reporting Period	\$9,796.91								
13. Contributions received from Individuals (Section A and B)	\$12,880.00	\$12,952.00							
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00							
15. Other Monetary Receipts (Section D-K)	\$1,867.50	\$1,867.50							
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	\$15,803.00	\$15,803.00							
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00							
16c. Total Purchases of Advertising in a Program Book (Section L3)	\$2,050.00	\$2,050.00							
17. Total Monetary Receipts (add totals for lines 13-16c)	\$32,600.50	\$32,672.50							
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$42,397.41	\$44,830.93							
19. Expenses Paid by Committee (Section P)	\$20,256.18	\$22,689.70							
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$22,141.23	\$22,141.23							
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$80.00	\$80.00							
22. In-Kind Contributions Received (Section M)	\$335.00	\$335.00							
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00							
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00							
25. Beginning Loan Balance	\$0.00	\$0.00							
25a. + Loans Received (Section D)	\$0.00	\$0.00							
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00							
25c Payments on Loan(s)	\$0.00	\$0.00							
25d. Total Outstanding Loan Amount	\$0.00	\$0.00							
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00							
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00							
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$1,479.28								
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$1,479.28								

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
A. Total Contributions fro	m Small (	Contributors-Received	l thi	is Perio	d ON	NLY					
(See instructions for definition of Sma	ll Contributor)				s	ubtotal S	ection		\$0.00		
	B. It	emized Contributions fro	om l	Individu	als						
Last Name Koboski	First Name Philip		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 141 Woodland Dr		City South Windsor			State CT	Zip Code 06074		Principal Occ	upation		
	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?									
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	X No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or the government the contract is with:			ective s	7	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit	/Debit Card Payroll Ded	uction	. [	Mone	y Order	Date R	eceived 1/2011	Aggregate Contribution \$48		\$48.00
Last Name Daugherty	First Name Kathleen		MI	Name of E RGIS	mploye	r					Amount of Contribution
Residential Street Address 12 Roy Rd		City South Windsor		•	State CT	Zip Code 06074		Principal Occ Adm Asst	upation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state c If yes, indicate which branch or br government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit	/Debit Card Payroll Ded	uctior	. 🗆	Mone	y Order	l	eceived 1/2011	Aggregate Contribution		\$48.00
Last Name Graham	First Name Katie		MI	Name of E Town of							Amount of Contribution
Residential Street Address 246 Quarry Brook Dr		City South Windsor			State CT	Zip Code 06074		Principal Occ Deputy Re			
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit	/Debit Card Payroll Ded	uctior	. 🗆	Mone	y Order	l	eceived 1/2011	Aggregate Contribution		\$80.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commit	ttee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om l	Individu	als						
Last Name Andreucci	First Name Jonathan		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 55 Society Hill Rd		City Waterbury			State CT	Zip Code 06704-		Principal Occu	pation		
1 1 1 111 0 1 11 1 0	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or be government the contract is with:	ranche	es of		Executi		Legislative		$\dashv$	
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 04/01	/2011	Aggregate Contribution \$60	on 0.00	\$60.00
Last Name Giguere	First Name Pat		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 901 Wilbraham Rd		City Springfield	•		State MA	Zip Code 01109		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 04/01	eceived /2011	Aggregate Contribution \$60		\$60.00
Last Name Ravetto	First Name Sarah		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 6 Petterson Cir		City Stafford Springs			State CT	Zip Code 06076		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Region (Cash R	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 04/01	eceived /2011	Aggregate Contribution	on 0.00	\$60.00

	I	. MONETARY RECE	ПРТ	S (Section A	A-K)					
NAME OF COMMITTEE									FILE	NG DUE DATE
South Windsor Republican Tow	vn Commit	ttee							Am	ended 07/11/2011
	B. It	emized Contributions fr	om I	Individuals						
	First Name Pamela		MI	Name of Employe	r					Amount of Contribution
Residential Street Address  1 Stetson St		State Zip Code Principal Occupation  Norwich CT 06360								
or dependent child of a lobbyist?	dependent child of a lobbyist?  IND  officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?									
fundraising event listed in Section L1?  If yes, list Event # 06112011A	No No	If yes, indicate which branch or b government the contract is with:	ranche	es of	Executiv		Legislative			
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction	Mone	y Order	Date Re 04/01	cceived ./2011	Aggregate Contributio		\$50.00
	First Name Michele		MI	Name of Employe	r					Amount of Contribution
Residential Street Address 861 Ellington Rd		City South Windsor		State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	tributo	r or business he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state.  If yes, indicate which branch or b government the contract is with:			_	_	. —	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Dec	luction	Mone	y Order	Date Re	eceived ./2011	Aggregate Contributio		\$50.00
	First Name Robin		MI	Name of Employer	r					Amount of Contribution
Residential Street Address 5 Overhill Rd		City Ellington		State CT	Zip Code 06029		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo: lued at	r or business he/she more than \$5000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Dec	luction	Mone	y Order	Date Re	eceived ./2011	Aggregate Contributio		\$40.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILE	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name Szepanski	First Name Stephen		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 78 Hampden Rd		City Stafford		•	State CT	Zip Code 06076		Principal Occu	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state of the contributor apprincipal of the contribut	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi		Legislative			
Method of Contribution  Cash  Rersonal Check	Credit	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 04/01	/2011	Aggregate Contribution \$40	on ).00	\$40.00
Last Name Legere	First Name Katherine		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 245 Parish Hill Rd		City North Windham	•		State CT	Zip Code 06256		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	☐ Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 04/01	eceived /2011	Aggregate Contribution \$40	on ).00	\$40.00
Last Name Eckleberry	First Name Sandra		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 18 Pine Hallow Rd		City North Branford			State CT	Zip Code 06471		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value.	ributo ued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Regional Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 04/01	eceived /2011	Aggregate Contribution	on 0.00	\$40.00

	I. MONETARY RECEIPT	S (Section A-K)			
NAME OF COMMITTEE				FII	LING DUE DATE
South Windsor Republican Town Com-	ittee			A	mended 07/11/2011
В.	temized Contributions from I	ndividuals			
Last Name First Name Lanzano Ronald	MI	Name of Employer			Amount of Contribution
Residential Street Address 190 Natsisky Farm Rd	City South Windsor	State Zip Code CT 06074	Principal Occup	oation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No  Is this contribution associated with a fundamining event listed in Section 112	If contribution is in excess of \$400 to a ca officer of a municipality does contributor contract with said municipality valued at a Is contributor a principal of state contract	or business he/she associated wi more than \$5000?	th have a	Yes No	
fundraising event listed in Section L1?  If yes, list Event # 06112011A No  Method of Contribution	If yes, indicate which branch or branches government the contract is with:	Executive		Aggregate Contribution	1
	it/Debit Card Payroll Deduction		04/01/2011	\$40.00	\$40.00
Last Name First Name Pallazola Nadine	MI	Name of Employer			Amount of Contribution
Residential Street Address 444A N Main St # 109	City East Longmeadow	State Zip Code MA 01028	Principal Occup	oation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a ca officer of a municipality does contributor contract with said municipality valued at	or business he/she associated wi		Yes No	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	Is contributor a principal of state contract  If yes, indicate which branch or branches government the contract is with:	• •	Ш	Yes X No	
Method of Contribution  Cash Personal Check Cre	it/Debit Card Payroll Deduction		Date Received 04/01/2011	Aggregate Contribution \$40.00	\$40.00
Last Name First Name Quoka Carol	MI	Name of Employer			Amount of Contribution
Residential Street Address 1511 Kettletown Rd	City Southbury	State Zip Code CT 06488	Principal Occup	oation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   X  No	If contribution is in excess of \$400 to a ca officer of a municipality does contributor contract with said municipality valued at	or business he/she associated wi more than \$5000?	th have a	Yes No	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A No	Is contributor a principal of state contract  If yes, indicate which branch or branches government the contract is with:	• •	Ш	yes X No	
Method of Contribution  Cash X Personal Check Creek	it/Debit Card Payroll Deduction		Date Received 04/01/2011	Aggregate Contribution \$40.00	\$40.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commit	ttee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om l	Individu	als						
Last Name Bessette	First Name Gary		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 14 Marion St		City Windsor Locks		•	State CT	Zip Code 06096		Principal Occu	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state of the contributor apprincipal of the contributor a	ributo ued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	<u> </u>	Legislative			
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 04/01	/2011	Aggregate Contribution \$40		\$40.00
Last Name Michaels	First Name Timothy		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 69 Jody Ln		City Plantsville	•		State CT	Zip Code 06479-		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 04/01	eceived /2011	Aggregate Contribution \$40		\$40.00
Last Name Norige	First Name Kevin		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 112 Deming St		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value.	ributo ued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Regional Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 04/01	eceived /2011	Aggregate Contribution		\$40.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILE	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	Individu	als					•	
Last Name Diamore	First Name Joan		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 260 Carriage Way	•	City Windsor			State CT	Zip Code 06095		Principal Occu	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No X Yes	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va Is contributor a principal of state	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A  Method of Contribution	No No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executiv	ve Date Re	Legislative	Aggregate Contribution	on	
Cash X Personal Check	Credit	Debit Card Payroll Dec	luction	· L	Mone	y Order	04/01	./2011	\$40	.00	\$40.00
Last Name Tyszka	First Name Barbara		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 501 Summer Hill Dr		City South Windsor		•	State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	☐ Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/01	eceived ./2011	Aggregate Contribution \$40		\$40.00
Last Name Rossing	First Name Debra		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 1158 Boston Tpke		City Coventry			State CT	Zip Code 06238		Principal Occu	pation		
	No	If contribution is in excess of \$400 officer of a municipality does come contract with said municipality va	tributo lued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/01	eceived ./2011	Aggregate Contribution		\$40.00

	I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE			FILING DUE DATE
South Windsor Republican Town Com	ittee		Amended 07/11/2011
В.	temized Contributions from Individuals		
Last Name First Name	MI Name of Employer		Amount of
Vermes Tammy			Contribution
Residential Street Address 37 Orlando St	City State Zip Co Feeding Hills MA 01089		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chi officer of a municipality does contributor or business he/she associate contract with said municipality valued at more than \$5000?	ed with have a Yes No	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A Yes	Is contributor a principal of state contractor or prospective state cont  If yes, indicate which branch or branches of government the contract is with:  Exec	☐ Yes 🗶 No	
Method of Contribution  Cash  Personal Check  Cre	/Debit Card Payroll Deduction Money Order	Date Received Aggregate Contribution 94/01/2011 \$40.	
Last Name First Name Normen Nancy	MI Name of Employer		Amount of Contribution
Residential Street Address 158 Homestead Dr	City State Zip Co CT 0607		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chi officer of a municipality does contributor or business he/she associate contract with said municipality valued at more than \$5000?	Yes	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A  No	Is contributor a principal of state contractor or prospective state cont  If yes, indicate which branch or branches of government the contract is with:	Yes X No	
Method of Contribution  Cash Personal Check Cre	/Debit Card Payroll Deduction Money Order	Date Received Aggregate Contribution \$80.	
Last Name First Name Daugherty Kathleen	MI Name of Employer		Amount of Contribution
Residential Street Address 12 Roy Rd	City State Zip Co CT 06074		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate committee for a chi officer of a municipality does contributor or business he/she associate contract with said municipality valued at more than \$5000?	ed with have a Yes No	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A  No	Is contributor a principal of state contractor or prospective state cont  If yes, indicate which branch or branches of government the contract is with:  Exec	Yes X No	
Method of Contribution  Cash X Personal Check Creek	/Debit Card Payroll Deduction Money Order	Date Received Aggregate Contribution 04/04/2011 \$80.	

	I	. MONETARY RECE	ЕІРТ	S (Secti	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om I	ndividua	ıls					<u> </u>	
Last Name Snyder	First Name Janice		MI	Name of En	nploye	r					Amount of Contribution
Residential Street Address 191 Bourbon St		State Zip Code Principal Occupation  City State CT 06074									
	Yes No	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va Is contributor a principal of state	tributo lued at	r or business more than \$5	he/she 5000?	associated v	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:				Executiv	_	Legislative	Yes X No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/04	eceived -/2011	Aggregate Contribution \$80		\$80.00
Last Name Snyder	First Name Jeffrey		MI	Name of En	nploye	r					Amount of Contribution
Residential Street Address 191 Bourbon St		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
1 1 1 1 111 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective st	Executiv	_	Legislative	Yes X No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived	Aggregate Contributio		\$60.00
Last Name Berti	First Name Anne		MI	Name of En	nploye	r					Amount of Contribution
Residential Street Address 2572 Torringford St		City Torrington			State CT	Zip Code 06790		Principal Occu	pation		
1 1 1 1 11 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 8/2011	Aggregate Contribution		\$40.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commit	ttee								Am	ended 07/11/2011
	B. Ite	emized Contributions fro	om l	Individu	als						
Last Name Knight	First Name Jerry		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 17 W View Ave		City North Providence	<u> </u>		State RI	Zip Code 02911		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does control with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	Executi		Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction	x	Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution		\$80.00
Last Name Berthiaume	First Name Sharon		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 119 Acrebrook Dr	•	City Chicopee	-		State MA	Zip Code 01020		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch the contract is with:			ective s	Executi		Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction	x	Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution \$100		\$100.00
Last Name LaPointe	First Name Catalina		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 25 Geneva Ave	•	City West Hartford	•		State CT	Zip Code 06107		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	_		Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution		\$50.00

	I	. MONETARY RECE	EIPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om I	ndividu	als					<u> </u>	
Last Name Glatzer-Wicks	First Name Jenine		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 7 Route 6		City Columbia			State CT	Zip Code 06237		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a fundamental production of the contract of th											
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contribution \$40		\$40.00
Last Name Main	First Name Barbara MI Name of Employer										Amount of Contribution
Residential Street Address 31 Wolcott		City Vernon			State CT	Zip Code 06066		Principal Occu	pation		
1 1 1 1 111 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contributio		\$80.00
Last Name Bochar	First Name Carol		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 256 Myers Corners Rd		City Wappingers Falls	•		State NY	Zip Code 12590-	2108	Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$50.00

	I.	MONETARY RECE	ZIPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	ING DUE DATE
South Windsor Republican Tow	vn Commit	tee								Am	nended 07/11/2011
	B. Ite	emized Contributions fr	om I	ndividu	als						
	First Name Marilyn		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 936 Main St		City Leominster			State MA	Zip Code 01453		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a fundraising event listed in Section L1?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is contribution associated with a fundraising event listed in Section L1?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?  Is contribution associated with a fundraising event listed in Section L1?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive of ficer of a municipality valued at more than \$5000?											
Y Ves X V											
Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order		3/2011	Aggregate Contribution \$50		\$50.00
	First Name David  MI Name of Employer										Amount of Contribution
Residential Street Address 350 Meadow St Apt 53		City Agawam	1		State MA	Zip Code 01001-	2230	Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contribution		\$50.00
	First Name Beatrice		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 83 Hampton Park		City Branford			State CT	Zip Code 06405		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution	on 5.00	\$65.00

	I.	MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Town	n Commit	tee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om I	ndividua	als						
	irst Name eggy Ann		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 45 Linda's Run		City Stratford			State CT	Zip Code 06614		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a  Ix Yes  Is contributor a principal of state contractor?  Ix No											
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative											
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$60.00
											Amount of Contribution
Residential Street Address 77 Burnham Rd		City Avon			State CT	Zip Code 06001		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$50.00
	irst Name auren		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 10 Magnolia Dr		City Enfield	•		State CT	Zip Code 06082		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$40.00

	I	. MONETARY RECE	EIPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	ING DUE DATE
South Windsor Republican Tov	wn Commi	tee								Am	nended 07/11/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name Mamak	First Name Dheeraj		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 411 Quarry Brook Dr		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a  Ix Yes  Is contributor a principal of state contractor?  I Yes  Ves  Is ves											
fundraising event listed in Section L1?  If yes, list Event # 06112011A  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contribution		\$50.00
Last Name Audette	First Name Holly		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 404 S River Rd		City Tolland			State CT	Zip Code 06084		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	tributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contribution \$50		\$50.00
Last Name Potter	First Name Allison		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 81 Long Hill Rd		City Windsor			State CT	Zip Code 06095		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va	tributo lued at	or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution	on 0.00	\$80.00

	I	, MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	tee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name Bennett	First Name Marcia		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 138 Vernon Ave Fl 1		City Vernon			State CT	Zip Code 06066		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes											
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No lifyes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution \$40		\$40.00
Last Name Rossitto	First Name Barbara		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 33 High Ridge Rd		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution		\$40.00
Last Name Simpson	First Name Robin		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 377 Hackmatack St		City Manchester	•	•	State CT	Zip Code 06040		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution		\$50.00

	I	. MONETARY RECE	EIPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	man lavra						
Singh	Dalisay		IVII	Name of E	прюуе	ı					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
4 Timber Ln		Holyoke			MA	01040-	1195				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a contract with said municipality valued at more than \$5000?  Is contributor a principal of state contractor or prospective state contractor?  Yes X No											
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or begovernment the contract is with:			ective s	ate contrac Executi	_	Legislative	Yes X No		
Method of Contribution		government are conduct is with:					Date R	eceived	Aggregate Contribution	nn .	
Cash X Personal Check	Credit	/Debit Card Payroll Dec	luction		Mone	y Order	l	3/2011	\$55		\$55.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Lin	Freda										Contribution
Residential Street Address		ar.			State	Zip Code		Principal Occu	pation		
1867 W 12th St		City Brooklyn			NY	11223					
1007 W 1201 30		Brookly!!									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va	tributor	or business	he/she				Yes No		
Is this contribution associated with a	X Yes	Is contributor a principal of state				tate contrac	tor?		Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	No No	If yes, indicate which branch or be government the contract is with:	ranches	s of		Executi	ve 🗀	Legislative	res No		
Method of Contribution		_		_			Date R	eceived	Aggregate Contribution	on	
Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	04/13	3/2011	\$50	.00	\$50.00
Last Name	First Name		MI	Name of E	mnlove	r	<u> </u>		1		
Pierog	Lynne		1411	Name of E	прюус	1					Amount of Contribution
		•									
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
137 Hall Hill Rd		Somers			СТ	06071					
	Yes No	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va	tributor	or business	he/she				Yes No		
Is this contribution associated with a	X Yes	Is contributor a principal of state				tate contrac	tor?		Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	No	If yes, indicate which branch or b government the contract is with:	ranches	s of		Executi	ve _	Legislative	- 30 110		
Method of Contribution		government the contract is with:					<u> </u>	eceived	Aggregate Contribution	\n	
Cash Rersonal Check	Credit/	/Debit Card Payroll Dec	luction		Mone	y Order	l	3/2011	Aggregate Contribution \$40		\$40.00

	I	. MONETARY RECE	EIPT	TS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name Polaske	First Name Donna		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 21 Overhill Dr		City Berlin	<u> </u>		State CT	Zip Code 06037		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a  Is contributor a principal of state contractor?  Yes  Is contributor a chief executive officer of a municipality valued at more than \$5000?											
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash Personal Check Credit/Debit Card Payroll Deduction Date Received 04/13/2011 Aggregate Contribution \$50.00											\$50.00
Last Name Esposito	First Name MI Name of Employer Mercedes									Amount of Contribution	
Residential Street Address 8 Cadbury Turn		City Avon			State CT	Zip Code 06001		Principal Occu	pation		
1 1 1 1 111 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contributio		\$40.00
Last Name Perkins	First Name Linda		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 3F Amato Dr		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contribution		\$40.00

	I	. MONETARY RECE	ІРТ	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	tee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name Landry	First Name John		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 25 Garnet Ln		City South Windsor		•	State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a fundraising event listed in Section L1?  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of											
If yes, list Event # 06112011A  Method of Contribution  Cash X Personal Check	No No	If yes, indicate which branch or b government the contract is with:  Debit Card Payroll Ded			Mone	Executive Sy Order	Date R	Legislative	Aggregate Contribution	on ).00	\$40.00
Last Name Bushnik	First Name Leah		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 41 Chestnut St		City Windsor Locks		•	State	Zip Code 06096		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 04/13	eceived 8/2011	Aggregate Contribution \$60	on ).00	\$60.00
Last Name Caunt-Nulton	First Name Heather		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 223 London Ave		City Pawtucket			State RI	Zip Code 02861		Principal Occu	pation		
	No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo lued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:				Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution	on 0.00	\$50.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	ING DUE DATE
South Windsor Republican Tov	wn Commit	tee								Am	nended 07/11/2011
	B. It	emized Contributions fr	om I	ndividu	als						
	First Name Christopher		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 339 Pelham Hill Rd		City Shutesbury			State MA	Zip Code 01072-	9749	Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a  Is contributor a principal of state contractor?											
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  Date Received  04/13/2011  \$40.00											
											Amount of Contribution
Residential Street Address 620 S Elm St		City Wallingford			State CT	Zip Code 06492		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contributio		\$40.00
Last Name Picard	First Name Kathy		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 296 Conestoga Way		City Glastonbury	<u>I</u>		State CT	Zip Code 06033		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution	on 0.00	\$40.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
Raffia	Adrien			rame or E		•					Amount of Contribution
Residential Street Address		City	!		State	Zip Code		Principal Occu	pation		
22 Monroe Rd		Enfield			СТ	06082					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A  Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A  Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5000?  Is contribution associated with a fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with:											
Method of Contribution  Cash  Rersonal Check		Debit Card Payroll Dec	luction	ı [	Mone	y Order	Date R		Aggregate Contribution	on ).00	\$50.00
Last Name Daley	First Name Toby		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 55 Diane Dr		City South Windsor	ı		State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			_	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution		\$50.00
Last Name Launderville	First Name Lynn		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
54 Tracy Dr		Manchester			СТ	06042					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit	Debit Card Payroll Dec	luction	· [	Mone	y Order	Date Ro	eceived 3/2011	Aggregate Contribution	on ).00	\$60.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILE	NG DUE DATE
South Windsor Republican To	own Commit	ttee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om l	ndividu	als						
Last Name Miklas	First Name Karen		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 11 Hayes Dr		City Vernon	<u> </u>		State CT	Zip Code 06066		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a fundaministic part of the said municipality valued at more than \$5000?  Is contributor a principal of state contractor or prospective state contractor?  Yes  No											
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No lif yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution \$60		\$60.00
Last Name Monico	First Name Laura		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 53 Tennyson Ave		City North Haven	•		State CT	Zip Code 06473		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi		Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution		\$50.00
Last Name Sylvester	First Name Richard		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 4 Raffi Dr		City Plainville			State CT	Zip Code 06062		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_		Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 04/13	eceived 3/2011	Aggregate Contribution		\$50.00

	I	. MONETARY RECE	EIPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	ING DUE DATE
South Windsor Republican Tov	wn Commit	tee								Am	nended 07/11/2011
	B. It	emized Contributions fr	om I	ndividu	als						
	First Name Paula		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 220 Canner St		City New Haven	1		State CT	Zip Code 06511-	2233	Principal Occu	pation		
Is contribution a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a contract with said municipality valued at more than \$5000?  Is contribution associated with a contract or prospective state contractor?  Yes  No											
fundraising event listed in Section L1?  If yes, list Event # 06112011A  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash Personal Check Credit/Debit Card Payroll Deduction Date Received 04/13/2011 Aggregate Contribution \$50.00											\$50.00
	First Name MI Name of Employer Nancy										Amount of Contribution
Residential Street Address 19 Charlotte Dr		City Tolland		•	State CT	Zip Code 06084		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contribution		\$40.00
	First Name Les		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 13 Longview Dr		City Bloomfield		•	State CT	Zip Code 06002		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 55000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/13	eceived 3/2011	Aggregate Contribution	on 0.00	\$40.00

	I	. MONETARY RECE	ПРТ	ΓS (Section A-K)							
NAME OF COMMITTEE								FILE	NG DUE DATE		
South Windsor Republican To	wn Commi	ttee						Am	ended 07/11/2011		
	B. It	emized Contributions fr	om I	Individuals							
Last Name	First Name		МІ	Name of Employer				T	A		
Shaughnessy	Linda								Amount of Contribution		
Residential Street Address 7 Cherry St	!	City Rockville		State Zip Code CT 06066	Pı	rincipal Occup	pation				
7 Cherry St		ROCKVIIIE									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?											
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A											
Method of Contribution  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 04/13/2011 Aggregate Contribution \$50.00											
Last Name Digiacomo	First Name Charlotte		MI	Name of Employer					Amount of Contribution		
Residential Street Address  City  Kensington  City  CT  O6037  Principal Occupation  CT  O6037											
1 1 ( 131 ( 131 ) (0	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	or or business he/she associated			Yes No				
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:	contrac	ctor or prospective state contrac		Legislative	Yes X No				
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Rece 04/13/2		Aggregate Contributio		\$40.00		
Last Name Condon	First Name Lena		MI	Name of Employer					Amount of Contribution		
Residential Street Address 14 Wilbur St		City Plantsville		State Zip Code CT 06479	Pı	rincipal Occup	oation				
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	or or business he/she associated t more than \$5000?	with have a		Yes No				
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		• •		Legislative	Yes X No				
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	n Money Order	Date Rece 04/13/2		Aggregate Contribution \$50.		\$50.00		

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om l	Individu	als						
Last Name Mirek	First Name Carolyn		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 48 Sele Dr .		City South Windsor			State CT	Zip Code 06066		Principal Occu	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No Yes X No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of If yes, indicate which branch or but	ributo ued at contra	r or business t more than \$ ctor or prosp	he/she 5000?	associated	with have		Yes No		
Method of Contribution  Cash  Representation  Cash  Description  Cash  Description  Description  Cash  Description  Descri		government the contract is with:  Debit Card Payroll Ded	uctior	n 🔲	Mone	ey Order	Date R		Aggregate Contribution \$104		\$24.00
Last Name Mirek	First Name Carolyn		MI	Name of E Benco D		r					Amount of Contribution
Residential Street Address 48 Sele Dr .		City South Windsor		•	State CT	Zip Code 06066		Principal Occu Sales Rep	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction	ı 🗆	Mone	y Order	Date R	eceived 9/2011	Aggregate Contribution \$104		\$80.00
Last Name Carey	First Name Carolyn		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 145 Abbe Rd		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business t more than \$	he/she 5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  X  Personal Check	Credit	Debit Card Payroll Ded	uction	n 🔲	Mone	ey Order	Date R	eceived 9/2011	Aggregate Contributio		\$24.00

	I	. MONETARY RI	ECEIPT	S (Secti	on A	-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contribution	ns from I	ndividua	ıls						
Last Name Spaziani	First Name Raina		MI	Name of En Keifer's I							Amount of Contribution
Residential Street Address 21 Shore Dr		City Griswold	,		State CT	Zip Code 06351		Principal Occu Sales	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes   If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?    Is this contribution associated with a   Is contributor a principal of state contractor?   Is contributor?   Is contributor a principal of state contractor?   Is contributor?   Is contributor a principal of state contractor?   Is contributor a principal of state contractor   Is contributor   Is contributo											
fundraising event listed in Section L1?  If yes, list Event #  If yes, indicate which branch or branches of government the contract is with:    Yes   X   No     Yes   X   No											
Cash X Personal Check Credit/Debit Card Payroll Deduction Money Order 04/29/2011 \$300.00											
Last Name First Name MI Name of Employer Self employed											Amount of Contribution
Residential Street Address 38 11 Ditmars Blvd # 70  City Astoria  State NY  State NY  Principal Occupation self employed											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of officer of a municipality do contract with said municipal	es contributor	or business l	he/she a				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of If yes, indicate which brand government the contract is	ch or branches		ective st	Executi		. —	Yes X No		
Method of Contribution  Cash  Cash  Personal Check	Credit	Debit Card Payro	oll Deduction		Money	/ Order	Date Re	eceived 9/2011	Aggregate Contribution		\$130.00
										Amount of Contribution	
Residential Street Address City State Zip Code NY 11355 Principal Occupation											
1 1 1 1 111 0 1 11 1 10	Yes No	If contribution is in excess of officer of a municipality documentate with said municipal contract with	es contributor	or business l	he/she a				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of If yes, indicate which brand government the contract is	ch or branches		ective st	,	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payro	oll Deduction		Money	/ Order	Date Re	eceived 9/2011	Aggregate Contribution		\$50.00

	I	. MONETARY RECE	IPT	S (Secti	on A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om I	ndividua	ıls						
Last Name Tapp	First Name Diane		MI	Name of En	1 ,						Amount of Contribution
Residential Street Address 16 Riverview St		City Enfield	<u> </u>		State CT	Zip Code 06082		Principal Occu Sales	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    X   No											
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No lif yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash  Date Received Aggregate Contribution  Od/29/2011  Aggregate Contribution  \$60.00											
Last Name Janczak	First Name Laura		MI	Name of En	nploye	r					Amount of Contribution
Residential Street Address 19 Crane Rd		City Ellington			State CT	Zip Code 06029		Principal Occu	pation		
1 1 1 1 11 0 1 11 1 10	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business l	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ctive s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 04/29	eceived 9/2011	Aggregate Contributio		\$40.00
Last Name Rawson	First Name Janet		MI	Name of En	nploye	r					Amount of Contribution
Residential Street Address 22 Jeffrey Alan Dr .		City Manchester			State CT	Zip Code 06042		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business l	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ctive s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 9/2011	Aggregate Contribution		\$40.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mm lava						
Chandler	Bryn		IVII	Name of E	прюуе	I					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
90 Overlook Rd		South Windsor			СТ	06074					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does con contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/29	eceived 9/2011	Aggregate Contribution \$40		\$40.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Schultz	Lisa										Contribution
Residential Street Address 820 Matthews St Unit 8		City Bristol			State CT	Zip Code 06010		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			_	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/29	eceived 9/2011	Aggregate Contribution		\$50.00
Last Name Kay	First Name Jennifer		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
114 Cronin St		Bristol			СТ	06010					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does concontract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check		Debit Card Payroll Dec	luoti -	ĪΥ	l <sub>м</sub>	y Order	Date Re	eceived	Aggregate Contribution		
Casii reisoliai Check	Credit	Deon Caru rayioli Dec	испоп		ivione	y Order	04/25	9/2011	\$40	.00	\$40.00

	I	. MONETARY RECE	ІРТ	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name Michaud	First Name Christie		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 20 Webster Rd		City Enfield	<u>I</u>	<u> </u>	State CT	Zip Code 06082		Principal Occu	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va  Is contributor a principal of state  If yes, indicate which branch or b	ributo lued at contra	r or business t more than \$ ctor or prosp	he/she 5000?	associated	with have		Yes No		
Method of Contribution  Cash  Cash  Contribution  Cash  Rersonal Check	□ No	government the contract is with:  Debit Card Payroll Dec			Mone	Executi y Order	Date R	Legislative eceived	Aggregate Contribution \$50		\$50.00
Last Name Beebe	First Name Carole		MI	Name of E Johnson		r Hospita	I				Amount of Contribution
Residential Street Address 121 Cooper Ln		City Stafford Springs	•	•	State CT	Zip Code 06076		Principal Occu Financial S			
	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction	ı [	Mone	y Order	Date Ro 04/29	eceived 0/2011	Aggregate Contribution \$60		\$60.00
Last Name Maynes	First Name Yvette		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 68 Clubhouse Rd		City Lebanon			State CT	Zip Code 06249		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	ributo lued at	r or business t more than \$	he/she 5000?	associated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Dec	luction	ı 🗀	Mone	y Order	Date R	eceived 1/2011	Aggregate Contribution		\$40.00

	I	. MONETARY RECE	IPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		МІ	N	1	_					
Reeves	Dawn		IVII	Name of E	трюуе	r					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
286 Summit St		Willimantic			СТ	06226					
1 1 1 1 11 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 55000?	associated	with have	e a	Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:				Executi		Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date R	eceived 9/2011	Aggregate Contribution		\$40.00
						,	0 ., 23		1		\$ <del>+0.00</del>
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Wiley	Howard										Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
35 Stevenson Rd		East Hampton			CT	06424					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a		Is contributor a principal of state				tate contrac	tor?		Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	ve _	Legislative	Yes  No		
Method of Contribution							Date R	eceived	Aggregate Contribution	on	
Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	04/29	9/2011	\$40	.00	\$40.00
Last Name	First Name		L <sub>M</sub>	N CE			<u> </u>		<u> </u>		
Burch	First Name Lisa		MI	Name of E	mploye	r					Amount of Contribution
Burch	Lisa										Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
132 Rockledge Dr		South Windsor			СТ	06074					
	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a	X Yes	Is contributor a principal of state			ective s	tate contrac	tor?		Yes X No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	☐ No	If yes, indicate which branch or b government the contract is with:	ranche	s of		Executi	ve	Legislative			
Method of Contribution							Date Re	eceived	Aggregate Contribution	on	•
Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	l	9/2011	\$40		\$40.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		La							Ī	
Scheuy	Laura		MI	Name of E	mpioye	r					Amount of Contribution
Residential Street Address		City	•		State	Zip Code		Principal Occu	pation		
96 School Rd		Bolton			СТ	06043					
30 00.1001 110											
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of scontibutor a principal of state.	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	□ No	If yes, indicate which branch or b	ranche	s of		Executi	ve $\square$	Legislative	ies 🔲 No		
		government the contract is with:							Ī		
Method of Contribution  Cash  Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	ey Order	Date Ro 04/29	eceived 9/2011	Aggregate Contribution \$50		\$50.00
Last Name	First Name		MI	Name of E	mplove	r	•		•		Amount of
Rotkiewicz	Terry				1 .7.						Contribution
Residential Street Address 65 Sheffield Dr		City Windsor			State CT	Zip Code 06095		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			_	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Dec	luction	x	Mone	y Order	Date Re 04/29	eceived 9/2011	Aggregate Contributio		\$40.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Akinruli	Harry										Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
158 Chapin Ave		Providence			RI	02909					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contract  Executi		Legislative	Yes X No		
		government the contract is with:							Ī		•
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re 04/29	eceived 9/2011	Aggregate Contribution \$50		\$50.00

	I	. MONETARY RECE	IPT	S (Section	on A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om I	ndividual	ls						
Last Name Davis	First Name Michael		MI	Name of Emp Desijaz Ca							Amount of Contribution
Residential Street Address 535 Norwich Rd		City Plainfield			State	Zip Code 06374		Principal Occu Sales	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    X   No											
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No  If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative											
Method of Contribution  Cash X Personal Check Credit/Debit Card Payroll Deduction Money Order 04/29/2011 \$80.00											
Last Name First Name MI Name of Employer Turek John										Amount of Contribution	
Residential Street Address 9 Circle Dr		City Windsor Locks			State	Zip Code 06096		Principal Occu	pation		
1 1 1 1 11 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he	e/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			tive st	ate contract	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	. 🔲 1	Mone	y Order	Date Re	eceived 1/2011	Aggregate Contribution		\$50.00
Last Name Paine	First Name Nancy		MI	Name of Emp	ploye	r					Amount of Contribution
Residential Street Address 61 Old Meadow Pln		City Simsbury			State	Zip Code 06070		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business he more than \$50	e/she :	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			tive st	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 1/2011	Aggregate Contribution		\$50.00

											1 age 34 01 141
	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	ING DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	nended 07/11/2011
	B. Ite	emized Contributions fro	om l	Individu	als						
Last Name	First Name		MI	Name of E	mnlove	r					
Merrow	Joan			Traine of E	pioje	•					Amount of Contribution
Residential Street Address	•	City			State	Zip Code		Principal Occu	pation		
141 Huntington Dr		Vernon			СТ	06066					
1 1 4 1311 6 1 11 3 40	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	tate contract Executi	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction	ı 🗆	Mone	y Order	Date Re 04/29	eceived 0/2011	Aggregate Contribu	ution 40.00	\$40.00
Last Name Paquette	First Name Theresa		MI	Name of E Retired	mploye	r					Amount of Contribution
Residential Street Address  10 Frederic St		City Springfield			State MA	Zip Code 01119		Principal Occu Retired	pation		
1 1 1 111 0 1 11 1 0	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state c If yes, indicate which branch or br government the contract is with:			ective s	Executi		Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	y Order	Date Ro 04/29	eceived 9/2011	Aggregate Contribu	ation 60.00	\$60.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Kronenberger	Gael										Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
9 Fiano Rd		Bolton			СТ	06043					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch or branch is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution	· ·	government the contract is with:					Date R		Aggregate Contribu	ution	İ
Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	l	)/2011	1	50.00	\$50.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om l	Individu	als						
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Aylward	Tanya										Contribution
Residential Street Address	•	City			State	Zip Code		Principal Occu	pation		
19 Great Hill Rd		East Hartford			СТ	06108					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Is contributor a principal of state contractor?   Yes   X   No											
Method of Contribution  Cash  Cash  Personal Check	Credit	Debit Card Payroll Ded	uction		Mone	ey Order	Date Re 04/29	eceived 0/2011	Aggregate Contribution		\$40.00
Last Name Skaff	First Name Katherine		MI	Name of E	mploye	r	•				Amount of Contribution
Residential Street Address 1750 Ellington Rd		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 04/29	eceived 0/2011	Aggregate Contribution \$40		\$40.00
Last Name Fiohman	First Name Stuart		MI	Name of E Balloons		r					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu Sales	pation		
15 Brandywine Dr		Westerly			RI	02891					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit	Debit Card Payroll Ded	uction	x	Mone	y Order	Date Ro	eceived 9/2011	Aggregate Contribution		\$60.00

NAME OF COMMITTEE  South Windows Republican Town Committee  B. Hemized Contributions from Individual  B. Hemized C												
Amended 07/11/2011   Amended 17/11/2011   Amended		I	. MONETARY RECE	IPT	TS (Sect	ion A	<b>A-K</b> )					
Section   Sect	NAME OF COMMITTEE										FILI	NG DUE DATE
Part Name   Contributors   Shirley   Pres	South Windsor Republican To	own Commit	ttee								Am	ended 07/11/2011
Residential Street Address		B. It	emized Contributions fro	om I	ndividu	als						
Residential Street Address	Last Name	First Name		Імі	Name of E	mnlovo						
Andover   Sicinner Hill Rd						лирюус	1					
Andover	Residential Street Address		City			State	Zip Code			pation		
or dependent child of a lobbysis? No  orfficer of a municipality does contributes or besiness he/she associated with have a	45 Skinner Hill Rd		Andover			СТ	06232		Retired			
Types, list Event#   G6112011A	or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?  Is the contribution associated with a fundraising event listed in Section L1?  If yes, indicate which branch or branches of											
Cash   X   Personal Check   Credit/Debit Card   Payroll Deduction   Money Order   04/29/2011   \$80.00   \$80.00	_	☐ No		anche	s of		Executi	ve _	Legislative			
Baker   Susan   Contribution    Residential Street Address   City   State   Zip Code   Principal Occupation    Is contributor a lobbyst, spouse, or dependent child of a lobbyst.   Yes officer of a municipality obes contributor or business he/she associated with have a contract with a fundationing event listed in Section L1?   Yes indicate which branch or branches of government the contract is with.      State   Zip Code   Principal Occupation		Credit/	Debit Card Payroll Ded	uction		Mone	y Order	l				\$80.00
Residential Street Address 45 Rhonda Dr    State   Zip Code   CT   06355   Principal Occupation	Last Name	First Name		MI	Name of E	mploye	r					Amount of
45 Rhonda Dr	Baker	Susan										Contribution
or dependent child of a lobbyist?  \begin{align*} \begin{align*} \begin{align*} \left( \text{officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  \end{align*} \left\  \text{No} \end{align*}  Sits is contribution associated with a fundraising event listed in Section L1?			· ·				1		Principal Occu	pation		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	1 1 1 1 11 6 1 11 1 10	-	officer of a municipality does cont	ributo	r or business	he/she				$\overline{}$		
Last Name Vallides    First Name Vallides   First Name Debra   MI   Name of Employer	fundraising event listed in Section L1?	$\overline{}$	If yes, indicate which branch or be			_	_	_	1	Yes X No		
Vallides  Debra  City  Agauam  City  Agauam  City  Agauam  State  State  Zip Code  Principal Occupation  Principal Occupation  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A  Method of Contribution  Method of Contribution  Date Received  Aggregate Contribution  Amount of Contribution  State  Zip Code  Principal Occupation  Yes  officer of a chief executive officer of a chief executive officer of a municipality valued at more than \$5000?  Is contribution associated with a fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with:  Date Received  Aggregate Contribution		Credit/	Debit Card Payroll Ded	uction		Mone	y Order	l		1		\$50.00
295 Silver St  Agauam  Agauam  MA  D1001  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is who contract with a fundraising event listed in Section L1? If yes, list Event # 06112011A  Method of Contribution  Method of Contribution  Agauam  MA  D1001  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A  No  Date Received  Aggregate Contribution				MI	Name of E	imploye	r					
Agauam  Agauam  MA 01001  Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A  Method of Contribution  Agauam  MA 01001  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A  No  Date Received  Aggregate Contribution	Residential Street Address		City		<u> </u>	State	Zip Code		Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A  Method of Contribution  Officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is contributor a principal of state contractor or prospective state contractor?  If yes, list Event # 06112011A  No  Date Received  Aggregate Contribution	295 Silver St					МА	l -					
fundraising event listed in Section L1? If yes, list Event # 06112011A  No If yes, indicate which branch or branches of government the contract is with:  Method of Contribution  Date Received Aggregate Contribution	or dependent child of a lobbyist?	_	officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have				
Method of Contribution  Date Received Aggregate Contribution	fundraising event listed in Section L1?	$\overline{}$	If yes, indicate which branch or be			ective s	٦		1	Yes X No		
		Credit/		uction		Mone	v Order	l		1		\$40.00 B

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Tov	vn Commit	tee								Am	ended 07/11/2011
	B. Ite	emized Contributions fro	om I	ndividu	als						
	First Name Ulrike		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 11 Cooper St		City Springfield			State MA	Zip Code 01108		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated v	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Re	eceived 9/2011	Aggregate Contribution		\$50.00
	l l l l l l l l l l l l l l l l l l l									Amount of Contribution	
Residential Street Address 30 B Thompson Ct		City Enfield		•	State CT	Zip Code 06082		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:	contrac	ctor or prosp		tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction	х	Mone	ey Order	Date Re 04/29	eceived 9/2011	Aggregate Contribution		\$40.00
	First Name Rosemary		MI	Name of E Retired	imploye	r					Amount of Contribution
Residential Street Address 352 Valley View Dr		City Westfield		•	State MA	Zip Code 01085		Principal Occu Retired	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Re	eceived 9/2011	Aggregate Contribution		\$60.00

	I	. MONETARY RECE	EIPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Tov	vn Commit	tee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om I	ndividu	als					<u> </u>	
	First Name Janice		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 39 Duncaster Ln		City Vernon			State CT	Zip Code 06066		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value.	ributo lued at	or business more than \$	he/she 5000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No  If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative											
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 9/2011	Aggregate Contribution		\$40.00
	First Name Nancy	MI Name of Employer									Amount of Contribution
Residential Street Address 96 Mayflower Rd		City Springfield	1		State MA	Zip Code 01118		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 04/29	eceived 9/2011	Aggregate Contribution \$40		\$40.00
	First Name Doris		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 18 Kipling St		City Springfield			State MA	Zip Code 01118		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 9/2011	Aggregate Contribution		\$50.00

											1 age 37 01 141	
I. MONETARY RECEIPTS (Section A-K)												
NAME OF COMMITTEE										FILI	NG DUE DATE	
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011	
	B. It	emized Contributions fro	om l	ndividu	als							
Last Name	First Name		MI	Name of E	man lavra							
Kleinman	Sara		IVII	Name of E	лирюуе	1					Amount of Contribution	
Residential Street Address	-	City			State	Zip Code		Principal Occu	pation			
6 North Rd		East Granby			СТ	06026						
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No			
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Security   S												
Method of Contribution  Cash Personal Check	Credit	Debit Card Payroll Ded	uction		Mone	ey Order	Date Re 04/29	eceived 9/2011	Aggregate Contribution	on 0.00	\$50.00	
Last Name	First Name		MI	Name of E	mplove	r					Amount of	
MacDonald	Elizabeth			Traine of E							Amount of Contribution	
Residential Street Address 670 Rye St		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation			
1 1 4 1311 6 1 11 3 40	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No			
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 05/09	eceived 9/2011	Aggregate Contribution \$48	on 3.00	\$48.00	
Last Name	First Name		MI	Name of E	mploye	r					Amount of	
Streeter	Lincoln										Contribution	
Residential Street Address		City			State	Zip Code		Principal Occu	pation			
56 Bramblebrae		South Windsor			СТ	06074						
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	_	_	1	Yes X No			
Method of Contribution							Date Re	agaivad	Aggragate Contail	on		
Cash Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order		9/2011	Aggregate Contribution \$24	on 1.00	\$24.00	

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	tee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om I	ndividu	als						
Last Name Mabey	First Name Richard		MI J	Name of E West Ha		r I Schools	5				Amount of Contribution
Residential Street Address 30 Dogwood Ln		City South Windsor			State CT	Zip Code 06074		Principal Occu Teacher	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, indicate which branch or branches of											
If yes, list Event # 06112011A No If yes, indicate which branch or branches of government the contract is with:											
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order		eceived 9/2011	Aggregate Contribution \$128		\$80.00
Last Name Delnicki	First Name Thomas	MI Name of Employer									Amount of Contribution
Residential Street Address 130 Felt Rd		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
4 41:141-1-1:	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or bug overnment the contract is with:			ective s	_	_	. —	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 9/2011	Aggregate Contributio		\$48.00
Last Name Peterson	First Name Mark		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 33 Eagle Run		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 0/2011	Aggregate Contribution		\$24.00

	I	. MONETARY RECE	ПРТ	TS (Secti	on A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om I	ndividua	ls						
Last Name Etter	First Name Mary		MI	Name of En	nployer						Amount of Contribution
Residential Street Address 36 Auston Cir		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
1 1 1 1 11 0 1 11 1 10	endent child of a lobbyist?    X   No     No   No     Yes   No										
If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of government the contract is with:    If yes, list Event #   If yes, indicate which branch or branches of government the contract is with:											
Method of Contribution  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Money Order  Date Received											\$48.00
Last Name Samsel											Amount of Contribution
Residential Street Address 304 Abbe Road Ext		City South Windsor	•		State CT	Zip Code 06074		Principal Occu	pation		
4 41:141-1-1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business l	he/she a				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state If yes, indicate which branch or b government the contract is with:			ctive st	-	_		Yes X No		
Method of Contribution  Cash  Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	ceived /2011	Aggregate Contribution		\$24.00
Last Name Jodice	First Name William		MI	Name of En	nployer						Amount of Contribution
Residential Street Address 32 Green Ln		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business l	he/she a				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ctive st	ate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re	ceived /2011	Aggregate Contribution		\$48.00

	I	, MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commit	tee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om l	Individu	als						
Last Name Ferrero	First Name Frank		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 801 Dzen Way		City South Windsor	<u> </u>		State CT	Zip Code		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	y Order	Date Re 05/09	eceived 9/2011	Aggregate Contribution \$24		\$24.00
Last Name Kelley	First Name Carol		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 49 Rosemary Ln	1	City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date R	eceived 9/2011	Aggregate Contribution \$24		\$24.00
Last Name Normen	First Name Nancy		MI	Name of E Retired	mploye	r					Amount of Contribution
Residential Street Address 158 Homestead Dr		City South Windsor			State CT	Zip Code 06074		Principal Occu Retired	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	y Order	Date R	eceived 9/2011	Aggregate Contribution		\$24.00

	I	. MONETARY RECE	EIPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		МІ	N	1	_				T	
Zaino	Lisa		IVII	Name of E	mpioye	r					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
28 Stephanie Ln		South Windsor			СТ	06074					
or dependent child of a lobbyist?   Is this contribution associated with a fundraising event listed in Section L1?	officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  This contribution associated with a draining event listed in Section L1?  The section L1?										
Method of Contribution  Cash Personal Check		government the contract is with:  Debit Card Payroll Dec	luction		Mone	ey Order	Date R		Aggregate Contribution		\$24.00
Last Name	First Name		MI	Name of E	mploye	r			-		Amount of
Mabey	Richard		J	1		d Schools	5				Contribution
Residential Street Address 30 Dogwood Ln		City South Windsor			State CT	Zip Code 06074		Principal Occu Teacher	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state If yes, indicate which branch or b government the contract is with:			_	Executi		Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	/Debit Card Payroll Dec	luction		Mone	y Order	l	eceived 9/2011	Aggregate Contribution \$128		\$48.00
Last Name Samsel	First Name Theresa		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address		City	•		State	Zip Code		Principal Occu	pation		
304 Abbe Road Ext		South Windsor			СТ	06074					
or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo lued at	r or business more than \$	he/she 55000?	associated	with have	e a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contrac		Legislative	Yes X No		
Method of Contribution  Cash  X  Personal Check	Credit	/Debit Card Payroll Dec	luction		Mone	ey Order	Date R	eceived 3/2011	Aggregate Contribution		\$24.00

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE								FILE	NG DUE DATE		
South Windsor Republican To	wn Commi	ttee						Am	ended 07/11/2011		
	B. It	emized Contributions fr	om I	<b>Individuals</b>							
Last Name Snyder	First Name Mark		MI	Name of Employer					Amount of Contribution		
Residential Street Address 191 Bourbon St		City South Windsor		State Zip Code CT 06074		Principal Occu	pation				
or dependent child of a lobbyist?	Yes No Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val.  Is contributor a principal of state of the said of the said municipal of state of the said municipal of the said munic									
If yes, list Event #  Method of Contribution  Cash  Rescond L1?  Personal Check	If yes, indicate which branch or branches of government the contract is with:    Date Received   Date Received										
Last Name Lillis	First Name Mark			Amount of Contribution							
Residential Street Address 667 Griffin Rd	•	City South Windsor	•	State Zip Code CT 06074		Principal Occu	pation				
4 41:141-14:0	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_		Yes X No				
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Re	eceived 3/2011	Aggregate Contribution		\$48.00		
Last Name Berstene	First Name Thomas		MI	Name of Employer					Amount of Contribution		
Residential Street Address 95 Rimfield Dr		City South Windsor	•	State Zip Code CT 06074		Principal Occu	pation				
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value.	ributor	r or business he/she associated tmore than \$5000?	with have	a	Yes No				
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			_	Legislative	Yes X No				
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re	eceived 3/2011	Aggregate Contribution		\$24.00		

	I	. MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om I	ndividu	als						
Last Name Loukellis	First Name Athena		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 135 Ridgefield Dr		City South Windsor	<u>I</u>		State CT	Zip Code 06074		Principal Occu	pation		
4 41:14 -6 - 1-1:1-:1-49	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of the said municipal of	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event #  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive  Legislative											
Method of Contribution  Cash Rersonal Check											\$48.00
Last Name Cullen	First Name Richard										Amount of Contribution
Residential Street Address 218 Lisa Dr		City South Windsor	•		State CT	Zip Code 06074		Principal Occu	pation		
1 1 4 1311 6 1 11 3 40	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 05/13	eceived 3/2011	Aggregate Contribution \$128		\$48.00
Last Name Cullen	First Name Richard		MI	Name of E Retired	mploye	r					Amount of Contribution
Residential Street Address 218 Lisa Dr		City South Windsor	•		State CT	Zip Code 06074		Principal Occu Retired	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$80.00

	I	MONETARY RECE	IPT	S (Secti	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Tow	vn Commit	tee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om I	ndividua	als					<u> </u>	
	First Name Edward		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 179 Homestead St # G-7		City Manchester			State CT	Zip Code 06042		Principal Occu	pation		
or dependent child of a lobbyist?	or dependent child of a lobbyist?  IX No  officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a  IX Yes  Is contributor a principal of state contractor or prospective state contractor?										
fundraising event listed in Section L1?  If yes, list Event # 06112011A  No  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative											
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$50.00
	First Name Margaret										Amount of Contribution
Residential Street Address 106 Latici St		City Putnam	<u>I</u>		State CT	Zip Code 06260		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 05/13	eceived 3/2011	Aggregate Contribution		\$50.00
	First Name Joanne		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 173 Russo Ave Unit 206		City East Haven	<u>I</u>		State CT	Zip Code 06512		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributor	r or business more than \$	he/she 5000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$50.00

	I.	. MONETARY RECE	IPT	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commit	tee								Am	ended 07/11/2011
	B. Ito	emized Contributions fr	om l	Individu	als						
Last Name Murkette	First Name Stacey		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 126 Conklin Rd		City Stafford Springs	!	<u> </u>	State CT	Zip Code 06076		Principal Occu	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributo ued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or be government the contract is with:	anche	es of		Executi	<u> </u>	Legislative			
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 05/13	eceived 8/2011	Aggregate Contribution \$50		\$50.00
Last Name Novikov	First Name Sergei		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 28 Brainard Ave Apt 310		City Medford	•		State MA	Zip Code 02155		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	y Order	Date Re 05/13	eceived 3/2011	Aggregate Contribution \$50		\$50.00
Last Name Goldman	First Name Yale		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 86 Dunne Ave		City Collinsville	•		State CT	Zip Code 06019		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 05/13	eceived 3/2011	Aggregate Contribution		\$50.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om l	Individu	als					•	
Last Name Suchecki	First Name Melissa		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 150 Federal St	•	City Belchertown			State MA	Zip Code 01007		Principal Occu	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state of the contributor apprincipal of the	ributo ued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:				Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 05/13	eceived 3/2011	Aggregate Contribution \$50		\$50.00
Last Name Romeo	First Name Marie		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 16 Looking Glass Cir		City Uncasville	•		State CT	Zip Code 06382		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 05/13	eceived 3/2011	Aggregate Contribution \$50		\$50.00
Last Name Millot	First Name Carol		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 8 Cheryl Dr		City Farmington			State CT	Zip Code 06032		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality value.	ributo ued at	r or business more than \$	he/she 5000?	associated v	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date R	eceived 3/2011	Aggregate Contribution		\$50.00

	I	. MONETARY RECE	ІРТ	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name Zinn	First Name Allison		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 28 Peach Tree Ln		City South Windsor	<u> </u>		State CT	Zip Code 06074		Principal Occu	pation		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A											
If yes, list Event # 06112011A  Method of Contribution  Cash Rersonal Check	☐ No	government the contract is with:  Debit Card Payroll Ded			Mone	Executi y Order	Date R	Legislative ecceived 8/2011	Aggregate Contributio		\$40.00
Last Name Grady	First Name Linda		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 5 N Green St Apt 3		City Vergennes	•	•	State VT	Zip Code 05491		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash Rersonal Check	Credit/	Debit Card Payroll Ded	luction	ı 🗆	Mone	y Order	Date Ro 05/13	eceived 3/2011	Aggregate Contribution		\$50.00
Last Name Franchino	First Name Lois		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 76 Berrios Hill Rd		City Windsor			State CT	Zip Code 06095		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value.	ributo lued at	r or business t more than \$	he/she 5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	luction	n 🗆	Mone	y Order	Date Ro 05/13	eceived 3/2011	Aggregate Contribution		\$50.00

	I.	MONETARY RECE	IPT	'S (Secti	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Town	Commit	tee								Am	ended 07/11/2011
	B. Ite	emized Contributions fro	om I	ndividua	als					<u> </u>	
	rst Name evin		MI	Name of Er	mploye	r					Amount of Contribution
Residential Street Address 82 Country View Dr		City South Windsor	<u> </u>		State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is no lobbyist?  Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a lobbyist?  Is contributor a principal of state contractor?  Is contributor a principal of state contractor?  Yes No											
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or br government the contract is with:				Executiv		Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/l	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 05/13	eceived 3/2011	Aggregate Contribution		\$50.00
	rst Name onald		MI	Name of Er	mploye	r					Amount of Contribution
Residential Street Address PO Box 112		City Ware			State MA	Zip Code 01082		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributor	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			ective s	Executiv		Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/I	Debit Card Payroll Ded	uction	x	Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$50.00
	rst Name aureen		MI	Name of E	nploye	r					Amount of Contribution
Residential Street Address 28 Colony Dr		City East Longmeadow			State MA	Zip Code 01028		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi ued at	or business more than \$3	he/she 5000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/l	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 3/2011	Aggregate Contribution		\$50.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name Leach	First Name Steven		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 414 Talcottville Rd		City Vernon			State CT	Zip Code 06066		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of state.	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A  Is contributor a principal of state contractor?  Yes If yes, indicate which branch or branches of government the contract is with:											
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	y Order	Date Ro 05/13	eceived 3/2011	Aggregate Contribution \$50		\$50.00
Last Name Pelkey	First Name Joan		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 4225 VT Route 100 S .		City Mount Holly		•	State VT	Zip Code 05758		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi		Legislative	Yes X No		
Method of Contribution  Cash Rersonal Check	Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	y Order	Date Ro 05/13	eceived 3/2011	Aggregate Contribution \$50		\$50.00
Last Name Dickinson	First Name Robert		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 19 Birch Rd		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes  X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_		Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	uctior	. 🗆	Mone	y Order	Date R	eceived 0/2011	Aggregate Contribution		\$48.00

	I.	MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Town	n Commit	tee								Am	ended 07/11/2011
	B. Ite	emized Contributions fro	om I	ndividu	als						
	irst Name uzanne		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 176 Margaret Dr		City South Windsor	<u> </u>		State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes											
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes No	If yes, indicate which branch or br government the contract is with:			ective s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived /2011	Aggregate Contribution		\$24.00
	rst Name avid		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 100 Bramblebrae		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash Rersonal Check	Credit/I	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	cceived /2011	Aggregate Contributio		\$24.00
	irst Name usan		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 17 Karen Way		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state c If yes, indicate which branch or br government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	ceived /2011	Aggregate Contribution		\$24.00

	I	. MONETARY RECE	IPT	'S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
South Windsor Republican To	own Commi	ttee								Am	nended 07/11/2011
	B. It	emized Contributions fr	om I	ndividu	als						
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Aman	William										Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
878 Strong Rd		South Windsor			СТ	06074					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes											
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of state contractor or prospective state contractor?											
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	ey Order	Date Re 05/20	eceived 0/2011	Aggregate Contribution		\$48.00
Last Name	First Name		MI	Name of E	mploye	r			<u> </u>		Amount of
Ryan	Richard										Contribution
Residential Street Address 703 Kebalo Ln		City South Windsor	•		State CT	Zip Code 06074		Principal Occu	pation		
1 1 1 1 11 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes  X No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	ey Order	Date Re 05/25	eceived 5/2011	Aggregate Contributio		\$24.00
Last Name Evans	First Name Louise		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address		City	-		State	Zip Code		Principal Occu	pation		
1678 Main St		South Windsor			СТ	06074					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution		1 Be remain and contract is with.					Date Re	eceived	Aggregate Contribution	on	
Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	05/25	5/2011	\$40	0.00	\$40.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	tee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om l	Individu	als					•	
Last Name Klenke	First Name Barbara		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 179 Foster St	•	City South Windsor	<u>.</u>		State CT	Zip Code 06074		Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a	Yes No X Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state of the contributor and the contribu	ributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A  Method of Contribution  Cash X Personal Check	No No	If yes, indicate which branch or b government the contract is with:  Debit Card Payroll Ded			Mone	Executive Executive Street Executive	Date R	Legislative	Aggregate Contribution \$40		\$40.00
Last Name Pilver	First Name Elaine		MI	Name of E	mploye	r	I		<u> </u>		Amount of Contribution
Residential Street Address 68 Fairview Dr		City South Windsor		•	State CT	Zip Code 06074		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction	. [	Mone	y Order	Date Ro 05/25	eceived 5/2011	Aggregate Contribution \$40		\$40.00
Last Name Warren	First Name Robert		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 494 Abbe Rd		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va  Is contributor a principal of state of the said municipal of	ributo lued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 05/25	eceived 5/2011	Aggregate Contribution \$40		\$40.00

	I	MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Tov	vn Commit	tee								Am	ended 07/11/2011
	B. Ito	emized Contributions fro	om I	ndividu	als						
	First Name Warren		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 67 Oakwood Dr		City South Windsor	<u> </u>		State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a											
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 06112011A No Is contributor a principal of state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with:											
Method of Contribution  Cash	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Re 05/25	eceived 5/2011	Aggregate Contribution \$40		\$40.00
	First Name Janet		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 56 Bramblebrae		City South Windsor	!		State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Re 05/25	eceived 5/2011	Aggregate Contributio		\$80.00
	First Name William		MI	Name of E State of		r					Amount of Contribution
Residential Street Address 878 Strong Rd		City South Windsor			State CT	Zip Code 06074		Principal Occu Legislator	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributo ued at	or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date Re	eceived 5/2011	Aggregate Contribution		\$80.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om l	Individu	als						
Last Name Carroll	First Name William		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 188 Scott Dr		City South Windsor	!	<u> </u>	State CT	Zip Code 06074		Principal Occu	pation		ſ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		ı
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Is contributor a principal of state contractor?   Yes   X   No     If yes, indicate which branch or branches of government the contract is with:										,	
Method of Contribution  Cash  Rersonal Check	Credit	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 05/25	eceived 5/2011	Aggregate Contribution \$80		\$80.00
Last Name Delnicki	First Name Thomas		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 130 Felt Rd		City South Windsor			State CT	Zip Code 06074		Principal Occu Project Mai			ſ
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		ı
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			ective s	tate contrac		Legislative	Yes X No		ı
Method of Contribution  Cash  Personal Check	☐ Credit	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 05/25	eceived 5/2011	Aggregate Contribution \$128		\$80.00
Last Name Etter	First Name Joseph		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 36 Austin Cir		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		ı
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		ı
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or the government the contract is with:			ective s	_		Legislative	Yes X No		•
Method of Contribution  Cash  X  Personal Check	Credit	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 05/25	eceived 5/2011	Aggregate Contribution		\$80.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om l	Individu	als						
Last Name Ferrero	First Name Frank		MI	Name of E Retired	mploye	r					Amount of Contribution
Residential Street Address 801 Dzen Way		City South Windsor	!	<u> </u>	State CT	Zip Code 06074		Principal Occu Retired	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a fundraising event listed in Section L1?  If yes, indicate which branch or branches of											
If yes, list Event # 06112011A  Method of Contribution  Cash X Personal Check	No No	If yes, indicate which branch or bigovernment the contract is with:  Debit Card Payroll Ded			Mone	Executi y Order	Date R	Legislative	Aggregate Contribution \$104		\$80.00
Last Name Fitts	First Name Howard		MI	Name of E Traveler		r	•				Amount of Contribution
Residential Street Address 239 Oak St		City South Windsor		•	State CT	Zip Code 06074		Principal Occu Insurance	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash Rersonal Check	Credit	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 05/25	eceived 5/2011	Aggregate Contribution \$104		\$24.00
Last Name Fitts	First Name Howard		MI	Name of E Travele		r					Amount of Contribution
Residential Street Address 239 Oak St		City South Windsor			State CT	Zip Code 06074		Principal Occu Insurance	pation		
	No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val  Is contributor a principal of state of	ributo ued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or br government the contract is with:			Conve s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 05/25	eceived 5/2011	Aggregate Contribution \$104		\$80.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commit	tee								Am	ended 07/11/2011
	B. Ito	emized Contributions fro	m I	ndividu	als						
Last Name	First Name		MI	Name of E	mplove	r					Amount of
Joy	David			Mass Mu							Contribution
Residential Street Address	!	City		•	State	Zip Code		Principal Occu	pation		
100 Bramblebrae		South Windsor			СТ	06074		Manager			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?											
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Is contributor a principal of state contractor?   Yes   X   No											
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dedu	ıction		Mone	y Order	Date Ro 05/25	eceived 5/2011	Aggregate Contribution \$104		\$80.00
Last Name	First Name		MI	Name of E	mploye	r	•		<u> </u>		Amount of
Kelley	Richard										Contribution
Residential Street Address	-	City			State	Zip Code		Principal Occu	pation		
49 Rosemary Ln		South Windsor			СТ	06074					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	1 100	If contribution is in excess of \$400 officer of a municipality does controcontract with said municipality value.	ibuto	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state c  If yes, indicate which branch or br government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution	_	_					Date R	eceived	Aggregate Contribution	n	
Cash X Personal Check	Credit/	Debit Card Payroll Dedu	iction		Mone	y Order	05/25	5/2011	\$80	.00	\$80.00
Last Name	First Name		MI	Name of E Retired	mploye	r					Amount of
Normen	Nancy			Retireu							Contribution
Residential Street Address		City			State	Zip Code		Principal Occu Retired	pation		
158 Homestead Dr		South Windsor			СТ	06074					
	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality value.	ibuto	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes	Is contributor a principal of state c  If yes, indicate which branch or br			ective s	_	_	Legislative	Yes X No		
	LI NO	government the contract is with:				_ Executi	l .			$\dashv$	
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dedu	ıction		Mone	y Order	Date Ro 05/25	5/2011	Aggregate Contribution \$184		\$80.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om l	Individu	als						
Last Name	First Name		MI	Name of E	mnlove	·r				T	
Oates	Paul			ivanic of E	mpioye	1					Amount of Contribution
Residential Street Address	1	City			State	Zip Code		Principal Occu	pation		
935 Main St		South Windsor			СТ	06074					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is this contribution associated with a  Is contributor a principal of state contractor?											
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			ective s	tate contract	_	Legislative	Yes X No		
Method of Contribution  Cash Rersonal Check	Credit	Debit Card Payroll Ded	uctior	ı 🗀	Mone	y Order	Date Ro 05/25	eceived 5/2011	Aggregate Contribution		\$80.00
Last Name Rose	First Name Susan		МІ	Name of E Traveler		r					Amount of Contribution
Residential Street Address 17 Karen Way	1	City South Windsor		1	State CT	Zip Code 06074		Principal Occu IT Director	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	uction	ı 🗀	Mone	ey Order	Date R	eceived 5/2011	Aggregate Contribution \$104		\$80.00
Last Name Samsel	First Name Theresa		MI	Name of E Town of		r h Windso	or				Amount of Contribution
Residential Street Address	1	City			State	Zip Code		Principal Occu			
304 Abbe Road Ext		South Windsor			СТ	06074		Assistant T	own Cierk		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business t more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:			ective s	tate contract  Executi	_	Legislative	Yes X No		
Method of Contribution  Cash	☐ Credit	Debit Card Payroll Ded	uction	ı [	Mone	ey Order	Date Re	eceived 5/2011	Aggregate Contribution		\$80.00

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	Individu	als						
Last Name Bazzano	First Name Gary		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 53 Spinners Run		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or be government the contract is with:				Executi		Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 05/25	eceived 5/2011	Aggregate Contribution \$80		\$80.00
Last Name McCann	First Name Kevin		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 170 Lisa Dr		City South Windsor		•	State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	tate contrac		Legislative	Yes X No		
Method of Contribution  Cash  Representation  Cash  Representation	Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	y Order	Date Ro 05/27	eceived 7/2011	Aggregate Contribution		\$50.00
Last Name Heffler	First Name Carol		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 81 Colony Rd	•	City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			ective s	_		Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	y Order	Date R	eceived 7/2011	Aggregate Contribution		\$40.00

	I.	MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Town (	Committ	tee								Am	ended 07/11/2011
	B. Ite	mized Contributions fro	om I	ndividu	als					•	
Last Name First Prague Car	t Name		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 60 Krawski Dr		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with a		If contribution is in excess of \$400 officer of a municipality does controutract with said municipality val Is contributor a principal of state c	ributoi ued at	or business more than \$	he/she 55000?	associated v	with have		Yes No		
fundraising event listed in Section L1?	If yes, list Event # X No government the contract is with: Executive Legislative										
Method of Contribution  Cash	Credit/E	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 05/27	eceived 7/2011	Aggregate Contribution		\$48.00
Last Name First Name MI Name of Employer Database Creations										Amount of Contribution	
Residential Street Address 60 Krawski Dr		City South Windsor			State CT	Zip Code 06074		Principal Occu Software D			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does contround with said municipality value.	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	Yes No	Is contributor a principal of state c If yes, indicate which branch or br government the contract is with:	ontrac	ctor or prosp		tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/E	Debit Card Payroll Dedi	uction		Mone	y Order	Date Re 05/27	eceived 7/2011	Aggregate Contribution \$128		\$80.00
Last Name First Oates Pau	t Name ul		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 935 Main St		City South Windsor	•		State CT	Zip Code 06074		Principal Occu IT	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  X  No		If contribution is in excess of \$400 officer of a municipality does controontract with said municipality val	ributoi ued at	or business more than \$	he/she 55000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state c If yes, indicate which branch or br government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/E	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution		\$72.00

	I	. MONETARY RECE	IPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILE	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om I	ndividu	als						
Last Name Gaignat	First Name John		MI	Name of E Retired	mploye	r					Amount of Contribution
Residential Street Address 30 Devonshire Dr		City South Windsor			State CT	Zip Code 06074		Principal Occu Retired	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1? If yes, list Event #	Yes  X No	If yes, indicate which branch or be government the contract is with:	anche	es of		Executi	ve _	Legislative	Yes 🔼 No		
Method of Contribution  Cash  Personal Check	Credit/	/Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 06/09	eceived 9/2011	Aggregate Contribution \$48		\$48.00
Last Name Asplund	First Name Herbert		MI	Name of E Retired	mploye	т					Amount of Contribution
Residential Street Address 56 Trumblebrook Dr		City South Windsor	•		State CT	Zip Code 06074		Principal Occu Retired	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:			ective s	tate contract	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	/Debit Card Payroll Ded	uction		Mone	y Order	Date R	eceived 9/2011	Aggregate Contribution \$128		\$48.00
Last Name Futtner	First Name Edwina		MI	Name of E State of		r					Amount of Contribution
Residential Street Address 203 Sand Stone Dr		City South Windsor			State CT	Zip Code 06074		Principal Occu Deputy Cle			
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	/Debit Card Payroll Ded	uction		Mone	ey Order	Date R	eceived 9/2011	Aggregate Contribution		\$48.00

	I	. MONETARY RECE	IPT	TS (Sect	tion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om l	ndividu	als						
Last Name	First Name		MI	Name of E	imploye	r					
Murphy	Joan			ivanic of i	лирюус	1					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
133 Greenwood Dr		South Windsor			СТ	06074					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state c	ributo ued at	r or business more than S	s he/she \$5000?	associated	with have	e a	Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or br government the contract is with:				Executi	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit	/Debit Card Payroll Ded	uction		Mone	ey Order	Date Re	eceived 9/2011	Aggregate Contribution		\$40.00
Last Name	First Name		MI	Name of E	Employe	r					Amount of
Cottle	Dorothy										Contribution
Residential Street Address 166 Clinton Dr		City South Windsor	•		State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	s he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			_	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit	/Debit Card Payroll Ded	uction		Mone	ey Order		eceived 9/2011	Aggregate Contributio		\$40.00
Last Name Dickey	First Name Theresa		MI	Name of E Retired	Employe	r					Amount of Contribution
Residential Street Address		City	<u> </u>		State	Zip Code		Principal Occu	pation		
30 Devonshire Dr		South Windsor			СТ	06074		Retired			
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	s he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:			ective s	tate contract  Executi	_	Legislative	Yes X No		
Method of Contribution		- Contract is with					Date R		Aggregate Contribution	on	
Cash X Personal Check	Credit	Debit Card Payroll Ded	uction	L	Mone	y Order	06/09	9/2011	\$40	.00	\$40.00

	I	. MONETARY RECE	IPT	ΓS (Section A-K)						
NAME OF COMMITTEE								FILI	NG DUE DATE	
South Windsor Republican To	own Commi	ttee						Am	ended 07/11/2011	
	B. It	emized Contributions fro	om I	Individuals						
Last Name Futtner	First Name Edwina		MI	Name of Employer State of CT					Amount of Contribution	
Residential Street Address 203 Sand Stone Dr		City South Windsor		State Zip Code CT 06074		Principal Occu Deputy Cle				
1 1 4 1311 6 1 11 1 40	officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  With a ion L1?  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of									
Method of Contribution  Cash X Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received 06/09/2011 \$128.00										
ast Name First Name MI Name of Employer Retired										
Residential Street Address 161 Bayberry Trl		City South Windsor		State Zip Code CT 06074		Principal Occu Retired	pation			
1 1 4 1311 6 1 11 1 40	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or or business he/she associated			Yes No			
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			_		Yes X No			
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	uction	Money Order	Date Re 06/09	eceived 0/2011	Aggregate Contributio		\$80.00	
Last Name Jodice	First Name William		MI	Name of Employer PDS					Amount of Contribution	
Residential Street Address 32 Green Ln		City South Windsor		State Zip Code CT 06074		Principal Occu Engineer	pation			
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi ued at	or or business he/she associated t more than \$5000?	with have		Yes No			
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:		• •	_	Legislative	Yes X No			
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction	n Money Order	Date Re	eceived 1/2011	Aggregate Contributio		\$80.00	

	I	. MONETARY RECE	ПРТ	S (Sectio	n A-K	)				
NAME OF COMMITTEE									FILE	NG DUE DATE
South Windsor Republican To	own Commi	ttee							Am	ended 07/11/2011
	B. It	emized Contributions fr	om I	[ndividuals	s					
Last Name Lillis	First Name Lisa		MI	Name of Emp	loyer					Amount of Contribution
Residential Street Address 667 Griffin Rd		City South Windsor		Si	1 -	Code 074	Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?	pendent child of a lobbyist?									
Method of Contribution  Cash X Personal Check Credit/Debit Card Payroll Deduction Money Order 06/09/2011 \$80.00										
Last Name First Name MI Name of Employer Hinckley Allen & Snyder										Amount of Contribution
Residential Street Address 170 Lisa Dr		City South Windsor		Si	1 -	Code )74	Principal Occu Attorney	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he	/she assoc			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:	contrac	ctor or prospecti	ive state co	ontractor?	1	Yes X No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	. □м	Money Ord	Date Ro	eceived 9/2011	Aggregate Contribution		\$80.00
Last Name Asplund	First Name Herbert		MI	Name of Emp Retired	loyer	•				Amount of Contribution
Residential Street Address 56 Trumblebrook Dr		City South Windsor	•	Si		Code )74	Principal Occu Retired	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	r or business he more than \$500	/she assoc 00?	iated with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:				ecutive	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	. П	Money Ord	Date Ro	eceived 9/2011	Aggregate Contribution \$128		\$80.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om I	ndividu	als						
Last Name Dickinson	First Name Robert		MI	Name of E Retired	mploye	r					Amount of Contribution
Residential Street Address 19 Birch Rd		City South Windsor			State CT	Zip Code 06074		Principal Occu Retired	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi ued at	or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check  Credit/Debit Card  Payroll Deduction  Date Received 06/09/2011  \$128.00										\$80.00	
Last Name Mitchell	First Name  John  MI Name of Employer Mitchell Fuel Co, Inc								Amount of Contribution		
Residential Street Address 40 Windy Hill Dr		City South Windsor	•		State CT	Zip Code 06074		Principal Occu Retail	pation		
1 1 1 1 111 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch or branch is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Rersonal Check	Credit	Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 06/09	eceived 9/2011	Aggregate Contribution		\$80.00
Last Name Chiappetta	First Name Katherine		MI	Name of E Retired	mploye	r					Amount of Contribution
Residential Street Address 15 Bayberry Trl		City South Windsor			State CT	Zip Code 06074		Principal Occu Retired	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributoi ued at	or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  X  Personal Check	Credit	Debit Card Payroll Ded	uction		Mone	ey Order	Date R	eceived 9/2011	Aggregate Contribution		\$80.00

	I	. MONETARY RECE	CIPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		MI	N	1	_					
Loukellis	Athena		IVII	Name of E	трюуе	r					Amount of Contribution
Residential Street Address	!	City	-		State	Zip Code		Principal Occu	pation		
135 Ridgefield Dr		South Windsor			СТ	06074					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?  Is contributor a principal of state contractor or prospective state contractor?  If yes, indicate which branch or branches of									
fundraising event listed in Section L1?  If yes, list Event # 06112011A	No Yes	If yes, indicate which branch or b government the contract is with:	ranche	es of		Executi	ve	Legislative	Yes  No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Re		Aggregate Contributio		\$32.00
Last Name	First Name		MI	Name of E	mplove	r					Amount of
Burnham	Paul										Contribution
Residential Street Address 25 Pear Tree Ln		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$40 officer of a municipality does con contract with said municipality va	tributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			_	Executi	_	Legislative	Yes X No		
Method of Contribution  X Cash Personal Check	Credit/	Debit Card Payroll Dec	luction		Mone	y Order	Date Ro 06/15	eceived 5/2011	Aggregate Contribution		\$40.00
Last Name MacDonald	First Name Elizabeth		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address		City		•	State	Zip Code		Principal Occu	pation		
670 Rye St		South Windsor			СТ	06074					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$40 officer of a municipality does con contract with said municipality va	tributo lued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contract  Executi		Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Cradit	Debit Card Payroll Dec	hiotio		More	y Order	Date Ro	eceived 5/2011	Aggregate Contribution		+20.00
Cush i cisonal clieck		rayion Dec		_	. 1,10110	, Order	I 00/1-	,, 2011	I <sup>\$00</sup>		\$20.00

	I	. MONETARY RECE	IPT	S (Section A-K)							
NAME OF COMMITTEE								FILI	NG DUE DATE		
South Windsor Republican To	own Commi	ttee						Am	ended 07/11/2011		
	B. It	emized Contributions fr	om I	<b>Individuals</b>							
Last Name Roberts	First Name Karen		МІ	Name of Employer					Amount of Contribution		
Residential Street Address 87 Natsisky Farm Rd		City South Windsor		State Zip Code CT 06074	:	Principal Occu	pation				
or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?	tent child of a lobbyist?										
Method of Contribution  Cash X Personal Check Credit/Debit Card Payroll Deduction Money Order 06/15/2011 \$16.00											
Last Name Maneeley	E-th Handford BOE										
Residential Street Address 326 Quarry Brk		City South Windsor		State Zip Code CT 06074		Principal Occu Teacher	pation				
1 1 4 1311 6 1 11 1 40	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business he/she associated			Yes No				
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:	contrac	ctor or prospective state contract		_	Yes X No				
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction	Money Order	Date Re		Aggregate Contributio		\$80.00		
Last Name Snyder	First Name Janice		MI	Name of Employer State of CT					Amount of Contribution		
Residential Street Address 191 Bourbon St  City South Windsor  City South Windsor  State CT  CT  Principal Occupation Purchase Manager											
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributoi lued at	r or business he/she associated more than \$5000?	with have	a	Yes No				
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		* *		Legislative	Yes X No				
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	luction	Money Order	Date Re 06/15		Aggregate Contributio		\$80.00		

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om l	Individu	als						
Last Name	First Name		MI	Name of E	mploye	r				I	Amount of
Berstene	Thomas			Workfor	ce Pla	anning A	ssoc				Contribution
Residential Street Address	!	City			State	Zip Code		Principal Occu Mgmt Cons			
95 Rimfield Dr		South Windsor			СТ	06074		rigini cons	saicing		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Rersonal Check	Credit	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 06/15	eceived 5/2011	Aggregate Contribution \$104		\$80.00
Last Name	First Name		MI	Name of E		r					Amount of
Koboski	Philip			Travelei	5 1115						Contribution
Residential Street Address 141 Woodland Dr		City South Windsor			State CT	Zip Code 06074		Principal Occu Accountant			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 06/15	eceived 5/2011	Aggregate Contribution \$128		\$80.00
Last Name Burnham	First Name Susan		MI	Name of E Town of		r h Windso	or				Amount of Contribution
Residential Street Address	1	City	-		State	Zip Code		Principal Occu Registrar o			
301 Sand Stone Dr		South Windsor			СТ	06074		registrar o	Voters		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state c  If yes, indicate which branch or br government the contract is with:			ective s	tate contract	_	Legislative	Yes X No		
Method of Contribution  Cash Rersonal Check	Credit/	Debit Card Payroll Ded	uction	. [	Mone	ey Order	Date Re	eceived 5/2011	Aggregate Contribution		\$80.00

	I	. MONETARY RECE	IPT	S (Secti	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	nended 07/11/2011
	B. It	emized Contributions fr	om I	ndividua	als						
Last Name Kennedy	First Name Patrick		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 9 Tuttle Cir		City South Windsor			State CT	Zip Code 06074		Principal Occu Attorney	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of state of the contributor a principal of state of the contributor apprincipal of the c	ributo lued at	r or business more than \$	he/she 5000?	associated v	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:				Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 06/15	eceived 5/2011	Aggregate Contribution		\$80.00
Last Name Menard	Town of Forth Window									Amount of Contribution	
Residential Street Address 10 Rye St		City Broad Brook	•		State CT	Zip Code 06016		Principal Occu Selectman	pation		
1 1 1 1 111 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 06/15	eceived 5/2011	Aggregate Contribution		\$50.00
Last Name Kostant	First Name Joan		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 64 Hilltop Rd		City Tolland			State CT	Zip Code 06084		Principal Occu	pation		
1 1 / 1311 0 111 1/0	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 5/2011	Aggregate Contribution	on 0.00	\$50.00

	I.	MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Tow	n Commit	tee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om I	ndividu	als					•	
	First Name Kelly		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 92 Nelson St		City Hartford			State CT	Zip Code 06120		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of scottibutor a principal of state of the scottibutor and scot	ributor	or business more than \$	he/she 5000?	associated v	with have	a	Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:				Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 06/15	eceived 5/2011	Aggregate Contribution \$50		\$50.00
ast Name First Name MI Name of Employer orbes										Amount of Contribution	
Residential Street Address 142 Englewood Dr		City Orange			State CT	Zip Code 06477		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re 06/15	eceived 5/2011	Aggregate Contribution		\$50.00
	First Name Yao Yu		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 43-57 Union St Apt 6E		City Flushing			State NY	Zip Code 11355		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date Re	eceived 5/2011	Aggregate Contribution		\$70.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commit	ttee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om l	ndividu	als						
Last Name Fonner	First Name James		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 35 Janice Ln		City Griswold	<u> </u>		State CT	Zip Code 06351		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of scontributor a principal of state of the said of the said municipal of state of the said municipal of s	ributo lued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or b government the contract is with:				Executi		Legislative	Yes X No		
Method of Contribution  Cash  Response Formula Check	Credit/	Debit Card Payroll Ded	luction		Mone	ey Order	Date Ro 06/15	eceived 5/2011	Aggregate Contribution		\$50.00
Last Name Miranda	First Name Deane		MI	Name of E	mploye	r	•				Amount of Contribution
Residential Street Address 271 Oak St		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi		Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	ey Order	Date Ro 06/15	eceived 5/2011	Aggregate Contribution \$50		\$50.00
Last Name Madrak	First Name Sandi		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 130 Cook Rd		City Tolland			State CT	Zip Code 06084		Principal Occu	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_		Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	luction		Mone	ey Order	Date Ro 06/15	eceived 5/2011	Aggregate Contribution		\$70.00

	I.	MONETARY RECE	IPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican Tow	vn Commit	tee								Am	ended 07/11/2011
	B. Ite	emized Contributions fro	om I	ndividu	als						
	First Name Eve		МІ	Name of E	mploye	r					Amount of Contribution
Residential Street Address 30 Devonshire Dr		City South Windsor	<u>.                                    </u>		State CT	Zip Code 06074		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi ued at	or business more than \$	he/she 55000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	Executiv	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction	х	Mone	y Order	Date Re	eceived 5/2011	Aggregate Contribution		\$40.00
	First Name Ashir		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 25 Saddle Hill Rd		City Manchester			State CT	Zip Code 06040		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 06/15	eceived 5/2011	Aggregate Contribution		\$50.00
	First Name Robert		MI	Name of E Retired	mploye	r					Amount of Contribution
Residential Street Address 161 Bayberry Trl		City South Windsor			State CT	Zip Code 06074		Principal Occu Retired	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi ued at	or business more than \$	he/she 5000?	associated v	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 5/2011	Aggregate Contribution		\$24.00

	I	. MONETARY RECE	IPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILE	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om I	ndividu	als						
Last Name Van Horn	First Name Daniel		MI	Name of E Retired	mploye	er					Amount of Contribution
Residential Street Address 35 Stone Xing		City South Windsor	<u> </u>		State CT	Zip Code 06074		Principal Occu Retired	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does controntract with said municipality val Is contributor a principal of state c	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	If yes, indicate which branch or br government the contract is with:				Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Dedi	uction		Mone	ey Order	Date Ro 06/15	eceived 5/2011	Aggregate Contribution		\$160.00
Last Name Van Horn	First Name Daniel		MI	Name of E Retired	mploye	er					Amount of Contribution
Residential Street Address 35 Stone Xing	•	City South Windsor	-		State CT	Zip Code 06074		Principal Occu Retired	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	_	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state c If yes, indicate which branch or br government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Representation  Cash  Representation	Credit/	Debit Card Payroll Dedu	uction		Mone	ey Order	Date Ro 06/15	eceived 5/2011	Aggregate Contribution		\$48.00
Last Name Wilson	First Name Lavina		MI	Name of E Self	mploye	er					Amount of Contribution
Residential Street Address 264 Lefoll Blvd	•	City South Windsor	-		State CT	Zip Code 06074		Principal Occu Day Care P			
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contrountract with said municipality val	ributo ued at	r or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state c  If yes, indicate which branch or br government the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	uction		Mone	ey Order	Date R	eceived 7/2011	Aggregate Contribution		\$80.00

	I	. MONETARY RECE	IPT	'S (Secti	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	ING DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	nended 07/11/2011
	B. It	emized Contributions fro	om I	ndividua	als					•	
Last Name Mabey	First Name Richard		MI Ј	Name of Er West Ha			3				Amount of Contribution
Residential Street Address 30 Dogwood Ln		City South Windsor	1		State CT	Zip Code 06074		Principal Occu Teacher	pation		
4 41-114 1-1141-19	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributoi ued at	or business more than \$	he/she 5000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution \$208		\$80.00
Last Name Peterson	First Name Mark		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 33 Eagle Run		City South Windsor			State CT	Zip Code 06074		Principal Occu Retired	pation		
1 1 1 1 11 0 1 11 1 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:	ontrac	tor or prospe		tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re 06/17	eceived 7/2011	Aggregate Contribution \$104		\$80.00
Last Name Burnham	First Name Bruce		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 1909 Main St		City South Windsor	•		State CT	Zip Code 06074		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or the contract is with:			ective s	_	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction		Mone	y Order	Date Re	eceived 7/2011	Aggregate Contribution \$40	on 0.00	\$40.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om l	ndividu	als						
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Carey	Carolyn			Aetna							Contribution
Residential Street Address	<u>.                                    </u>	City			State	Zip Code		Principal Occu Insurance	pation		
145 Abbe Rd		South Windsor			СТ	06074		insurance			
1 1 1 1 111 0 111 110	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes	Is contributor a principal of state of If yes, indicate which branch or branch or branch or the government the contract is with:			ective s	tate contract	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit	/Debit Card Payroll Ded	uction		Mone	ey Order	Date Ro 06/17	eceived 7/2011	Aggregate Contribution \$104		\$80.00
Last Name	First Name		MI	Name of E	mploye	r			·		Amount of
Wilson	Lavina			Self							Contribution
Residential Street Address 264 Lefoll Blvd		City South Windsor	•		State CT	Zip Code 06074		Principal Occu Day Care F			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			_	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	/Debit Card Payroll Ded	uction		Mone	ey Order	l	eceived 7/2011	Aggregate Contributio		\$48.00
Last Name Burnham	First Name Susan		MI	Name of E Town of		r h Windso	or				Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu Registrar o			
301 Sand Stone Dr		South Windsor			СТ	06074		Registrar o	Voters		
	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or brigovernment the contract is with:			ective s	tate contrac		Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit	/Debit Card Payroll Ded	uction	. [	Mone	ey Order	l	eceived 7/2011	Aggregate Contribution		\$48.00

	I	. MONETARY RECE	IPT	CS (Section A-K)					
NAME OF COMMITTEE								FILI	NG DUE DATE
South Windsor Republican To	wn Commit	ttee						Am	ended 07/11/2011
	B. Ito	emized Contributions fro	om I	ndividuals					
Last Name Munley	First Name Robin		МІ	Name of Employer Self					Amount of Contribution
Residential Street Address 533 Greenfield Ave		City Stratford		State Zip Code CT 06614		Principal Occu Crafts	pation		
1 1 1 1 11 0 1 11 1 10	Yes No X Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val  Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:	ributor ued at contrac	r or business he/she associated more than \$5000? etor or prospective state contract	with have	· a	Yes No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction	Money Order	Date Ro 06/20	eceived 0/2011	Aggregate Contribution		\$120.00
Last Name Reilly	First Name Davene		MI	Name of Employer					Amount of Contribution
Residential Street Address 19 Farview Ave		City East Haven	•	State Zip Code CT 06512		Principal Occu	pation		
1 1 1 1 111 0 111 10	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributor	r or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:			_	. —	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll Ded	uction	Money Order	Date Re 06/20	eceived 0/2011	Aggregate Contribution		\$50.00
Last Name Cox	First Name Terry		MI	Name of Employer					Amount of Contribution
Residential Street Address 363 Hilton Dr		City South Windsor	•	State Zip Code CT 06074		Principal Occu	pation		
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributor ued at	r or business he/she associated more than \$5000?	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bugovernment the contract is with:		• •	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll Ded	uction	Money Order	Date Re	eceived 0/2011	Aggregate Contribution		\$50.00

	I	. MONETARY RECE	IPT	TS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fr	om l	ndividu	als						
Last Name	First Name		МІ	Name of E	mnlovo						
LeBlanc	Michael		1411	Name of E	mpioye	ı					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
75-5919 Alii Dr # EE1		Kailua Kona			ні	96740					
1 1 1 1 111 0 1 11 1 10	Yes No X Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va Is contributor a principal of state. If yes, indicate which branch or b	ributo lued at	r or business more than \$ ctor or prosp	he/she 55000?	associated	with have		Yes No		
Method of Contribution  Cash  Personal Check		government the contract is with:  Debit Card Payroll Dec	luction		Mone	y Order	Date R		Aggregate Contribution		\$40.00
Last Name	First Name		MI	Name of E	mploye	r					Amount of
Brandt	George										Contribution
Residential Street Address 1102 Twin Circle Dr		City South Windsor	•		State CT	Zip Code 06074		Principal Occu	pation		
1 1 1 1 111 0 1 11 1 10	Yes	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	Date Ro 06/20	eceived 0/2011	Aggregate Contribution \$50		\$50.00
Last Name Callahan	First Name Gail		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address		City	•		State	Zip Code		Principal Occu	pation		
12 Booth Rd		Enfield			СТ	06082					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	ributo lued at	r or business more than \$	he/she 5000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state  If yes, indicate which branch or b government the contract is with:			ective s	tate contract  Executi		Legislative	Yes X No		
Method of Contribution							Date R	eceived	Aggregate Contribution	on	•
Cash X Personal Check	Credit	Debit Card Payroll Dec	luction		Mone	y Order	06/20	/2011	\$50	.00	\$50.00

	I	. MONETARY RECE	IP7	ΓS (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	wn Commit	ttee								Am	ended 07/11/2011
	B. Ite	emized Contributions fr	om l	Individua	als						
Last Name Merrill	First Name Lisa		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 162 Snakehill Rd		City Coventry	ı	•	State CT	Zip Code 06238		Principal Occu	pation		
or dependent child of a lobbyist?  Is this contribution associated with a fundraising event listed in Section L1?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality value of the contributor a principal of state of the said	ributo lued a contra	r or business t more than \$ ctor or prospe	he/she 5000?	associated tate contrac	with have	a	Yes No		
Method of Contribution  Cash  Representation  Cash  Representation	No Credit/	government the contract is with:  Debit Card Payroll Ded	luction	ı 🗆	Mone	Executi y Order	Date R	Legislative eccived	Aggregate Contribution		\$50.00
Last Name Cleary	First Name Karen		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 22 Barber Hill Rd		City Broad Brook			State CT	Zip Code 06016		Principal Occu	pation		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	luction	ı 🗆	Mone	y Order	Date R	eceived 0/2011	Aggregate Contribution \$50		\$50.00
Last Name Carlson	First Name Linda		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 40 Olcott St Apt 210		City Manchester			State CT	Zip Code 06040		Principal Occu	pation		
or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does contract with said municipality va	ributo lued a	or or business t more than \$	he/she 5000?	associated	with have	: a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Rersonal Check	Credit/	Debit Card Payroll Ded	luction	ı 🗆	Mone	y Order	Date R	eceived 0/2011	Aggregate Contribution		\$60.00

	I	. MONETARY RECE	IPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FILI	NG DUE DATE
South Windsor Republican To	own Commi	ttee								Am	ended 07/11/2011
	B. It	emized Contributions fro	om I	ndividu	als						
Last Name	First Name		МІ	N	1	_					
Veitch	Mary		IVII	Name of E	трюуе	г					Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
232 Forest Ave		Brockton			МА	02301					
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or bragovernment the contract is with:			ective s	Executi		Legislative	Yes X No		
Method of Contribution  Cash Personal Check	Credit/	Debit Card Payroll Ded	uction	x	Mone	y Order	Date Re 06/20	eceived 0/2011	Aggregate Contributio		\$50.00
Last Name	First Name		MI	Name of E	mploye	r			·		Amount of
DeLoreto	Lauren				1 ,						Contribution
Residential Street Address 41-1 Swan Ave # 2	•	City Old Lyme	•		State CT	Zip Code 06371		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch the contract is with:			_	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit	Debit Card Payroll Ded	uction		Mone	y Order	Date Ro 06/20	eceived 0/2011	Aggregate Contribution		\$50.00
Last Name Althoff	First Name Michele		MI	Name of E Messiah		<sup>r</sup> eran Chu	ırch				Amount of Contribution
Residential Street Address		City			State	Zip Code		Principal Occu	pation		
112 Ivy Ln		South Windsor			СТ	06074		Rep			
or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 officer of a municipality does control contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event # 06112011A	X Yes No	Is contributor a principal of state of If yes, indicate which branch or branch or branch or branch or branch or branch or branch is with:			ective s	tate contrac	_	Legislative	Yes X No		
Method of Contribution					1		Date R		Aggregate Contribution		
Cash Personal Check	Credit/	Debit Card Payroll Ded	uction	ᆫ	Mone	y Order	06/24	/2011	\$100	.00	\$100.00

	I.	. MONETARY REC	EIPT	S (Sect	ion A	<b>A-K</b> )					
NAME OF COMMITTEE										FJI.I	NG DUE DATE
South Windsor Republican To	wn Commit	ttee									ended 07/11/2011
South whitesof Republican To										7 1111	511ded 57/11/2011
	B. Ite	emized Contributions f	rom I	ndividu	als						
Last Name Carroll	First Name William		MI	Name of E General							Amount of Contribution
Residential Street Address 188 Scott Dr		City South Windsor	<u>.</u>		State CT	Zip Code 06074		Principal Occu Sales	pation		
1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$40 officer of a municipality does contract with said municipality v Is contributor a principal of state	ntributo alued at	r or business more than \$	he/she 55000?	associated	with have	a	Yes No		
fundraising event listed in Section L1? If yes, list Event #	Yes X No	If yes, indicate which branch or government the contract is with:	branche		Г	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash X Personal Check	Credit/	Debit Card Payroll De	eduction		Mone	y Order	Date Re 06/24	eceived I/2011	Aggregate Contribution \$128		\$48.00
Last Name Seypura	First Name Daniel		MI W	Name of E Rogo Di							Amount of Contribution
Residential Street Address 37 Carson Way		City South Windsor			State CT	Zip Code 06074		Principal Occu Salesman	pation		
1 1 4 1311 6 111 140	Yes No	If contribution is in excess of \$40 officer of a municipality does contract with said municipality v	ntributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state If yes, indicate which branch or government the contract is with:	branche		ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll De	eduction		Mone	y Order	Date Re 06/24	eceived 1/2011	Aggregate Contribution		\$48.00
Last Name Beaulieu	First Name Cynthia		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 19 Cody Cir		City South Windsor			State CT	Zip Code 06074		Principal Occu	pation		
	Yes No	If contribution is in excess of \$40 officer of a municipality does contract with said municipality v	ntributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state If yes, indicate which branch or government the contract is with:	branche		ective s	Executi	_	Legislative	Yes X No		
Method of Contribution  Cash  Personal Check	Credit/	Debit Card Payroll De	eduction		Mone	y Order	Date Ro 06/24	eceived 1/2011	Aggregate Contribution		\$24.00
									Total of Secti	on B	\$12,880.00
TOTAL OF ALL CONTRIBU	TIONS FRO	OM INDIVIDUALS		(Sections	A & 1	B)	(Total o	on Line 14 of	Summary Page)		\$12,880.00

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE	F	FILING DUE DATE
South Windsor Republican Town Committee		Amended 07/11/2011
C1. Contributions from Other Committees		
Name of Committee Name	me of Treasurer	
Address  Is this contribution associated with a fundraising event listed in Section L1?	Yes If yes, list Event #	Amount of Contribution
City State Zip Code Date Received	Aggregate Contributions	
	Total of Secti	tion C1

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE				FILING DUE DATE						
South Windsor Republican Town Committee				Amended 07/11/2011						
C2. Reimbursements. Payments. or Surplus Distributions 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							
			Surplus Distribution							
Total of Section C2										

	I. MONETARY RECEIPTS (Sectio	n A-K)				
NAME OF COMMITTEE					FILING	DUE DATE
South Windsor Republican Town Committee	2				Amende	ed 07/11/2011
	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		this loan? Yes	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
		•		Total of	Section D	

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE	FILING DUE DATE							
South Windsor Republican Town Committee				Amended 07/11/2011				
E. Receipts from Entities other t								
Name								
Street Address			Date Received	Amount Received				
City	State	Zip Code	Aggregate Contributions					
Total of Section E								

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE	FILING DUE DATE						
South Windsor Republican Town Committee	South Windsor Republican Town Committee						
F. Amount Transferred from Affiliated Business Tr	easury (Business Entity Committees ON	LY)					
Is this transaction associated with a fundraising event listed in Section L1?  Yes No If yes, list Event #	Amount						
1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00							

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE	FILING DUE DATE							
South Windsor Republican Town Cor	Amended 07/11/2011							
G. Amount Transferred from Affi	LY)							
Date of Receipt								

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE	NAME OF COMMITTEE FILING DUE DATE								
South Windsor Republican Town Committee Amended 07/11/20									
	H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)								
Date Received	Date Received Amount Method of Payment  Cash Personal Check Credit/Debit Card								
Total of Section H									

	I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMM	FILING DUE DATE									
South Windsor R	epublican Town Com	mittee			Amended 07/11/2011					
	I. Anonymous Contributions									
Date Received	Date Received \$ 1 bills \$ 5 bills \$ 10 bill coins									
	ection I									

I. Monetary Receipts (Section A-I)									
NAME OF COMMITTEE	FILING DUE DATE								
South Windsor Republican Town Committee					Amended 07/11/2011				
J. Interest from									
Name of Institution		Date Received			Amount Received				
Street Address									
	ı								

I. M				
NAME OF COMMITTEE				FILING DUE DATE
South Windsor Republican Town Committee				Amended 07/11/2011
K. Miscellan	eous Monetary Receipts not Considered Con	ntributions		
Name Philip E. Koboski		Date of Transa 06/13/20		Amount Received
Street Address  141 Woodland Dr	City South Windsor	State CT	Zip Code <b>06074</b>	
Description  Return of cash for change box see check 1386 in see				\$1,700.00
Name Group Ticket Sales		Date of Transa 06/24/20		Amount Received
Street Address  226 W 47th St	City New York	State NY	Zip Code <b>10036</b>	
Description Refund on ticket price				\$167.50
			Total of Section	K \$1,867.50

II. FUNDRAISING EVENT ACTIVITY								
NAME OF COMMITTEE						FILING DU	E DATE	
South Windsor Republica	an Town Committee					Amended 0	7/11/2011	
		L1. Fundraiser Event I	Information	n				
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City		State	Zip Code	
06/11/2011 A	Fair Event	Nevers Road Park		South Windsor		СТ	06074	
Subpart 1: (All Committees) Was this fundraising event hosted at	a personal residence?		Yes	X No	If yes, go to Section	on L4		
Did this fundraiser include items do individual of up to \$50?	nated by a business entity of up to \$100 or	items donated by an	Yes	X No	If yes, go to Section	n L4		
Was this fundraiser a tag sale, auction, or other sale of donated items?			Yes	X No	If yes, go to Section	on L2		
	funicipal Candidate Committees ONLY) space in a program book associated with the	his is fundraiser?	X Yes	No No	If yes, go to Section	on L3		
Subpart 3: (Town Committees ONLY) Did your committee sell food or bevo	') erage at a fair or similar mass gathering he	ld within the state?	X Yes	No	If yes, enter Total I	•	\$15,803.00	
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City		State	Zip Code	
12/10/2011 A	Theatre Event	226 W 47th St		New York		NY	10036	
Subpart 1: (All Committees) Was this fundraising event hosted at	a personal residence?	•	Yes	X No	If yes, go to Section	on L4		
Did this fundraiser include items do individual of up to \$50?	nated by a business entity of up to \$100 or	items donated by an	Yes	X No	If yes, go to Section	n L4		
Was this fundraiser a tag sale, auction, or other sale of donated items?		Yes	X No	If yes, go to Section	on L2			
	funicipal Candidate Committees ONLY) space in a program book associated with the	his is fundraiser?	Yes	X No	If yes, go to Section	on L3		
Subpart 3: (Town Committees ONLY Did your committee sell food or bevo	') erage at a fair or similar mass gathering he	ld within the state?	Yes	X No	If yes, enter Total I	•	\$0.00	
					Total of Section L1		\$15,803.00	

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE FILIT										
South Windsor Republican Town Commit	ttee						Am	ended 07/11/2011		
L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of the Purchaser (Individuals ONLY)  Last Name	First Name	МІ		of payment:	ard	Aggregate Amount of Purchases				
Residential Street Address	City		State	Zip Code	Date Received	Event#				
Items Purchased										
Total of Section L2										

	II. FU	UNDRAISING EVENT	ACTIVITY					
NAME OF COMMITTEE							FILI	ING DUE DATE
South Windsor Republican T	own Committee						Ame	nded 07/11/2011
L3. Purch	nases of Advertis	ing in a Program Book <i>(M</i>	lunicipal Candi	date a	nd Town Com	mittees ONLY)		
Name of Purchaser GEISSLER'S SUPERMARKET	for All Events		Business Entity  X Yes	No	Event # 06112011A	Date Received 05/13/2011		Amount of Purchase
Street Address 100 Bridge St		City East Windsor		State CT	Zip Code 06088	Aggregate Pur for All Eve \$10		\$100.00
Name of Purchaser  SMARTER INSTALLATIONS	for All Events	1	Business Entity  X Yes	] No	Event # 06112011A	Date Received 05/25/2011		Amount of Purchase
Street Address 14 Eastern Park Rd		City East Hartford		State	Zip Code 06108	Aggregate Pur for All Eve \$2!		\$250.00
Name of Purchaser THE J E SHEPARD CO	for All Events		Business Entity  X Yes	No	Event # 06112011A	Date Received 05/25/2011		Amount of Purchase
Street Address 124 Brookfield St		City South Windsor		State CT	Zip Code 06074	Aggregate Pur for All Eve \$2!		\$250.00
Name of Purchaser RSK/KELLCO INC	for All Events		Business Entity  X Yes	] No	Event # 06112011A	Date Received 05/25/2011		Amount of Purchase
Street Address 1744 Ellington Rd		City South Windsor	-	State CT	Zip Code 06074	Aggregate Pur for All Eve \$1!		\$150.00
Name of Purchaser PUE CHICK LEIBOWITZ BLEZA	for All Events		Business Entity  X Yes	No	Event # 06112011A	Date Received 05/25/2011		Amount of Purchase
Street Address 76 S Frontage Rd		City Vernon		State CT	Zip Code 06066	Aggregate Pur for All Eve \$2!		\$250.00
Name of Purchaser ANDRE FURNITURE INDUSTRY	for All Events		Business Entity  X Yes	] No	Event # 06112011A	Date Received 05/25/2011		Amount of Purchase
Street Address 55 Sandra Dr		City South Windsor		State CT	Zip Code 06074	Aggregate Pur for All Eve \$1!		\$150.00
Name of Purchaser ATC INC	for All Events		Business Entity  X Yes	] No	Event # 06112011A	Date Received 05/27/2011		Amount of Purchase
Street Address 36 Judge		City South Windsor	•	State CT	Zip Code 06074	Aggregate Pur for All Eve		\$250.00

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE FILING DU										
South Windsor Republican Town Committee						Amei	nded 07/11/2011			
L3. Purchases of Advertisi	L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)									
Name of Purchaser  CAMP BOW WOW		Business Entity  X Yes	] No	Event # 06112011A	Date Received 06/15/2011		Amount of Purchase			
Street Address 1145 John Fitch Blvd	City South Windsor		State CT	Zip Code 06074	Aggregate Puro for All Eve \$25		\$250.00			
Name of Purchaser for All Events  MITCHELL FUEL CO		Business Entity  X Yes	] No	Event # 06112011A	Date Received 06/15/2011		Amount of Purchase			
Street Address 1209 Sullivan Ave	City South Windsor		State CT	Zip Code 06074	Aggregate Puro for All Eve \$25		\$250.00			
Name of Purchaser for All Events  JULIES BARKS & BUBBLES		Business Entity  X Yes	] No	Event # 06112011A	Date Received 06/15/2011		Amount of Purchase			
Street Address 1678 Ellington Rd	City South Windsor		State CT	Zip Code 06074	Aggregate Puro for All Eve \$15		\$150.00			
					Total of Sectio	n L3	\$2,050.00			

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE					FILIN	NG DUE DATE			
South Windsor Republican Town Committee					Amer	nded 07/11/2011			
L4. In-Kind Donations Not Considered Contributions									
Name of the Donor  Topstone Golf Course				Donation given by:  Individual X Business	Entity	Fair Market Value of Donation			
Street Address 516A Griffin Rd	City South Windsor	State CT	Zip Code <b>06074</b>	Aggregate value for this event	30.00				
Description of Donation Use of Golf Carts at S.F.  Date Received 06/11/201				Event # <b>061111A</b>		\$80.00			
				Total of Sect	ion L4	\$80.00			

Total of Section M

\$335.00

		III. NO	NMONETARY RECEIPTS			
NAME OF CO	OMMITTEE				FIL	ING DUE DATE
South Winds	or Republican Town Com	mittee			An	nended 07/11/2011
		M. In-K	ind Contributions			
Name Oates Paul					Type of Contributor:	Fair Market Value of this Contribution
Street Address 935 Main St			City South Windsor		Committee	
State CT	Zip Code <b>06074</b>	executive officer of a m	ess of \$400 to a candidate committee for a chief unicipality does contributor or business he/she is contract with said municipality valued at more	Yes No	Date Received	
Is Contributor a lob dependent child of a	Voc	06/11/2011				
Is this contribution a listed in Section J1?	associated with a fundraising event	X Yes	Description of In-Kind Contribution  Use of Farm Tractor		Aggregate contributions	
If yes, list Event#	<u>06112011A</u>	L No	osc or rainin reactor		\$210.	\$210.00
Name Oates Paul					Type of Contributor:	Fair Market Value of this Contribution
Street Address 935 Main St			City South Windsor		Committee Other	
State CT	Zip Code <b>06074</b>	executive officer of a m	ess of \$400 to a candidate committee for a chief unicipality does contributor or business he/she is ontract with said municipality valued at more	Yes No	Date Received	
Is Contributor a lob dependent child of a	Vac	Is contributor a principal o	of state contractor or prospective state contractor?	Yes x No	06/11/2011	
Is this contribution a listed in Section J1?	associated with a fundraising event	X Yes	Description of In-Kind Contribution		Aggregate contributions	
If yes, list Event#	<u>06112011A</u>	No No	Use of Kiddie Train		\$125.	\$125.00

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE		FILING DUE DATE								
South Windsor Republican Town Comm		Amended 07/11/2011								
N. Refundable Deposit to Telephone Company										
Last Name (Individuals Only)		First Name	MI	I	Date Received	Amount of Deposit				
Residential Street Address		City	State	Zip Co	ode					
Name of Telephone company										
Street Address	City	State			State Zip Code					

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE FILIN											
South Windsor Republican Town Committee Amen											
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee											
Name of Committee		Name of Treasurer									
Street Address			Fair Market Value of Donation								
City	State	Zip Code	Aggregate Donation	ıs							
Description of Donation		Purpose of Expenditure  A B	C D	E							
			Total of Sec	tion O							

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comm	nittee							Amen	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee				,		
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
Group Sales Box Office				04/03/2011		X Check #	1368		
Street Address 226 W 47th St	City New York		State NY	Zip Code 10036	Purpose of Expenditure (by code) FNDR	Debit Ca	ard		
Description Show Tickets for New York City Bus Trip					TNDK		Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$1,748.50
Name of Payee  Philip E. Koboski				Date of Paymen 04/03/2011		Method of Pa	-		Amount
Street Address 141 Woodland Dr	City South Win	<del>dsor</del>	State <del>CT</del>	Zip Code 06074	Purnose of Expenditure (by code) POST	Debit Ca			
Description PO Box Rental Fee							Even	ıt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)  A B C D E									<del>\$15.00</del>
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
Philip E. Koboski				04/03/20	11	X Check #	1369		
Street Address 141 Woodland Dr	City South Wi	ndsor	State CT	Zip Code <b>06074</b>	Purpose of Expenditure (by code) RCW	Debit Ca	ard		
Description PO Box Rental Fee							Even	ıt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
A B C D E									\$15.00

	Γ	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comm	nittee							Amer	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
Tonsha				04/26/2011		X Check #	1370		
Street Address 81 Commerce Way City South Windsor CT				Zip Code 06074	Purpose of Expenditure (by code) FNDR	Debit Ca	ard		
Description Printing of Tickets					•	•	Ever 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte		
A B C D E									\$205.64
Name of Payee Life Publications				Date of Paymen 05/19/2011		Method of Pa			Amount
Street Address PO Box 331342	City West Harti	ford		Zip Code 06133-1342	Purpose of Expenditure (by code) FNDR	Debit Ca			
Description Festival Advertising					•	•	Ever	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte		
Organization (see Instructions)  A B C D E									\$540.00
Name of Payee  Reminder Media, Inc.				Date of Paymen 05/19/2011		Method of Pa			Amount
Street Address 130 Nold Town Rd	City Vernon			Zip Code 06066	Purpose of Expenditure (by code) FNDR	Debit Ca	ard		
Description Festival Advertising							Ever	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
A B C D E									\$626.40

IV. EXPENDITURES									
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comn	nittee							Amer	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Payment			Amount
Joseph DiDonna				05/19/2011		X Check #	1374		
Street Address 115 9th St	City Saratoga			Zip Code 12866	Purpose of Expenditure (by code) FNDR	Debit C	ard		
Description Festival Entertainment						•	Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$250.00
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Dee Zee Ice				05/26/2011		X Check #	1375		
Street Address Chapel Road	City South Win	dsor		Zip Code 06074	Purpose of Expenditure (by code) FNDR	Debit C	ard		
Description Ice	•				•	•	Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$215.00
Name of Payee				Date of Paymen		Method of Pa			Amount
Instantwhip	1		I. I	05/26/2011	Purnose of	X Check #	1376		
Street Address 49 N Plains Industrial Rd	City Wallingford	d		Zip Code 06492	Expenditure (by code) FNDR	Debit C	ard		
Description Whipped Cream			•				Even 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)									\$310.00

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comm	nittee								nded 07/11/2011
		penses Paid By Commit	tee						
Name of Payee				Date of Paymen		Method of Pa	ayment		Amount
Journal Inquirer	1			05/26/2011		X Check #	1377		
Street Address 300 Progress Dr .	City Mancheste	r		Zip Code 06045	Purpose of Expenditure (bv code) FNDR	Debit C	ard		
Description Festival Advertising							Ever 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed		
Organization (see Instructions)  A B C D E									\$981.15
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
<del>Teri Dickey Gaignat</del>				06/02/2011		X Check #	1405		
Street Address  30 Devonshire Dr	City <del>South Win</del>	<del>dsor</del>		Zip Code 06074	Purpose of Expenditure (by code) FNDR	Debit C	ard		
Description  Vendor Printing and Postage					•	•	Ever		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed		
Organization (see Instructions)  A B C D E									<del>\$377.24</del> -
Name of Payee				Date of Paymen		Method of Pa			Amount
<del>John Mitchell</del>	a:		G	06/05/2011	Purnose of	X Check #	1380		
Street Address 40 Windy Hill Rd	City South Win	<del>dsor</del>		Zip Code <del>06074</del>	Expenditure (by code) FNDR	Debit C	ard		
Description Water Bottles							Ever		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support Opposed		
									<del>\$426.72</del>

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comm	nittee							Amen	ided 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymer		Method of Pa			Amount
Holy Family Church	·		1	06/05/2013	Purpose of	X Check #	1381		
Street Address Simon Rd	City Enfield		State	Zip Code 06074	Expenditure (by code) FNDR	Debit C	ard		
Description Donation							Even 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Soug	ht		Supporte		
Organization (see Instructions)  A B C D E									\$200.00
Name of Payee				Date of Paymen	nt	Method of Pa	ayment		Amount
John Mitchell	_			06/05/20	11	X Check #	1380		
Street Address 40 Windy Hill Rd	City South Win	ndsor	State CT	Zip Code <b>06074</b>	Purnose of Expenditure (by code) RCW	Debit C	ard		
Description  Water for sale at festival				•	-		Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Soug	ht		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$426.72
Name of Payee				Date of Paymen		Method of Pa			Amount
Philip E. Koboski			g	06/09/20	Purpose of	X Check #	1386		
Street Address 141 Woodland Dr	City South Win	ndsor	CT	Zip Code <b>06074</b>	Expenditure (by code) Misc *	Debit C	ard		
Description cash for change boxes at festival							Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Soug	ht		Supporte Opposed		\$1,700,00

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comm	nittee							Amer	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee				•		
Name of Payee				Date of Paymen	ıt	Method of Pa	ayment		Amount
Travelers Insurance Co				06/09/2011		X Check #	1383		
Street Address 1 Tower Sq	City Hartford			Zip Code 06183	Purpose of Expenditure (by code) Misc *	Debit C	ard		
Description General Liability Insurance	•					•	Even	t#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ht		Supporte Opposed		
A B C D E				<u> </u>					\$264.00
Name of Payee				Date of Paymen	ıt	Method of Pa	ayment		Amount
Philip E. Koboski				06/09/2011		X Check #	1386		
Street Address 141 Woodland Dr	City <del>South Win</del>	<del>dsor</del>		Zip Code <del>06074</del>	Expenditure (by code) FNDR	Debit C	ard		
Description Petty Cash for cash boxes							Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	ht		Supporte Opposed		
Organization (see Instructions)  A B C D E									<del>\$1,700.00</del> -
Name of Payee				Date of Paymen	it	Method of Pa	ayment		Amount
Joseph DiDonna	ı			06/11/2011		X Check #	1384		
Street Address 115 9th St	City Saratoga			Zip Code 12866	Purnose of Expenditure (by code) FNDR	Debit C	ard		
Description Festival Entertainment			•				Even 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
									\$250.00

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comm	ittee							Amen	ided 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Payme		Method of Pa	ayment		Amount
<del>Dennis Sheridan</del>				06/11/201		X Check #	<del>1385</del>		
Street Address 96 Hebron Rd	City <del>Bolton</del>		State <del>CT</del>	Zip Code <del>06046</del>	Purnose of Expenditure (by code) FNDR	Debit C	ard		
Description Festival Entertainment			•				Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A  B  C  D  E		Candidate(s) Name (if applicable)		Office Sou	ght		Supporte Opposed		<del>\$650.00-</del>
Name of Payee				Date of Payme	nt	Method of Pa	avment		Amount
Dennis Sheridan				06/11/20		X Check #			Amount
Street Address 96 Hebron Rd	City <b>Bolton</b>		State CT	Zip Code <b>06046</b>	Purpose of Expenditure (by code) FNDR	Debit C			
Description Festival Entertainment					1		Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Soug	ght		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$600.00
Name of Payee  June Cottle				Date of Payme		Method of Pa			Amount
Street Address 166 Clinton Dr	City South Wir	ndsor	State	Zip Code 06074	Purnose of Expenditure (by code) RCW	X Check #			
Description Printing and Postage			•		1 3-		Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sou	ght		Supporte Opposed		\$56.08

	Γ	V. EXPENDITURES							
NAME OF COMMITTEE								FILI	NG DUE DATE
South Windsor Republican Town Comm	nittee							Amer	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
Kathy Daugherty				06/12/201	11	X Check #	1388		
Street Address	City		State	Zip Code	Purpose of Expenditure				
12 Roy Rd	South Wi	ndsor	СТ	06074	(bv code)	Debit Ca	ard		
Description Festival Pageant Supplies						•	Eve. <b>06112</b>		
Type of Expenditure (if applicable)		Candidate(s) Name		Office Sough	nt		Support	ted	
Coordinated with reimbursement sought		(if applicable)					Oppose	d	
Coordinated without reimbursement sought									
Independent Organization (see Instructions)									
A B C D E									\$198.29
Name of Payee		<u> </u>		Date of Paymen	t	Method of Pa	yment		Amount
									Amount
Gary Bazzano	-		Г	06/12/201	Purnose of	X Check #	1391		
Street Address 56 Spinners Run	City South Wi	ndoor		Zip Code	Expenditure				
30 Spriners Kun	South Wi	iiusoi	СТ	06074	(bv code) RCW	Debit Ca	ard		
Description Stamps							Eve	nt#	
Type of Expenditure (if applicable)		Candidate(s) Name		Office Sough	nt		Support	ted	
Coordinated with reimbursement sought		(if applicable)					Oppose	d	
Coordinated without reimbursement sought									
Independent									
Organization (see Instructions)  A B C D E									\$22.00
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
June Cottle	•			06/12/2011		X Check #	1387		
Street Address	City		State	Zip Code	Purpose of Expenditure				
166 Clinton Dr	South Win	<del>dsor</del>	<del>CT</del>	<del>06074</del>	(by code) FNDR	Debit Ca	ard		
Description Printing and Postage	!					!	Eve		
Type of Expenditure (if applicable)		Candidate(s) Name		Office Sough	nt		Support	ted	
Coordinated with reimbursement sought		(if applicable)				Ħ	Oppose		
Coordinated without reimbursement sought		, Tr /				_			
Independent									
Organization (see Instructions)  A B C D E									<del>\$56.08-</del>

	IV. EXPENDITURES									
NAME OF COMMITTEE								FILIN	NG DUE DATE	
South Windsor Republican Town Comn	nittee							Amer	nded 07/11/2011	
	P. Ex	penses Paid By Commit	tee							
Name of Payee				Date of Payment	t	Method of Pa	ayment		Amount	
Kathy Daugherty	_			06/12/2011		X Check #	1388			
Street Address 12 Roy Rd	City South Win	<del>dsor</del>		Zip Code <del>06074</del>	Purpose of Expenditure (by code) FNDR	Debit Ca	ard			
Description Festival Pageant Supplies					THEK		Even			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A  B  C  D  E		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		<del>\$198.29</del> -	
Name of Payee		I		Date of Payment	t	Method of Pa	ayment		Amount	
XL Color				06/12/2011		X Check #	1389		, mount	
Street Address 16 Southwood Rd	City Bloomfield			Zip Code 06002	Purnose of Expenditure (bv code) FNDR	Debit Ca				
Description Festival Sign and banner	•				•	•	Even 061120			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed			
Organization (see Instructions)  A B C D E									\$101.71	
Name of Payee				Date of Payment		Method of Pa	•		Amount	
Frame Design	1			06/12/2011	Purpose of	X Check #	1390			
Street Address 1720 Ellington Rd	City South Win	dsor		Zip Code 06074	Expenditure (by code) FNDR	Debit Ca	ard			
Description Sign Lettering							Even 061120			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ıt		Supporte Opposed			
									\$193.98	

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comn	nittee							Amen	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount
<del>Gary Bazzano</del>	_		_	06/12/2011		X Check #	<del>1391</del>		
Street Address <del>56 Spinners Run</del>	City South Wind	<del>dsor</del>		Zip Code <del>06074</del>	Purpose of Expenditure (by code) POST	Debit Ca	ard		
Description Stamps							Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		<del>\$22.00</del> -
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount
Geisslers Supermarket				06/13/2011		X Check #	1393		
Street Address 965 Sullivan Ave	City South Wine	dsor		Zip Code 06074	Purpose of Expenditure (by code) FNDR	Debit Ca	ard		
Description Food			•				Even 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)  A B C D E									\$932.50
Name of Payee Sals Pizza				Date of Payment 06/13/2011		Method of Pa			Amount
Street Address 1735 Ellington Rd	City South Wind	dsor		Zip Code 06074	Purnose of Expenditure (by code) FNDR	Debit Ca	ard		
Description Fried Dough and Sauce							Even 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
									\$350.00

	Γ	V. EXPENDITURES							
NAME OF COMMITTEE								FILI	NG DUE DATE
South Windsor Republican Town Comm	nittee							Amer	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee South Windsor Rotary				Date of Payment 06/13/2011		Method of Pa			Amount
Street Address P.O. Box	City South Win	dsor		Zip Code 06074	Purpose of Expenditure (by code)	X Check #			
Description Burgers	l				FNDR	ı	Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A  B  C  D  E		Candidate(s) Name (if applicable)		Office Sough	ıt		Supporto Opposec		\$115.16
Name of Payee		I		Date of Payment		Method of Pa	ny mant		<u> </u>
XL Color				06/16/2011		X Check #			Amount
Street Address 16 Southwood Rd	City Bloomfield			Zip Code 06002	Purpose of Expenditure (by code) FNDR	Debit Ca			
Description Festival Signs							Even 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	ıt		Supporte		
Organization (see Instructions)  A B C D E									\$234.98
Name of Payee  Highland Park Market				Date of Payment 06/16/2011		Method of Pa			Amount
Street Address 317 Highland St	City Mancheste	r		Zip Code 06040	Purpose of Expenditure (by code) FNDR	Debit Ca			
Description Biscuits							Even 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	t		Supporte		
$\bigcap_{A}\bigcap_{B}\bigcap_{C}\bigcap_{D}\bigcap_{E}$									\$600.00

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								EII D	NG DUE DATE
South Windsor Republican Town Comm	nittee								nded 07/11/2011
		penses Paid By Commit	tee					7 111101	1000 07/11/2011
Name of Payee				Date of Payment		Method of Pa			Amount
Street Address  239 Oak St	City South Win	<del>dsor</del>	State	Zip Code 06074	Purpose of Expenditure (by code) FNDR	X Check #			
Description Mailings			<u>                                       </u>		<del>FNDK</del>	1	Even	nt #	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A  B  C  D  E		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		<del>\$88.05</del> -
Name of Payee		<u> </u>		Date of Payment	t	Method of Pa	yment		Amount
<del>Dick Cullen</del>	_		_	06/17/2011	•	X Check #	<del>1401</del>		
Street Address <del>218 Lisa Dr</del>	City <del>South Win</del>	<del>dsor</del>	State <del>CT</del>	Zip Code 06074	Purpose of Expenditure (by code) PRNT	Debit Ca	ard		
Description Copies of Checks			· · · · ·				Even	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
Organization (see Instructions)  A B C D E									<del>\$10.80</del>
Name of Payee  XL Color				Date of Payment 06/17/2011		Method of Pa	-		Amount
Street Address 16 Southwood Rd	City Bloomfield		State CT	Zip Code 06002	Purnose of Expenditure (by code) FNDR	X Check #			
Description Festival Signs			_				Even 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
$\square_A \square_B \square_C \square_D \square_E$									\$491.84

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILI	NG DUE DATE
South Windsor Republican Town Comn	nittee							Amer	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount
Bill Aman				06/17/2011		X Check #	<del>1403</del>		
Street Address 878 Strong Rd	City South Win	<del>dsor</del>		Zip Code <del>06074</del>	Purpose of Expenditure (by code) FNDR	Debit C	ard		
Description Festival Supplies	•		•		•	•	Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	it		Supporte		
Organization (see Instructions)  A B C D E									<del>\$35.15</del> -
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount
XL Color	•			06/17/2011		X Check #	1404		
Street Address 16 Southwood Rd	City Bloomfield			Zip Code 06002	Purpose of Expenditure (bv code) FNDR	Debit Ca	ard		
Description Festival Signs	•				•	•	Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte		
Organization (see Instructions)  A B C D E									\$261.03
Name of Payee				Date of Paymen		Method of Pa			Amount
Dzen Bros Inc	l		T. 1	06/17/2011	Purpose of	X Check #	1406		
Street Address 87 Windsorville Rd	City Ellington			Zip Code 06029	Expenditure (by code) FNDR	Debit Ca	ard		
Description Strawberries for Festival							Even		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	it		Supporte Opposed		
$\bigcap$ A $\bigcap$ B $\bigcap$ C $\bigcap$ D $\bigcap$ E									\$4,205.00

	Γ	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comm	nittee							Amer	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Mitchell Fuel Co				06/17/2011		X Check #	1407		
Street Address 1209 Sullivan Ave	City South Win	dsor		Zip Code 06074	Purpose of Expenditure (by code) FNDR	Debit C	ard		
Description Propane and Diesel Fuel	•						Ever 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support		
Organization (see Instructions) ABBCCDDEE									\$156.99
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Windsor Ave Donuts Inc				06/17/2011		X Check #	1408		
Street Address 503 Windsor Ave	City Windsor			Zip Code 06095	Purpose of Expenditure (by code) FNDR	Debit C	ard		
Description Doughnuts for Festival							Ever 061120		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support		
Organization (see Instructions)  A B C D E									\$158.15
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Hap Fitts				06/17/201	l <b>1</b>	X Check #	1400		
Street Address 239 Oak St	City South Wi	ndsor		Zip Code <b>06074</b>	Purnose of Expenditure (by code) RCW	Debit C	ard		
Description Mailings			<u> </u>			!	Ever	nt#	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support		
		I							\$88.05

	Γ	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comm	nittee							Amer	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Dick Cullen				06/17/201	11	X Check #	1401		
Street Address	City		State	Zip Code	Purpose of Expenditure				
218 Lisa Dr	South Wi	ndsor	СТ	06074	(bv code)	Debit C	ard		
Description Copies of Checks						•	Even	nt#	
Type of Expenditure (if applicable)		Candidate(s) Name		Office Sough	nt		Supporte	ed	
Coordinated with reimbursement sought		(if applicable)					Opposed	i	
Coordinated without reimbursement sought  Independent									
Organization (see Instructions)									
A B C D E									\$10.80
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Bill Aman				06/17/201	11	X Check #	1403		
Street Address	City		State	Zip Code	Purnose of Expenditure	1			
878 Strong Rd	South Wi	ndsor	СТ	06074	(bv code) RCW	Debit C	ard		
Description Festival Supplies							Even		
Type of Expenditure (if applicable)		Candidate(s) Name		Office Sough	nt		Supporte	ed	
Coordinated with reimbursement sought		(if applicable)					Opposed	1	
Coordinated without reimbursement sought  Independent									
Organization (see Instructions)									
A B C D E									\$35.15
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Teri Dickey-Gaignat			_	06/17/201	11	X Check #	1405		
Street Address	City		State	Zip Code	Purpose of Expenditure				
30 Devonshire Dr	South Wi	ndsor	СТ	06074	(by code) <b>RCW</b>	Debit C	ard		
Description Vendor Printing and Postage							Even		
Type of Expenditure (if applicable)		Candidate(s) Name		Office Sough	it		Supporte	ed	
Coordinated with reimbursement sought		(if applicable)					Opposed	i	
Coordinated without reimbursement sought Independent									
Organization (see Instructions)									
A B C D E									\$377.24

Name of Payee Date of Payment O6/21/2011 Street Address 60 Krawski Dr South Windsor State CT O6074  Type of Expenditure (if applicable) Coordinated with reimbursement sought Independent Organization (see Instructions)  Date of Payment O6/21/2011  X Check # 1410  Amount  Amount  O6/21/2011  X Check # 1410  Expenditure (bv code) (bv code) (FNDR  Event # O6112011A  Supported Opposed Opposed		Г	V. EXPENDITURES							
Name of Physes   SWHS Friends of the Performing Arts   SWHS Friends   SWHS	NAME OF COMMITTEE								FILI	NG DUE DATE
Name of Payee  Sivet Address 104 Woodland Dr  Street Address 104 Woodland Dr  South Windsor  CT  O6074  Separation Prize of Expenditure of applicable) Coordinated without embrancement sought Independent of supportance of Coordinated without reimbursement sought Coordinated without r	South Windsor Republican Town Comm	nittee							Amer	nded 07/11/2011
SWHS Friends of the Performing Arts  Size Address 121 Woodland Dr  South Windsor  City South Windsor  City South Windsor  City South Windsor  City South Windsor  Coedinated with reinhursement sought Independent Coedinated without reinhursement sought Organization (see International) Organization		P. Ex	penses Paid By Commit	tee						
South Windsor	-						<u></u>	•		Amount
Fried Dough Booth  Type of Expenditure (if applicable)  Coordinated with trainbursement sought Coordinated without reimbursement sought Coordinated with ut reimbursement sought Coordinated with ut reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought			dsor			Expenditure (by code)	Debit Ca	ard		
Coordinated with reimbursement sought   (if applicable)   (if applicable)   Opposed	I -									
Name of Payee  Date of Payment  Offize Sought  Opposed  City  Strate Address  60 Krawski Dr  Description  Festival Security  Type of Expenditure (if applicable)  Coordinated with ceimbursement sought Independent  Organization (see Instructions)  A B C D E E  Street Address  City  State  City  State  City  State  City  State  City  Condidate(s) Name  Office Sought  Opposed  Opposed  Office Sought  Supported  Opposed  Opposed  Amount  Amount  Amount  Amount  Amount  Amount  Type of Expenditure (if applicable)  Coordinated with ceimbursement sought Independent  Organization (see Instructions)  A B C D E  Street Address  Office Sought  Opposed  Office Sought  Amount  Amount  Amount  Amount  Type of Expenditure (if applicable)  City  State  City  South Windsor  CT 06074  FNDR  Description  Food for Festival  Office Sought  Opposed  Opposed  Office Sought  Opposed  Office Sought  Opposed  Opposed  Opposed  Opposed  Opposed  Opposed  Opposed  Opposed	Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)				Office Sough	t				\$300.00
David Prague  Street Address 60 Krawski Dr  South Windsor  City South Windsor  Candidate(s) Name (if applicable) Coordinated with reimbursement sought Independent Organization (see Instructions)  A B C D D E  Name of Payee  Karen Prague  City South Windsor  City Sou			<u> </u>				1			4300.00
Street Address 60 Krawski Dr  South Windsor  City South Windsor  Candidate(s) Name Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought City South Windsor City Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought										Amount
Festival Security    Type of Expenditure (if applicable)	Street Address		dsor		Zip Code	Purpose of Expenditure (by code)				
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)  A B C D D E  Sate of Payment  City South Windsor  Candidate(s) Name Coordinated without reimbursement sought	-									
Name of Payee    Date of Payment   Method of P	Coordinated with reimbursement sought Coordinated without reimbursement sought				Office Sough	t				
Karen Prague    City   State   Zip Code   Expenditure (by code)   Debit Card										\$100.00
South Windsor  City South Windsor  Expenditure (by code) FNDR  Debit Card  Continated ## 06112011A  Candidate(s) Name Office Sought Opposed  Opposed  Opposed	•									Amount
Food for Festival  Type of Expenditure (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought			dsor			Expenditure (by code)	Debit Ca	ard		
Coordinated with reimbursement sought Coordinated without reimbursement sought  (if applicable)  Opposed	_									
Organization (see Instructions)	Coordinated with reimbursement sought Coordinated without reimbursement sought Independent				Office Sough	t				\$88.46

	Г	V. EXPENDITURES							
NAME OF COMMITTEE								FILIN	NG DUE DATE
South Windsor Republican Town Comn	nittee							Amer	nded 07/11/2011
	P. Ex	penses Paid By Commit	tee						
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Bill Carroll				06/23/2011		X Check #	<del>1412</del>		
Street Address  188 Scott Dr	City South Win	<del>dsor</del>		Zip Code <del>06074</del>	Purpose of Expenditure (by code) FNDR	Debit Ca	ard		
Description Soda for Festival						•	Ever		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	nt		Support Oppose		
Organization (see Instructions)  A B C D E									<del>\$55.60-</del>
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Cary Prague				06/23/2011		X Check #	<del>1392</del>		
Street Address 60-Krawski-Dr	City <del>South Win</del>	<del>dsor</del>		Zip Code <del>06074</del>	Purpose of Expenditure (by code) FNDR	Debit Ca	ard		
Description Food and Supplies for Festival	•				•		Ever		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent		Candidate(s) Name (if applicable)		Office Sough	ıt		Support Oppose		
Organization (see Instructions)  A B C D E									<del>\$2,770.76-</del>
Name of Payee				Date of Paymen	t	Method of Pa	ayment		Amount
Bill Carroll	<del> </del>			06/23/201		X Check #	1412		
Street Address 188 Scott Dr	City South Wi	ndsor		Zip Code <b>06074</b>	Purnose of Expenditure (by code) RCW	Debit Ca	ard		
Description Soda for Festival							Ever		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Support Oppose		
A B C D E		I							\$55.60

	Г	V. EXPENDITURES							
NAME OF COMMITTEE FILIN									
South Windsor Republican Town Committee Amen									
P. Expenses Paid By Committee									
Name of Payee  Cary Prague				Date of Payment <b>06/23/2011</b>	Method of Pay		Amount		
Street Address 60 Krawski Dr	City South Win	ndsor	1 1	Dip Code Purpose of Expenditure (by code) RCW	Debit Ca	rd			
Description Food and Supplies for Festival						Event # <b>06112011</b>	1A		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A  B  C  D  E		Candidate(s) Name (if applicable)		Office Sought		Supported Opposed	\$2,790.76		
					Tota	al of Section	P \$20,256.18		

	IV. EXPENDITU	RE	es						
NAME OF COMMITTEE							FILING	G DUE DATE	
South Windsor Republican Town Committee Amended 6									
	Q. Campaign Expenses Paid By	y C	andidate						
Name of Payee (Name of Vendor who candidate paid dir	Payee (Name of Vendor who candidate paid directly)  Date of				Purpose of Expenditure (by code)	Is Reimbur Claimed? Yes	sement No	Amount	
Street Address	City		State	Z	ip Code	Event #			
Description					,				
						Total of S	ection Q		

IV. EXPENDITURES										
NAME OF COMMITTEE FILIN										
South Windsor Republican Town Committee Ame										
R. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution		Type of C Vis		Master Card	Discover	America	n Express			
Name of Vendor		Purpose of Expenditure (by code)  Date of			Date of Transaction		Amount			
Street Address	City	•	State	Zip Code	Event #					
Description					•					
					Total of Se	ection R				

	IV. EXPENDITURES					
NAME OF COMMITTEE					FII	LING DUE DATE
South Windsor Republican Town Committee					Am	nended 07/11/2011
S. Expenses	Incurred By Committee but Not Paid	During	this Period			
Name of Creditor			Event #	Date Incurred		Amount Incurred
Keifer's Kettle Korn			06112011A	06/11/2011	.	(Estimate or Actual)
Street Address 21 Shore Dr	City <b>Griswold</b>	State CT	Zip Code <b>06351</b>	Purpose of Expenditure (by code) FNDR		
Description  Food - Italian Ice						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E	Candidate(s) Name (if applicable)	Office Soug	ght	Support Opposed		\$140.00
Name of Creditor TonSha			Event # <b>06112011A</b>	Date Incurred <b>06/11/2011</b>	1	Amount Incurred (Estimate or Actual)
Street Address 81 Commerce Way	City South Windsor	State CT	Zip Code <b>06074</b>	Purpose of Expenditure (by code) FNDR		
Description Placemats						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought	Candidate(s) Name (if applicable)	Office Soug	tht	Support Opposed		
Independent Organization (see Instructions)						\$408.10

	IV. EXPENDITURES					
NAME OF COMMITTEE					FII	LING DUE DATE
South Windsor Republican Town Committee					Am	nended 07/11/2011
S. Expenses	Incurred By Committee but Not Paid	During	this Period			
Name of Creditor  USA Hauling			Event # <b>06112011A</b>	Date Incurred <b>06/11/2011</b>	L	Amount Incurred (Estimate or Actual)
Street Address PO Box 808	City East Windsor	State CT	Zip Code <b>06088</b>	Purpose of Expenditure (by code) FNDR		
Description  Dumpster for SF						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E	Candidate(s) Name (if applicable)	Office Soug	ht	Support Opposed		\$84.80
Name of Creditor  J.T. & S Truck Rental			Event # <b>06112011A</b>	Date Incurred <b>06/11/2011</b>	L	Amount Incurred (Estimate or Actual)
Street Address 130 Brainard Rd	City Hartford	State CT	Zip Code <b>06114</b>	Purpose of Expenditure (by code) FNDR		
Description  Rented a truck		-				
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Candidate(s) Name (if applicable)	Office Soug	ht	Support Opposed		\$106.00
$\bigcap_{A}\bigcap_{B}\bigcap_{C}\bigcap_{D}\bigcap_{F}$						

	IV. EXPENDITURES					
NAME OF COMMITTEE					FII	LING DUE DATE
South Windsor Republican Town Committee					Am	nended 07/11/2011
S. Expenses	Incurred By Committee but Not Paid	During	this Period			
Name of Creditor  Mitchell Fuel Co. Inc			Event # <b>06112011A</b>	Date Incurred <b>06/11/2011</b>	L	Amount Incurred (Estimate or Actual)
Street Address 1209 Sullivan Ave	City South Windsor	Expenditure (by				
Description Propane		•	•			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E	Candidate(s) Name (if applicable)	Office Soug	tht	Support Opposed		\$315.12
Name of Creditor  Environmental Services			Event # <b>06112011A</b>	Date Incurred <b>06/11/2011</b>	.	Amount Incurred (Estimate or Actual)
Street Address 90 Brookfield St	City South Windsor	State CT	Zip Code <b>06074</b>	Purpose of Expenditure (by code) FNDR		
Description Pottie Rental		-				
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent	Candidate(s) Name (if applicable)	Office Soug	ht	Support Opposed		* \$335.26
Organization (see Instructions)						<b>4333.20</b>

IV. EXPENDITURES										
NAME OF COMMITTEE					FIL	LING DUE DATE				
South Windsor Republican Town Committee Amend										
S. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor			Event #	Date Incurred		Amount Incurred				
Design Professionals			06112011A	06/11/2011	L	(Estimate or Actual)				
Street Address 425 Sullivan Ave	City South Windsor	State CT	Zip Code <b>06074</b>	Purpose of Expenditure (by code) FNDR						
Description  Colored Exhibits										
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought	Candidate(s) Name (if applicable)	Office Soug	ht	Support Opposed	- 1					
Independent Organization (see Instructions) A B C D E						\$90.00				
				Total of Sect	ion S	\$1,479.28				

	IV. E	XPENDITURES				
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee W	orkers and Consultants			
Name of Worker/Consultant Philip E. Koboski			Date of Payment 04/03/2011	Method of Payr	nent	Amount
Secondary Payee USPS			Purpose of Expenditure POST	1369 Debit Car	d	
Street Address clark street	City South Windsor				le I	
Description PO Box Rental Fee				·		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E	Other Candidate	c(s) Name	Office Sought	Supp	oorted osed	\$15.00
Name of Worker/Consultant Teri Dickey-Gaignat			Date of Payment 06/02/2011	Method of Payment  X Check #		Amount
Secondary Payee Staples			Purpose of Expenditure FNDR	1405  Debit Car	d	
Street Address 35 Talcottville Rd		City Vernon		State Zip Coo CT 06066		
Description Vendor Supplies						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Other Candidate	e(s) Name	Office Sought	Supp Oppe	oorted	
A B C D E						\$113.24

	IV. E	XPENDITURES				
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee Wo	rkers and Consultants			
Name of Worker/Consultant Teri Dickey-Gaignat			Date of Payment 06/02/2011	Method of Pay  X Check #	ment	Amount
Secondary Payee USPS			Purpose of Expenditure FNDR	Debit Ca	rd	
Street Address 850 Clark St		City South Windsor		State Zip Co		
Description Vendor Postage						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCCDDEE	Other Candidate	e(s) Name	Office Sought	=	ported	\$264.00
Name of Worker/Consultant  John Mitchell			Date of Payment 06/05/2011	Method of Payment  X Check #		Amount
Secondary Payee Sam's Club			Purpose of Expenditure FNDR	1380 Debit Ca	rd	
Street Address 69 Pavilions Dr		City Manchester		State Zip Co		
Description Water Bottles						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	c(s) Name	Office Sought		ported osed	\$426.72

	IV. E	XPENDITURES	5			
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ided 07/11/2011
T. Itemization of	Reimbursem	ents to Committee	e Workers and Consultants			
Name of Worker/Consultant June Cottle				Method of Payr	nent	Amount
Secondary Payee USPS			Purpose of Expenditure FNDR	Debit Car	ď	
Street Address 850 Clark St		City South Windsor		State Zip Coo CT 06074		
Description Postage						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E	Other Candidate	(s) Name	Office Sought	Supp	oorted	\$26.40
Name of Worker/Consultant  June Cottle	<u>I</u>		Date of Payment 06/12/2011	Method of Payr	nent	Amount
Secondary Payee  Jay's Print & Copy Center			Purpose of Expenditure FNDR	1387 Debit Car	d	
Street Address 607 Burnside Ave		City East Hartford	•	State Zip Coo CT 06108		
Description Printing						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	(s) Name	Office Sought	Supp.	oorted	\$29.68

	IV. E	XPENDITURES					
NAME OF COMMITTEE						FILING DUE DATE	
South Windsor Republican Town Committee					A	Ameno	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee V	Vorkers and Consultants				
Name of Worker/Consultant  Kathy Daugherty			Date of Payment 06/12/2011	X	d of Payment Check #		Amount
Secondary Payee AC Moore			Purpose of Expenditure FNDR	1388	Debit Card		
Street Address 179C Hale Rd		City Manchester		State CT	Zip Code 06040		
Description Pageant Supplies							
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCDDBE	Other Candidate	c(s) Name	Office Sought		Supported Opposed		\$89.49
Name of Worker/Consultant Kathy Daugherty			Date of Payment 06/12/2011	Method of Payment  X Check #		Ī	Amount
Secondary Payee Dollar Store			Purpose of Expenditure FNDR	1388	Debit Card		
Street Address 35-26 Talcottville Rd		City Vernon			Zip Code 06066		
Description Pageant Supplies				•			
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Other Candidate	c(s) Name	Office Sought		Supported Opposed		
							\$22.26

	IV. E	XPENDITURES					
NAME OF COMMITTEE					1	FILIN	IG DUE DATE
South Windsor Republican Town Committee					A	Ameno	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee W	orkers and Consultants				
Name of Worker/Consultant Kathy Daugherty			Date of Payment 06/12/2011		d of Payment Check #		Amount
Secondary Payee I Party			Purpose of Expenditure FNDR	I—	Debit Card		
Street Address 1444 Pleasant Valley Rd		City Manchester		State CT	Zip Code 06040		
Description Pageant Supplies							
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCDDEE	Other Candidate	(s) Name	Office Sought		Supported Opposed	d	\$86.54
Name of Worker/Consultant Gary Bazzano			Date of Payment 06/12/2011	X C	d of Payment		Amount
Secondary Payee USPS			Purpose of Expenditure POST	1391	Debit Card		
Street Address 850 Clark St		City South Windsor		State CT	Zip Code 06074		
Description Stamps							
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	(s) Name	Office Sought		Supported Opposed		\$22.00
I I A I I B I I C I I D I I F							T==.00

	IV. E	XPENDITURES				
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee Wo	orkers and Consultants			
Name of Worker/Consultant  Cary Prague  Secondary Payee			Date of Payment 06/13/2011  Purpose of Expenditure	Method of Payn  X Check #  1392  Debit Car		Amount
Oriental Trading Co  Street Address 11201 Giles Rd  City La Vista			FNDR	State Zip Coc NE 68128		
Description American Flags						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCDDEE	Other Candidate	e(s) Name	Office Sought	Supp		\$131.99
Name of Worker/Consultant  Cary Prague	ı		Date of Payment 06/13/2011	Method of Payment  X Check #		Amount
Secondary Payee Geisslers Supermarket			Purpose of Expenditure FNDR	1392  Debit Car	d	
Street Address 965 Sullivan Ave		City South Windsor	•	State Zip Coc CT 06074		
Description Food						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCDDEE	Other Candidate	e(s) Name	Office Sought	Supp	orted	\$15.16

	IV. E	XPENDITURES				
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee W	Vorkers and Consultants			
Name of Worker/Consultant  Cary Prague			Date of Payment 06/13/2011	Method of Pay  X Check #		Amount
Secondary Payee  Dicks Sporting Goods			Purpose of Expenditure FNDR	Debit Ca	ard	
Street Address 179 Buckland Hills Dr		City Manchester	1	State Zip Co		
Description Tents						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B B C D E	Other Candidate	(s) Name	Office Sought	_	pported posed	\$127.16
Name of Worker/Consultant  Cary Prague			Date of Payment 06/13/2011	Method of Pay	ment	Amount
Secondary Payee  Sam's Club			Purpose of Expenditure FNDR	1392 Debit Co	nrd	
Street Address <del>69 Pavilions Dr</del>		City <del>Manchester</del>		State Zip Co		
Description Food						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	(s) Name	Office Sought		ported	*492.50
	1					<del>\$483.59</del>

Cary Prague    Cary Prague   Coordinated without reimbursement sought   Coordinated without reimbursement sought   Independent   Coordinated without reimbursement sought   Coordinated without reimb							
South Windsor Republican Town Committee  T. Itemization of Reimbursements to Committee Workers and Consultants    Name of Worker Consultant		IV. E	XPENDITURES				
Name of Worker Consultant    Cary Prague	NAME OF COMMITTEE					FILE	NG DUE DATE
Name of Worker/Consultant  Cary Prague  Secondary Paywer  Restaurant Depot  Street Address 91 Brainard Rd  Discription Food  Coordinated without reimbursement sought Independent Independent Cary Prague  Other Candidate(s) Name  Office Sought  Method of Payment Stude # Top Code Top Opensed  Stude   Top Code Top Office Sought  Other Candidate(s) Name  Office Sought  Description FNDR  A no of Worker/Consultant  Cary Prague  Secondary Payve M&R Liquors  Stude Address Sull Var Avenue  Office Sought  Other Candidate(s) Name  Office Sought  Other Candidate(s) Name  Office Sought  Supported  Description Drinks  Office Sought  Office Sought  Supported  Description Drinks  Office Sought  Supported  Supported  Description Drinks  Other Candidate(s) Name  Office Sought  Supported  Supported  Supported  Supported  Description Drinks  Office Sought  Supported  Other Candidate(s) Name  Office Sought  Other Sought  Supported  Supported  Other Candidate(s) Name  Office Sought  Supported  Other Candidate(s) Name  Office Sought  Supported  Other Candidate(s) Name  Office Sought  Other Candidate(s) Name  Other Candidate(s) Name  Office Sought  Other Candidate(s) Name  Office Sought  Other Candidate(s) Name  Office Sought  Other Candidate(s) Name  Other Candidate(s) Name  Office Sought  Other Candidate(s) Name  Other Candidate(s)	South Windsor Republican Town Committee					Amen	nded 07/11/2011
Cary Prague  Secondary Payce Resitaurant Depot  Street Address 91 Brainard Rd  City Hartford  City Hartford  City Hartford  City Code (T 06114)  Description Food  Type of Expenditure (f applicable) Coordinated with reinhursement sought Coordinated withort embursement sought Coordinated wit	T. Itemization of	Reimbursem	ents to Committee	Workers and Consultants			
Restaurant Depot  Street Address 91 Brainard Rd  Ciry Hartford  Ciry Hartford  Ciry Hartford  Other Candidate(s) Name Office Sought  Supported Opposed  Street Address Office Sought  Supported Opposed  Supported Opposed  Street Address Cary Prague  Coordinated with reimbursement sought Independent Cary Prague  Cary Prague  City Supported Office Sought  Supported Office Sought  Supported Opposed  Supported Opposed  City Supported Opposed  Other Candidate(s) Name Office Sought Opposed  Supported Opposed  Supported Opposed  Other Candidate(s) Name Office Sought Opposed  Supported Opposed  Other Candidate(s) Name Office Sought Opposed  Supported Opposed  Other Candidate(s) Name Office Sought Opposed  Supported Opposed	Cary Prague			06/13/2011	X Check #	ment	Amount
Streat Address 91 Brainard Rd  City Hartford  City					Debit Ca	rd	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated with reimbursement sought Independent I	Street Address		1	1 1/15/1			
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B C D D E  Name of Worker/Consultant Cary Prague  Date of Payment O6/13/2011 Check #  1392 Secondary Payee M&R Liquors  Street Address Sullivan Avenue  City South Windsor  City South Windsor  City South Windsor  City Check #  1392 Debit Card FNDR  State Zip Code CT 06074  Type of Expenditure (if applicable) Coordinated with reimbursement sought Opposed  Opposed  Supported Opposed  Opposed  Street Address Sullivan Avenue  Office Sought Supported Opposed							
Cary Prague  Secondary Payee  M&R Liquors  City South Windsor  City South Windsor  Description Drinks  Type of Expenditure (if applicable) Coordinated with reimbursement sought  Cary Prague  Description Other Candidate(s) Name  Office Sought  Check #  139- Debit Card  Debit Card  City South Windsor  City Office Sought  Supported Opposed	Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Other Candidate	y(s) Name	Office Sought			\$380.45
Secondary Payee M&R Liquors  Street Address Sullivan Avenue  City South Windsor  City Office Sought  Supported Opposed					X Check #	ment	Amount
Sullivan Avenue  South Windsor  CT 06074  Description Drinks  Type of Expenditure (if applicable) Coordinated with reimbursement sought  Other Candidate(s) Name Office Sought Opposed						rd	
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Other Candidate(s) Name  Office Sought  Opposed			1				
Coordinated with reimbursement sought Opposed							
Independent Organization (see Instructions)  \$\int \int \int \int \int \int \int \int	Coordinated with reimbursement sought Coordinated without reimbursement sought Independent	Other Candidate	c(s) Name	Office Sought	=		\$178.68

	IV. E	XPENDITURES	5			
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee	Workers and Consultants			
Name of Worker/Consultant  Cary Prague  Secondary Payee			Date of Payment 06/13/2011  Purpose of Expenditure	Method of Payre  X Check #	nent	Amount
Lots & More			FNDR	Debit Car	d	
Street Address 770 Sullivan Ave		City South Windsor	·	State Zip Coo CT 06074		
Description Supplies						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E	Other Candidate	(s) Name	Office Sought	Supp	orted	\$61.41
Name of Worker/Consultant  Cary Prague			Date of Payment 06/13/2011	Method of Payr	nent	Amount
Secondary Payee <del>Big Y World Class Market</del>			Purpose of Expenditure FNDR	1392 Debit Car	d	
Street Address <del>234 Tolland Tpke</del>		City Manchester		State Zip Coo		
Description Food						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Other Candidate	(s) Name	Office Sought	Supp.	orted	<del>\$191.96-</del>

	IV. E	XPENDITURES				
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee Wo	orkers and Consultants			
Name of Worker/Consultant  Cary Prague			Date of Payment 06/13/2011	Method of Payr  X Check #  1392	ment	Amount
Secondary Payee  ToysRus			Purpose of Expenditure FNDR	Debit Car	·d	
Street Address Pleasant Valley Rd	ey Rd City Manchester			State Zip Coo CT 06040		
Description Pageant Prizes						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCDDEE	Other Candidate	v(s) Name	Office Sought	Supp	oorted	\$100.00
Name of Worker/Consultant  Cary Prague			Date of Payment 06/13/2011	Method of Payment  X Check #		Amount
Secondary Payee  True Value Hardware/Staples			Purpose of Expenditure FNDR	1392  Debit Card		
Street Address 30 Devonshire Dr		City South Windsor	,	State Zip Coo CT 06074		
Description Supplies						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	c(s) Name	Office Sought	Supp	oorted	\$75.42
A B C D E						Ψ, 3.42

	IV. E	XPENDITURES				
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee	Workers and Consultants			
Name of Worker/Consultant  Cary Prague			Date of Payment 06/13/2011	Method of Pay	ment	Amount
Secondary Payee Flexo Label Solutions			Purpose of Expenditure  FNDR	1392 Debit Ca	rd	
Street Address <del>52 Granby St</del>				State Zip Co		
Description <del>Soda Labels</del>						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCCDDEE	Other Candidate	(s) Name	Office Sought	=	ported osed	<del>\$35.00</del> -
Name of Worker/Consultant  Cary Prague			Date of Payment 06/13/2011	Method of Pay	ment	Amount
Secondary Payee Avery Beverages			Purpose of Expenditure FNDR	1392 Debit Ca	rd	
Street Address <del>520 CORBIN Ave</del>		City New Britain		State Zip Co		
Description Soda						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCCDDEE	Other Candidate	(s) Name	Office Sought	=	ported osed	<del>\$441.80</del> -

	IV. E	XPENDITURES				
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee	Workers and Consultants			
Name of Worker/Consultant  Cary Prague  Secondary Payee  GoDaddy.com Inc			Date of Payment 06/13/2011  Purpose of Expenditure WEB	Method of Payment  X Check #  1392  Debit Card		Amount
Street Address 60 Krawski Dr		City South Windsor	•	State Zip Co		
Description Domain Name				•		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)  A B C D E	Other Candidate	e(s) Name	Office Sought	Supp Opp	oorted	\$30.34
Name of Worker/Consultant  Cary Prague			Date of Payment <b>06/13/2011</b>	Method of Payment  X Check #		Amount
Secondary Payee Avery Beverages			Purpose of Expenditure FNDR	1392 Debit Ca	rd	
Street Address 520 CORBIN Ave		City  New Britain		State Zip Co CT 0605		
Description Soda				•		
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	e(s) Name	Office Sought	Supp	oorted	\$414.85

	IV. E	XPENDITURES					
NAME OF COMMITTEE						FILIN	NG DUE DATE
South Windsor Republican Town Committee						Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee Wo	orkers and Consultants				
Name of Worker/Consultant  Cary Prague			Date of Payment <b>06/13/2011</b>	X C	Method of Payment  X Check #		Amount
Secondary Payee Sam's Club			Purpose of Expenditure FNDR	1392  Debit Card			
Street Address 69 Pavilions Dr					Zip Code <b>06040</b>		
Description Food							
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)  A B C D E	Other Candidate	(s) Name	Office Sought		Support Oppose		\$507.65
Name of Worker/Consultant  Cary Prague			Date of Payment <b>06/13/2011</b>	X C	l of Paymer	nt	Amount
Secondary Payee  Big Y World Class Market			Purpose of Expenditure FNDR	1392	Pebit Card		
Street Address 234 Tolland Tpke		City Manchester			Zip Code <b>06040</b>		
Description Food							
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	(s) Name	Office Sought		Support Oppose		\$196.68
I I A I I B I I C I I D I I F	i					ı	7 = 2 - 2 - 3 - 3

	IV. E	XPENDITURES						
NAME OF COMMITTEE							FILING DUE DATE	
South Windsor Republican Town Committee						Amen	ded 07/11/2011	
T. Itemization of	Reimbursem	ents to Committee V	Workers and Consultants					
Name of Worker/Consultant  Cary Prague			Date of Payment <b>06/13/2011</b>	Method of Payment  X Check #		Amount		
Secondary Payee Flexo Label Solutions			Purpose of Expenditure FNDR	1392  Debit Card				
Street Address 52 Granby St		City  Bloomfield			Zip Code <b>06002</b>			
Description Soda Labels								
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	(s) Name	Office Sought	[	Suppo			
A B C D E							\$210.10	
Name of Worker/Consultant  Cary Prague			Date of Payment <b>06/13/2011</b>	x	od of Paymo	ent	Amount	
Secondary Payee Office Depot			Purpose of Expenditure FNDR	139	Debit Card	l		
Street Address 49 Pavilion Dr		City <b>Manchester</b>		State CT	Zip Code 06040			
Description photo paper and envelopes								
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	(s) Name	Office Sought	 []	Suppo			
	1						\$50.87	

	IV. E	XPENDITURES					
NAME OF COMMITTEE						FILI	NG DUE DATE
South Windsor Republican Town Committee						Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee W	orkers and Consultants				
Name of Worker/Consultant Date of Payment Method of Paymen					ent	Amount	
Cary Prague			06/13/2011	1-	Check #		
Secondary Payee			Purpose of Expenditure	139	<b>2</b> Debit Card		
Laura Chevalier		T	FNDR				
Street Address 3882 Marion Ave		City Memphis		State TN	Zip Code <b>38111</b>		
Description  Artwork with rights for Label							
•							
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought	Other Candidate	e(s) Name	Office Sought		Suppos		
Independent Organization (see Instructions) ABBCDDEE							\$200.00
Name of Worker/Consultant			Date of Payment	Metho	d of Payme	ent	Amount
Cary Prague			06/13/2011		Check #		
Secondary Payee The Red Cabin			Purpose of Expenditure  FNDR	139	<b>2</b> Debit Card		
Street Address 976 Sullivan Ave		City South Windsor		State CT	Zip Code <b>06074</b>		
Description  Strawberry Salad Dressing							
Type of Expenditure (if applicable)	Other Candidate	e(s) Name	Office Sought	L	Suppor		
Coordinated with reimbursement sought  Coordinated without reimbursement sought				L	Oppos	ed	
Independent							
Organization (see Instructions)  A B C D D E							\$20.00

	IV. E	XPENDITURES				
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Ame	nded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee W	orkers and Consultants			
Name of Worker/Consultant  Cary Prague			Date of Payment <b>06/13/2011</b>			Amount
Secondary Payee  LD Products			Purpose of Expenditure FNDR	1392	Card	
Street Address 2500 Grand Ave		City  Long Beach			Code <b>315</b>	
Description Ink used for Signs						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Other Candidate	c(s) Name	Office Sought	=	upported pposed	\$90.00
Name of Worker/Consultant Hap Fitts			Date of Payment 06/17/2011	Method of F		Amount
Secondary Payee USPS			Purpose of Expenditure FNDR	1400	Card	
Street Address 850 Clark St		City South Windsor		State Zip CT 060	Code 174	
Description Ticket Mailings						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	c(s) Name	Office Sought	=	upported pposed	\$88.05

	IV. E	XPENDITURE	S			
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committe	e Workers and Consultants			
Name of Worker/Consultant Dick Cullen			Date of Payment 06/17/2011	Method of Pay	ment	Amount
Secondary Payee Staples			Purpose of Expenditure PRNT	1401 Debit Ca	rd	
Street Address 35 Talcottville Rd		City Vernon		State Zip Co CT 0606		
Description Copies						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCDDEE	Other Candidate	(s) Name	Office Sought	=	ported osed	\$10.80
Name of Worker/Consultant Bill Aman			Date of Payment 06/17/2011	Method of Pay.  X Check #	ment	Amount
Secondary Payee The Home Depot			Purpose of Expenditure FNDR	1403 Debit Ca	rd	
Street Address 60 Buckland Hills Dr		City Manchester		State Zip Co CT 0604		
Description Gloves						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCDDEE	Other Candidate	(s) Name	Office Sought	=	ported osed	\$27.16

	IV. E	XPENDITURES				
NAME OF COMMITTEE					FILI	NG DUE DATE
South Windsor Republican Town Committee					Amen	ded 07/11/2011
T. Itemization of	Reimbursem	ents to Committee W	orkers and Consultants			
Name of Worker/Consultant Bill Aman  Secondary Payee Lowe's Home Center  Street Address 31 Buckland Hills Dr		City Manchester	Date of Payment 06/17/2011  Purpose of Expenditure FNDR	Method of Pay  X Check #  1403  Debit Ca  State Zip Co  CT 0604	rd de	Amount
Description Tape						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) ABBCDDEE	Other Candidate	(s) Name	Office Sought	=	ported	\$7.99
Name of Worker/Consultant Bill Carroll			Date of Payment 06/23/2011	Method of Payment  X Check #  1412  Debit Card		Amount
Secondary Payee Stop & Shop			Purpose of Expenditure FNDR			
Street Address 1739 Ellington Rd		City South Windsor		State Zip Co CT 0607		
Description Soda for Festival						
Type of Expenditure (if applicable)  Coordinated with reimbursement sought  Coordinated without reimbursement sought  Independent  Organization (see Instructions)	Other Candidate	e(s) Name	Office Sought		ported	
A B C D E						\$55.60
				Total of	Section T	\$4,075.69