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SEEC FORM 30

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

SUMMARY PAGE

1. NAME OF COMMITTEE <b>JODI BELL GOVERNOR</b>				2. TYPE OF COMMITTEE (Check Box) <input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	<b>THOMAS</b>	<b>J.</b>	<b>FILOMENO</b>		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
<b>31 BONNY VIEW ROAD</b>		<b>WEST HARTFORD</b>	<b>CT</b>	<b>06107</b>	
5. ELECTION DATE (mm/dd/yyyy)		6. OFFICE SOUGHT (if applicable)		7. DISTRICT NUMBER (if applicable)	
<b>11/2/2010</b>		<b>GOVERNOR</b>			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
<b>GOVERNOR</b>	<b>M. JODI</b>		<b>RELL</b>		
9. TYPE OF REPORT (Check One Box)					
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant	<input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> Deficit	
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant	<input type="checkbox"/> Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> Termination	
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant	<input type="checkbox"/> Declaration of Excess Receipts or Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> Amendment to Type of Report:	
<input checked="" type="checkbox"/> October 10 filing	<input type="checkbox"/> 45 days following special election				
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>8/7/08</b>		thru <b>9/30/08</b>			
11. CERTIFICATION					
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
		<b>THOMAS J. FILOMENO</b>		<b>10/9/08</b>	
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER		DATE (mm/dd/yyyy)	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

**SEEC FORM 30**

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

**SUMMARY PAGE**  
**TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
JODI REU, GOVERNOR	10/10/08	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	0	
14. Contributions received from Individuals (Sections A and B)	# 6,025	# 6,025
15. Receipts from Other Committees (Sections C1 +C2)	0	0
16. Other Monetary Receipts (Sections D-I)	0	0
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	0	0
18. Total Monetary Receipts (add totals for lines 14-17)	# 6,025	# 6,025
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	# 6,025	# 6,025
20. Expenses Paid by Committee (Section N)	# 937. <sup>88</sup>	# 937. <sup>88</sup>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	# 5,087. <sup>12</sup>	# 5,087. <sup>12</sup>
22. In-Kind Donations not Considered Contributions Received (Section J3)	0	0
23. In-Kind Contributions Received (Section K)	0	0
24. Refundable Deposit to Telephone Company (Section L)	0	0
25. Receipts of Organization Expenditures (Section M)	0	0
26. Beginning Loan Balance	0	0
26a. + Loans Received (Section D)	0	0
26b. + Interest and Penalties on Loan(s)	0	0
26c. - Payments on Loan(s)	0	0
26d. Total Outstanding Loan Amount	0	0
27. Campaign Expenses Paid by Candidate (Section O)	0	0
28. Expenses Incurred on Committee Credit Card (Section P)	0	0
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	0	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	0	

I. MONETARY RECEIPTS (Sections A-I)

<b>NAME OF COMMITTEE</b> JODI REU GOVERNOR	<b>FILING DUE DATE</b> 10/10/08
<b>A. Total Contributions from Small Contributors Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	
\$	

**B. Itemized Contributions from Individuals**

Last Name SEE ATTACHED EXCEL SHEET	First	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID #	Amount of Contribution
Residential Street Address		City	State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	
Last Name		First		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card
Residential Street Address		City	State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	
Last Name		First		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card
Residential Street Address		City	State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	
Last Name		First		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card
Residential Street Address		City	State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	

**SUBTOTAL Section B-This Page**

**TOTAL of all Section B Pages**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)** \$ 6,025

