

SEEC FORM 20

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



Do Not Mark in This Space For
 Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE				
Wooden For Mayor				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
Mr	Ryan	P	Greco	
3. TREASURER ADDRESS				
Street Address		City	State	Zip Code
55 Trumbull Street, Apt. 208		Hartford	CT	06103
4. ELECTION/REFERENDUM DATE <small>(mm/dd/yyyy)</small>		5. OFFICE SOUGHT <small>(Complete only if Candidate Committee)</small>		6. DISTRICT NUMBER <small>(if applicable)</small>
11/08/2011		Mayor		
7. CANDIDATE NAME <small>(Complete only if Candidate or Exploratory Committee)</small>				
Title	First	MI	Last	Suffix
Mr	Shawn	T	Wooden	
8. TYPE OF REPORT <small>(Check One Box)</small>				
<input checked="" type="checkbox"/> January 10 filing <input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 7th day preceding referendum <input type="checkbox"/> Initial Contribution or Disbursement <small>(PACs ONLY)</small> <input type="checkbox"/> April 10 filing <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 45 days following referendum <input type="checkbox"/> Amendment to <input type="checkbox"/> July 10 filing <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> Deficit Type of Report: _____ <input type="checkbox"/> October 10 filing <input type="checkbox"/> 12th day preceding election <small>(State Central Committees Only)</small> <input type="checkbox"/> Termination <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="checkbox"/> 45 days following election not held in November				
9. PERIOD COVERED				
Beginning Date		Ending Date		
11/04/2010		thru 12/31/2010		
10. 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.				
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Ryan P. Greco PRINT NAME OF SIGNER		01/09/2011 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 20

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

SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	01/10/2011	
Wooden For Mayor	COLUMN A This Period	COLUMN B Aggregate
11. 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 committees		\$36,791.47
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions received from Individuals (Sections A and B)	\$51,995.00	\$51,995.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
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) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$0.00	\$0.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$51,995.00	\$51,995.00
19. Expenses Paid by Committee (Section P)	\$15,203.53	\$15,203.53
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$36,791.47	\$36,791.47
21. In-Kind Donations not Considered Contributions Received (Section L4)		\$0.00
22. In-Kind Contributions Received (Section M)	\$13.09	\$13.09
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	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$3,208.61	\$3,208.61
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)	\$7,309.06	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$7,309.06	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Wooden For Mayor						FILING DUE DATE 01/10/2011	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A \$ 0.00	
B. Itemized Contributions from Individuals							
Last Name SEE INSERTED SPREADSHEET		First		MI	Principal Occupation		Amount of Contribution
Residential Street Address		City		State CT	Zip Code	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received		Aggregate contributions \$0.00	
Last Name		First		MI	Principal Occupation		Amount of Contribution
Residential Street Address		City		State CT	Zip Code	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order				Date Received		Aggregate contributions \$0.00	
Last Name		First		MI	Principal Occupation		Amount of Contribution
Residential Street Address		City		State CT	Zip Code	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order				Date Received		Aggregate contributions \$0.00	
Last Name		First		MI	Principal Occupation		Amount of Contribution
Residential Street Address		City		State CT	Zip Code	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order				Date Received		Aggregate contributions \$0.00	
SUBTOTAL Section B-This Page						\$0.00	
TOTAL of additional Section B Pages						\$51,995.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)						\$51,995.00	

WOODEN FOR MAYOR
B. Itemized Contributions
from Individuals

Lastname	Firstname	Street Address	City	State	Zip Code	Date of Contribution	Amount	Aggregate Source of Contributions	Employer	Occupation	Lobbyist?	Contract with City in excess of \$5,000?	Notes
Addison	Karen Bailey	11 Mayrand Way	Windsor Locks	CT	06096-1258	11/15/10	\$100.00	\$100.00 Check			FALSE	FALSE	
Alleyne	Kenneth	837 Prospect Ave	Hartford	CT	06105-4229	12/29/10	\$1,000.00	\$1,000.00 ccOnline	EOSM	Physician	FALSE	FALSE	
Alleyne	Richard	156 S Main St	West Hartford	CT	06107-3454	12/23/10	\$1,000.00	\$1,000.00 Check	The Hartford Insurance	Attorney	FALSE	FALSE	
Ansari	Abdulshahid	192 Vine St	Hartford	CT	06112-1951	12/5/10	\$50.00	\$50.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Behal	Paul	32 Leigh Gate Road	Glastonbury	CT	06033	11/19/10	\$500.00	\$500.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Berkmand	Jerome	4 Valley View Drive	Stamford	CT	06903	12/23/10	\$150.00	\$150.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Bronin	Andrew	11 Windabout Dr	Greenwich	CT	06831-3702	12/31/10	\$500.00	\$500.00 ccOnline	self	physician/dermatolo gist	FALSE	FALSE	
Budd	Aviva	215 Ocean Drive West	Stamford	CT	06902	12/23/10	\$1,000.00	\$1,000.00 Check	Retired	Retired	FALSE	FALSE	
Budd	Martin	215 Ocean Drive West	Stamford	CT	06902	12/23/10	\$1,000.00	\$1,000.00 Check	Retired	Retired	FALSE	FALSE	
Burns	Jerry	45 Westland Rd	Avon	CT	06001-3196	12/31/10	\$500.00	\$500.00 ccOnline	Barnes Group Inc.	Segment President	FALSE	FALSE	
Burns	Paula	45 Westland Rd	Avon	CT	06001-3196	12/31/10	\$500.00	\$500.00 ccOnline	N/A	Homemaker	FALSE	FALSE	
Carney	Alfonso	225 E 57th Street Apartment 22A	New York	NY	10022	12/30/10	\$1,000.00	\$1,000.00 Check			FALSE	FALSE	
Chase	Thomas	57 Cobblestone Cir	North Andover	MA	01845-4547	11/19/10	\$500.00	\$500.00 ccOnline	Day Pitney LLP	Attorney	FALSE	FALSE	
Clopp	Jeff	46 Ledgerline Road	Medfield	MA	02052	12/3/10	\$500.00	\$500.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Cloud	Sanford	25 Mountain Spring Road	Farmington	CT	06032	12/31/10	\$500.00	\$500.00 Check	The Cloud Company	Attorney/Real Estate Developer	FALSE	TRUE	
Colbert	Richard	179 Lyons Plain Rd	Weston	CT	06883-3011	12/31/10	\$250.00	\$250.00 ccOnline	Day Pitney LLP	Attorney	FALSE	FALSE	
Conskline	Michael	39 Sweet Briar Ct	Stamford	CT	06905-1509	12/3/10	\$300.00	\$300.00 ccOnline	Day Pitney LLP	Partner	FALSE	FALSE	
D Broadus	Charisa	33 Neck Rd	Old Lyme	CT	06371-1485	12/31/10	\$250.00	\$250.00 ccOnline	Day Pitney LLP	Attorney/Partner	FALSE	FALSE	
Doot	David	242 Trumbull St	Hartford	CT	06103-1213	11/18/10	\$500.00	\$500.00 ccOnline	Day Pitney	Attorney	FALSE	FALSE	
Drakes	Emerson	31 Valley View Dr	Windsor	CT	06095-3400	12/31/10	\$25.00	\$25.00 ccOnline	General Electric	Sourcing Program Leader	FALSE	FALSE	
Farrish	Thomas	423 Old Post Rd	Tolland	CT	06084-3321	11/27/10	\$100.00	\$100.00 ccOnline	Day Pitney LLP	Attorney	FALSE	FALSE	
FitzMaurice	Daniel	23 Greenridge Lane	West Hartford	CT	06107	11/29/10	\$1,000.00	\$1,000.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Gibbs	Genville	2314 S Branch Rd	Branchburg	NJ	08853-4117	12/31/10	\$1,000.00	\$1,000.00 ccOnline	Capital Impact Group	Public Affairs	FALSE	FALSE	
Gibson	Joan	79 Harland Street	Hartford	CT	6112	11/23/10	\$100.00	\$100.00 Check			FALSE	FALSE	
Goldberg	Thomas	10 White Woods Lane	Westport	CT	06880	11/20/10	\$1,000.00	\$1,000.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Goldberg	Lynn	10 White Woods Lane	Westport	CT	06880	12/20/10	\$1,000.00	\$1,000.00 Check	Self Employed	Math Tutor	FALSE	FALSE	
Gooden	Jerald	15 Wyndham Ln	Farmington	CT	06032-2758	12/31/10	\$500.00	\$500.00 ccOnline	aetha inc	Vice President	FALSE	FALSE	
Greco	Ryan	55 Trumbull Street, #208	Hartford	CT	06103	11/4/10	\$100.00	\$100.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Griffith	Lee	5 Marsh Road	Westport	CT	06880	11/23/10	\$50.00	\$50.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	

WOODEN FOR MAYOR
B. Itemized Contributions
from Individuals

Lastname	Firstname	Street Address	City	State	Zip Code	Date of Contribution	Amount	Aggregate Source of Contributions	Employer	Occupation	Lobbyist?	Contract with City in excess of \$5,000?	Notes
Haglund	Benjamin	2 Terrill Dr	Califon	NJ	07830-3443	11/21/10	\$250.00	\$250.00 ccOnline	Day Pitney LLP	Attorney	FALSE	FALSE	
Harris	Helen	40 Saw Mill Rd	Newtown	CT	06470-1440	12/1/10	\$100.00	\$100.00 ccOnline	Day Pitney LLP	Lawyer	FALSE	FALSE	
Hayes	Gregory	50 Waibin Ct	Fairfield	CT	06824-2975	12/3/10	\$200.00	\$200.00 ccOnline	Day Pitney LLP	Attorney	FALSE	FALSE	
Ike	Robert	90 Darby Street 225 W 83rd St, Apt 14F	Bloomfield	CT	06002	12/20/10	\$50.00	\$50.00 Check			FALSE	FALSE	
Janis	Ronald		New York	NY	10024-4960	11/22/10	\$1,000.00	\$1,000.00 ccOnline	Day Pitney LLP	Attorney	FALSE	FALSE	
Johnson	Ralph	PO Box 338	Bellville	TX	77418-0338	12/16/10	\$25.00	\$25.00 ccOnline	University of Phoenix	Educational Consultant	FALSE	FALSE	
Kelly	Logan	606 Saint Johns Pl	Brooklyn	NY	11238-5500	11/17/10	\$5.00	\$5.00 ccOnline	GrossmanSolutions	Consulting	FALSE	FALSE	
LaFlura	Dennis	1 Canfield Way	Morristown	NJ	07960	11/24/10	\$1,000.00	\$1,000.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Lamane	Myrtha	156-11 Aguilar Ave., Apt 5k	Flushing	NY	11357	12/23/10	\$50.00	\$50.00 Check			FALSE	FALSE	
Lenore	Charlie	37 Porter Drive	West Hartford	CT	06117	12/10/10	\$500.00	\$500.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Long	Jerry	17 Avery Rd	Bloomfield	CT	06002-4318	12/31/10	\$1,000.00	\$1,000.00 ccOnline	PCC Technology Group	Owner	FALSE	FALSE	
Long	Marjorie	17 Avery Rd	Bloomfield	CT	06002-4318	12/31/10	\$250.00	\$250.00 ccOnline	n/a	retired	FALSE	FALSE	
Marcellino	Rosemary	87 Davis Rd	Mansfield	CT	06268-2523	12/11/10	\$1,000.00	\$1,000.00 ccOnline	Univ. of CT	Business Manager	FALSE	FALSE	
Mattiei	Ernie	108 Gary Lynn Lane	Windsor	CT	06095	12/3/10	\$500.00	\$500.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Motley	John	21 Temple Street, Apt 208	Hartford	CT	06103	11/16/10	\$1,000.00	\$1,000.00 Check	Self Employed	Consultant	FALSE	FALSE	
Neuman	Jonah	333 Central Park W, Apt 103	New York	NY	10025-7106	12/22/10	\$1,000.00	\$1,000.00 ccOnline	Self-Employed	Real Estate Developer	FALSE	FALSE	
Pasker	Jesse	104 Valley View Rd	Manchester	CT	06040-6937	12/31/10	\$50.00	\$50.00 ccOnline	Self-employed	Independent Full Line Insurance Broker	FALSE	FALSE	
Peelle	Agnes	32 Orchard Rd	West Hartford	CT	06117-2912	12/16/10	\$1,000.00	\$1,000.00 ccOnline	self	retail and gardener	FALSE	FALSE	
Pincus	Lynn	77 - 7th Avenue, Apt. 14f	New York	NY	10011	12/20/10	\$1,000.00	\$1,000.00 Check	GrossmanSolutions	Consultant	FALSE	FALSE	
Plotkin	Jeffrey	16 Wedgewood Road	West Hartford	CT	06880	12/11/10	\$300.00	\$300.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Relly	Lawrence	12 Maple Lane	Essex Felis	NJ	07021	12/23/10	\$50.00	\$50.00 Check	Self-Employed	Attorney	FALSE	FALSE	
Rich	Tracy	65 N Farms Rd	Avon	CT	06001-3018	11/28/10	\$1,000.00	\$1,000.00 ccOnline	guardian life	attorney	FALSE	FALSE	
Ritt	Ken	12 Pennoyer Street	Norwalk	CT	06853	12/1/10	\$1,000.00	\$1,000.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Robinson	Curtis D.	510 Mount Vernon Rd	Plainville	CT	06479-1228	11/18/10	\$1,000.00	\$1,000.00 ccOnline	C&R Dvelopment Co	President	FALSE	TRUE	
Rodriguez	Sabino	7 Times Sq	New York	NY	10036-6524	11/19/10	\$1,000.00	\$1,000.00 ccOnline	Day Pitney LLP	lawyer	FALSE	FALSE	
Rodriguez	Jane	12 Norwalk Ave	Westport	CT	06880-6828	11/19/10	\$1,000.00	\$1,000.00 ccOnline	Sanofi-Aventis	pharmacist	FALSE	FALSE	
Ratondo	Jim	26 Fulton Place	West Hartford	CT	06107	11/30/10	\$1,000.00	\$1,000.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Rubenstein	Bruce	80 Goodwin Circle	Hartford	CT	06105	11/10/10	\$1,000.00	\$1,000.00 Check	Rubenstein & Sandy L.	Attorney	FALSE	FALSE	
Samson	Wilner	851 Prospect Ave	Hartford	CT	06105-4229	12/31/10	\$750.00	\$750.00 ccOnline	UCHC	physician	FALSE	FALSE	

WOODEN FOR MAYOR
B. Itemized Contributions
from Individuals

Lastname	Firstname	Street Address	City	State	Zip Code	Date of Contribution	Amount	Aggregate Source of Contributions	Employer	Occupation	Lobbyist?	Contract with City in excess of \$5,000?	Notes
Savage Schwartz	Archie Daniel	299 Steele St 71 Russet Road	New Britain Stamford	CT CT	06052-1500 06903	12/31/10 12/23/10	\$100.00 \$1,000.00	\$100.00 ccOnline \$1,000.00 Check	N/A Day Pitney LLP	Retired Attorney	FALSE FALSE	FALSE FALSE	
Scopelliti See	David Edmund	9 Grimes Rd 134 Westerly Terrace	Old Greenwich Hartford	CT CT	06870-2007 06105	11/19/10 12/23/10	\$1,000.00 \$500.00	\$1,000.00 ccOnline \$500.00 Check	GenMark Advisors Day Pitney LLP	Principal Attorney	FALSE FALSE	FALSE FALSE	
Senatus	Patrick	10 Jordan Ln	Unionville	CT	06085-1166	11/19/10	\$1,000.00	\$1,000.00 ccOnline	University of Connecticut	Physician	FALSE	FALSE	
Senatus Sindy	Anjanette Kathrine	10 Jordan Ln 80 Goodwin Circle	Unionville Hartford	CT CT	06085-1166 06105	11/19/10 12/29/10	\$1,000.00 \$1,000.00	\$1,000.00 ccOnline \$1,000.00 Check	University of Connecticut Rubenstein & Sandy L Attorney	Physician Attorney	FALSE FALSE	FALSE FALSE	
Shea Sicilian Slegel	Michael Jim Robert	325 Quaker Ln N 59 Berwyn Road 38 Ironwood Road	West Hartford West Hartford West Hartford	CT CT CT	06119-1036 06107 06117	11/27/10 11/23/10 11/29/10	\$250.00 \$500.00 \$500.00	\$250.00 ccOnline \$500.00 Check \$500.00 Check	Day Pitney LLP Day Pitney LLP Day Pitney LLP	Lawyer Attorney Attorney	FALSE FALSE FALSE	FALSE FALSE FALSE	
Smedley	Michelle	851 Prospect Ave	Hartford	CT	06105-4229	12/31/10	\$750.00	\$750.00 ccOnline	CT GI	physician	FALSE	FALSE	
Springer Surgeon	Felix Shirley	60 Stoner Drive 160 Adams Street	West Hartford Hartford	CT CT	06107 06112	11/23/10 12/5/10	\$1,000.00 \$25.00	\$1,000.00 Check \$25.00 Cash	Day Pitney LLP Unemployed	Attorney	FALSE FALSE	FALSE FALSE	
Swardloff Taylor	David Allan	87 Alexandra Dr 238 Whitney St.	Stamford Hartford	CT CT	06903-1731 06105	12/31/10 11/22/10	\$1,000.00 \$1,000.00	\$1,000.00 ccOnline \$1,000.00 Check	Day Pitney LLP Day Pitney LLP	lawyer Attorney	FALSE FALSE	FALSE FALSE	Wife is a registered lobbyist.
Taylor	Rob	7 Clever Lande	Weslodge	CT	06089	11/23/10	\$500.00	\$500.00 Check	Day Pitney LLP	Attorney	TRUE	FALSE	
Tindall Tropp	Alphonso Jonathan	54 Whiteoak Dr 91 Strobel Road	South Orange Trumbull	NJ CT	07078-1008 06611	12/31/10 12/20/10	\$1,000.00 \$50.00	\$1,000.00 ccOnline \$50.00 Check	Edwards Angell Paime Day Pitney LLP	attorney Attorney	FALSE FALSE	FALSE FALSE	
Trotter Trolier	Lloyd Teri	13 Farnham Way 13 Farnham Way	Farmington Farmington	CT CT	06032 06032	12/9/10 12/3/10	\$1,000.00 \$1,000.00	\$1,000.00 Check \$1,000.00 Check	GennX360 Capital Par Unemployed	Managing Partner House wife	FALSE FALSE	FALSE FALSE	
Twardy Vargas Wasserman	Sten Amado Rich	45 DeForest Road 26 Paley Farm Road 33 Lincoln Road	Wilton Portland Wethersfield	CT CT CT	06897 06480 06109	12/29/10 12/9/10 11/23/10	\$500.00 \$50.00 \$1,000.00	\$500.00 Check \$50.00 Check \$1,000.00 Check	Day Pitney LLP Unemployed	Attorney Attorney Homemaker	FALSE FALSE FALSE	FALSE FALSE FALSE	
Whitaker	G Warren	67 Under Mountain Road	Falls Village	CT	06031	11/30/10	\$250.00	\$250.00 Check	Day Pitney LLP	Attorney	FALSE	FALSE	
Wiggins	Laloi	1001 Sage Green Ct	Raleigh	NC	27610-6310	11/28/10	\$25.00	\$25.00 ccOnline	UNCC	Assistant	FALSE	FALSE	
Wiggins Wildman	Eula Thomas	50 Hillside St. Apt C2 324 Steele Road	East Hartford West Hartford	CT CT	06108-3627 06117	12/31/10 12/23/10	\$50.00 \$500.00	\$50.00 ccOnline \$500.00 Check	DMV Day Pitney LLP	Reg Examiner Attorney	FALSE FALSE	FALSE FALSE	
Willmot	Damian	306 Grove St	Randolph	MA	02368-2923	12/8/10	\$250.00	\$250.00 ccOnline	Goodwin Procter LLP	Attorney	FALSE	FALSE	
Wooden	Robert	15318 Ripplewind Ln	Houston	TX	77068-3002	12/8/10	\$1,000.00	\$1,000.00 ccOnline	Nationwide Insurance	Financial Specialist	FALSE	FALSE	
Wooden Zlobrowski	Wayne Stephen	15015 Walters Rd 599 Dutton Road	Houston Sudbury	TX MA	77068-2505 01778	12/29/10 12/23/10	\$40.00 \$100.00	\$40.00 ccOnline \$100.00 Check	Continental Airlines Day Pitney LLP	Manager, Training Programs Attorney	FALSE FALSE	FALSE FALSE	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Wooden For Mayor	FILING DUE DATE 01/10/2011
--	--------------------------------------

C1. Contributions from Other Committees

Name of Committee NO CONTRIB. RECEIVED FROM OTHER COMMITTEES	Name of Treasurer
--	-------------------

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No	Amount of Contribution
City	Date Received	\$0.00
State CT	Aggregate Contributions	

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

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No	Amount of Contribution
City	Date Received	\$0.00
State CT	Aggregate Contributions	

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

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No	Amount of Contribution
City	Date Received	\$0.00
State CT	Aggregate Contributions	

Name of Committee	Name of Treasurer
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Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No	Amount of Contribution
City	Date Received	\$0.00
State CT	Aggregate Contributions	

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

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No	Amount of Contribution
City	Date Received	\$0.00
State CT	Aggregate Contributions	

Name of Committee	Name of Treasurer
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Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No	Amount of Contribution
City	Date Received	\$0.00
State CT	Aggregate Contributions	

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee N/A	Name of Treasurer
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Address	Date Received	Amount of Receipt
City	\$0.00	
State CT		

Name of Committee	Name of Treasurer
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Address	Date Received	Amount of Receipt
City	\$0.00	
State CT		

SUBTOTAL Section C-This Page	\$0.00
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TOTAL of additional Section C Pages	\$0.00
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TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)	\$0.00
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I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
Wooden For Mayor	01/10/2011

D. Loans Received this Period

Name of Lender N/A				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received \$0.00
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			
Street Address	City	State CT	Zip Code	Date of Receipt			

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received \$0.00
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			
Street Address	City	State CT	Zip Code	Date of Receipt			

Total Section D: \$ 0.00

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity N/A				Date Received		Amount Received \$0.00
Street Address		City	State CT	Zip Code	Aggregate Contributions \$0.00	

Name of Entity				Date Received		Amount Received \$0.00
Street Address		City	State CT	Zip Code	Aggregate Contributions \$0.00	

Name of Entity				Date Received		Amount Received \$0.00
Street Address		City	State CT	Zip Code	Aggregate Contributions \$0.00	

Total Section E: \$ 0.00

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers \$ 0.00
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers \$ 0.00
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received \$ 0.00
Amount \$0.00		Amount \$0.00		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE Wooden For Mayor	FILING DUE DATE 01/10/2011
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I. Anonymous Contributions (Specify dollar amount of the bills received)

Date Received	Amount	Date Received	Amount	Total Amount Received
	\$0.00		\$0.00	
\$1 bills \$0.00	\$5 bills \$0.00	\$1 bills \$0.00	\$5 bills \$0.00	\$ 0.00
coins \$0.00	\$10 bill \$0.00	coins \$0.00	\$10 bill \$0.00	

J. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
	\$0.00		\$0.00	
Name of Institution N/A		Name of Institution		\$ 0.00
Street Address		Street Address		
City	State CT	Zip Code		
City	State CT	Zip Code		

K. Miscellaneous Monetary Receipts not Considered Contributions

Name N/A	Date of Transaction	Amount Received
Street Address	City	\$ 0.00
	State CT	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	\$ 0.00
	State CT	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	\$ 0.00
	State CT	
Description		
Total Section K		\$ 0.00

Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)		0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0.00
Total Amount of Anonymous Contributions (Section I)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0.00
Total of Other Monetary Receipts (Add Sections D-K) <i>(Enter total on Line 15 of Summary Page)</i>		0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Wooden For Mayor	FILING DUE DATE 01/10/2011
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L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
		N/A			CT	

Subpart 1: (All Committees)
 Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
 Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No

\$ 0.00

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Subpart 1: (All Committees)
 Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
 Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No

\$ 0.00

SUBTOTAL Section L1 (Town Committees ONLY) Total Receipts- This Page	\$0.00
TOTAL of additional Section L1 Pages	+ \$0.00
TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)	\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Wooden For Mayor	FILING DUE DATE 01/10/2011
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L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser Last Name <i>(Individuals ONLY)</i> N/A	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
SUBTOTAL Section L2-This Page				\$0.00
TOTAL of additional Section L2 Pages				\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 16b of Summary Page)</i>				\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Wooden For Mayor	FILING DUE DATE 01/10/2011
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13. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
N/A	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address	City	State	Zip Code	
	CT			
Name of Purchaser	<input type="radio"/> Yes <input type="radio"/> No		\$0.00	\$0.00
Street Address	City	State	Zip Code	
	CT			
SUBTOTAL Section 13-This Page				\$0.00
TOTAL of additional Section 13 Pages				\$0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)				\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE					FILED DUE DATE		
Wooden For Mayor					01/10/2011		
L4. In-Kind Donations Not Considered Contributions							
Name of Donor N/A					Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity		Fair Market Value of Donation \$0.00
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation				Date Received	Event #		
Name of Donor					Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity		Fair Market Value of Donation \$0.00
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation				Date Received	Event #		
Name of Donor					Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity		Fair Market Value of Donation \$0.00
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation				Date Received	Event #		
Name of Donor					Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity		Fair Market Value of Donation \$0.00
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation				Date Received	Event #		
Name of Donor					Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity		Fair Market Value of Donation \$0.00
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation				Date Received	Event #		
Name of Donor					Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity		Fair Market Value of Donation \$0.00
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation				Date Received	Event #		
Name of Donor					Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity		Fair Market Value of Donation \$0.00
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation				Date Received	Event #		
Name of Donor					Donation given by: <input type="radio"/> Individual <input type="radio"/> Business Entity		Fair Market Value of Donation \$0.00
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation				Date Received	Event #		
Name of Donor					Donation given by: <input type="radio"/> Individual <input checked="" type="radio"/> Business Entity		Fair Market Value of Donation \$0.00
Street Address		City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation				Date Received	Event #		
SUBTOTAL Section L4-This Page						\$0.00	
TOTAL of additional Section L4 Pages						\$0.00	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)						\$0.00	

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE Wooden For Mayor	FILING DUE DATE 01/10/2011
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M. In-Kind Contributions

Name Ryan Greco				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address 55 Trumbull Street, Apt. 208		City Hartford	State CT	Zip Code 06103		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Date Received 11/23/2010	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Description of In-Kind Contribution Postage, envelopes.		Aggregate contributions \$113.09	\$13.09

Name				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

Name				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

Name				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

Name				Type of Contributor: <input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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 is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Description of In-Kind Contribution		Aggregate contributions \$0.00	\$0.00

SUBTOTAL Section M-This Page

\$13.09

TOTAL of additional Section M Pages

\$0.00

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page)

\$13.09

N. Refundable Deposit to Telephone Company

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual N/A		First	MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City	State CT	Zip Code		
Name of telephone company						
Street Address		City	State CT	Zip Code		\$0.00

Total Section N (Enter total on Line 23 of Summary Page)

\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE			
Wooden For Mayor				01/10/2011			
P. Expenses Paid by Committee							
Name of Payee Sarah Kelly				Date of Payment 12/5/2010		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	Amount
Street Address 606 St. John's Place		City Brooklyn	State NY	Zip Code 11238			
Purpose of Expenditure (by code) RCW		Description Expenses related to meet and greet.				Event #	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 190.15
Name of Payee Curtis Robinson				Date of Payment 12/21/2010		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	Amount
Street Address 510 Mt. Vernon Road		City Plantsville	State CT	Zip Code 06479			
Purpose of Expenditure (by code) REF		Description Refund contribution.				Event #	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,000.00
Name of Payee Grossman Solutions LLC				Date of Payment 12/21/2010		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	Amount
Street Address 17 Hop Hollow Road		City Simsbury	State CT	Zip Code 06070			
Purpose of Expenditure (by code) CNSLT		Description December payment for consulting services.				Event #	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 9,000.00
Name of Payee Grossman Solutions LLC				Date of Payment 12/21/2010		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	Amount
Street Address 17 Hop Hollow Road		City Simsbury	State CT	Zip Code 06070			
Purpose of Expenditure (by code) CNSLT		Description Early payment for January 1, 2011 consulting invoice.				Event #	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input checked="" type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 4,500.00
Name of Payee Officers Club, Hartford				Date of Payment 12/21/2010		Method of Payment <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	Amount
Street Address 360 Broad Street		City Hartford	State CT	Zip Code 06105			
Purpose of Expenditure (by code) MISC		Description Rental fee for use of space at the Officers Club.				Event #	
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input checked="" type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 212.24
SUBTOTAL Section P-This Page						\$14,902.39	
TOTAL of additional Section P Pages						\$301.14	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)						\$15,203.53	

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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P. Expenses Paid by Committee

Name of Payee Harland Clarke Check Orders				Date of Payment 12/23/2010	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount \$ 21.80
Street Address P.O. Box 660073		City Dallas	State TX	Zip Code 75266		
Purpose of Expenditure (by code) WEB		Description Purchase checks.			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Merchant Bank Card Services				Date of Payment 12/03/2010	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount \$ 279.34
Street Address P.O. Box 407066		City Fort Lauderdale	State FL	Zip Code 33340		
Purpose of Expenditure (by code) WEB		Description Credit card processing fees for online donations.			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount \$ 0.00
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount \$ 0.00
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	Amount \$ 0.00
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

SUBTOTAL Section P-This Page						\$301.14
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IV. EXPENDITURES

NAME OF COMMITTEE Wooden For Mayor	FILING DUE DATE 01/10/2011
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Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
USPS PO Boxes				11/04/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$62.00
Street Address www.usps.com	City	State CT	Zip Code			
Purpose of Expenditure (by code) POST	Description Post Office box rental.			Event #		
Wood-N-Tap				11/12/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$42.40
Street Address 99 Sisson Avenue	City Hartford	State CT	Zip Code 06106			
Purpose of Expenditure (by code) FOOD	Description Meeting.			Event #		
The Russell				11/15/2010	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$39.35
Street Address 103 Pratt Street	City Hartford	State CT	Zip Code 06103			
Purpose of Expenditure (by code) FOOD	Description Meeting.			Event #		
NGP Software Inc.				11/10/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$2,180.00
Street Address 1225 Eye Street NW, Suite 1225	City Washington	State DC	Zip Code 20005			
Purpose of Expenditure (by code) WEB	Description Initial payment for website related services.			Event #		
East West Grille				11/29/2010	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$13.59
Street Address 526 New Park Avenue	City West Hartford	State CT	Zip Code 06110			
Purpose of Expenditure (by code) FOOD	Description Meeting.			Event #		
NGP Software Inc.				12/02/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$360.00
Street Address 1225 Eye Street NW, Suite 1225	City Washington	State DC	Zip Code 20005			
Purpose of Expenditure (by code) WEB	Description Payment for website related services.			Event #		
Toktumi				12/06/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$14.95
Street Address www.toktumi.com	City	State CA	Zip Code			
Purpose of Expenditure (by code) OVHD	Description Cost of internet hosted phone service.			Event #		
AT&T Mobile				12/14/2010	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$265.05
Street Address 1801 Valley View Lane	City Dallas	State TX	Zip Code 75234			
Purpose of Expenditure (by code) OVHD	Description Payment of candidate's campaign cell phone.			Event #		
Fernwood Restaurant				12/20/2010	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$98.45
Street Address 1113 New Britain Avenue	City West Hartford	State CT	Zip Code 06110			
Purpose of Expenditure (by code) FOOD	Description Meeting.			Event #		
SUBTOTAL Section Q-This Page						\$3,075.79
TOTAL of additional Section Q Pages						\$132.82
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)						\$3,208.61

IV. EXPENDITURES
Section Q. Additional Page

NAME OF COMMITTEE Wooden For Mayor	FILING DUE DATE 01/10/2011
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Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Ralph-n-Rich's Restaurant				12/22/2010	<input checked="" type="radio"/> Yes <input type="radio"/> No	132.82
Street Address 815 Main Street	City Bridgeport	State CT	Zip Code 06604			
Purpose of Expenditure (by code) FOOD	Description Meeting.			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input type="radio"/> No	0.00
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
					<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
SUBTOTAL Section Q-This Page						\$132.82

IV. EXPENDITURES

NAME OF COMMITTEE Wooden For Mayor	FILING DUE DATE 01/10/2011
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R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution N/A	Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other
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Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		\$0.00
Purpose of Expenditure (by code)	Description		Event #		
Name of Vendor				Date of Transaction	Amount
Street Address	City	State CT	Zip Code		\$0.00
Purpose of Expenditure (by code)	Description		Event #		
SUBTOTAL Section R-This Page					\$0.00
TOTAL of additional Section R Pages					\$0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)					\$0.00

IV. EXPENDITURES
Section S. Additional Page

NAME OF COMMITTEE		FILING DUE DATE	
S. Expenses Incurred by Committee but Not Paid During this Period			
Name of Creditor Shawn Wooden		Date Incurred 11/29/2010	
Street Address 115 Scarborough Street		Event #	
City Hartford	State CT	Zip Code 06105	Candidate(s) Name (if applicable) Office Sought
Purpose of Expenditure (by code) FOOD	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Description Meeting.			
Amount Incurred (Estimate or Actual) \$13.59			
Name of Creditor Shawn Wooden		Date Incurred 12/02/2010	
Street Address See initial entry.		Event #	
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought
Purpose of Expenditure (by code) WEB	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Description Website services.			
Amount Incurred (Estimate or Actual) \$360.00			
Name of Creditor Shawn Wooden		Date Incurred 12/06/2010	
Street Address See initial entry.		Event #	
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought
Purpose of Expenditure (by code) OVHD	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Description Internet hosted phone service.			
Amount Incurred (Estimate or Actual) \$14.95			
Name of Creditor Shawn Wooden		Date Incurred 12/14/2010	
Street Address See initial entry.		Event #	
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought
Purpose of Expenditure (by code) OVHD	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Description Campaign cell phone.			
Amount Incurred (Estimate or Actual) \$265.05			
Name of Creditor Shawn Wooden		Date Incurred 12/20/2010	
Street Address See initial entry.		Event #	
City	State CT	Zip Code	Candidate(s) Name (if applicable) Office Sought
Purpose of Expenditure (by code) FOOD	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Description Meeting.			
Amount Incurred (Estimate or Actual) \$98.45			
SUBTOTAL Section S-This Page			\$752.04

IV. EXPENDITURES
Section S. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor Shawn Wooden			Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address 115 Scarborough Street			Event #		
City Hartford	State CT	Zip Code 06105	Candidate(s) Name <i>(if applicable)</i>		
Purpose of Expenditure (by code) FOOD		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Office Sought	
Description Meeting.			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$132.82

Name of Creditor Allan Taylor			Date Incurred 12/28/2010		Amount Incurred <i>(Estimate or Actual)</i>
Street Address 238 Whitney Street			Event #		
City Hartford	State CT	Zip Code 06105	Candidate(s) Name <i>(if applicable)</i>		
Purpose of Expenditure (by code) OVHD		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Office Sought	
Description Telephone charges.			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$20.37

Name of Creditor Mosaic			Date Incurred 12/13/2010		Amount Incurred <i>(Estimate or Actual)</i>
Street Address 4801 Viewpoint Place			Event #		
City Cheverly	State MD	Zip Code 20781	Candidate(s) Name <i>(if applicable)</i>		
Purpose of Expenditure (by code) PRNT		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Office Sought	
Description Stationary, business cards etc			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$545.00

Name of Creditor Grossman Solutions			Date Incurred 12/21/2010		Amount Incurred <i>(Estimate or Actual)</i>
Street Address 17 Hop Hollow Road			Event #		
City Simsbury	State CT	Zip Code 06070	Candidate(s) Name <i>(if applicable)</i>		
Purpose of Expenditure (by code) TRVL		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Office Sought	
Description Flight/Travel			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$329.30

Name of Creditor Voter Activation Network, Inc.			Date Incurred 11/03/2010		Amount Incurred <i>(Estimate or Actual)</i>
Street Address 48 Grove Street, Suite 202			Event #		
City Somerville	State MA	Zip Code 02144	Candidate(s) Name <i>(if applicable)</i>		
Purpose of Expenditure (by code) CNSLT		Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Office Sought	
Description Voter database software.			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$3,000.00

SUBTOTAL Section S This Page **\$4,027.49**

IV. EXPENDITURES
Section S. Additional Page

NAME OF COMMITTEE Wooden for Mayor	FILING DUE DATE 01/10/2011
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S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor AT&T		Date Incurred 12/05/2010	Amount Incurred <i>(Estimate or Actual)</i>
Street Address 1801 Valley View Lane		Event #	
City Dallas	State TX	Zip Code 75234	Amount Incurred <i>(Estimate or Actual)</i>
Purpose of Expenditure (by code) OVHD		Candidate(s) Name (if applicable) Office Sought	
Description Campaign telephone.		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	\$205.78
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Creditor		Date Incurred	Amount Incurred <i>(Estimate or Actual)</i>
Street Address		Event #	
City	State CT	Zip Code	Amount Incurred <i>(Estimate or Actual)</i>
Purpose of Expenditure (by code)		Candidate(s) Name (if applicable) Office Sought	
Description		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	\$0.00
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Creditor		Date Incurred	Amount Incurred <i>(Estimate or Actual)</i>
Street Address		Event #	
City	State CT	Zip Code	Amount Incurred <i>(Estimate or Actual)</i>
Purpose of Expenditure (by code)		Candidate(s) Name (if applicable) Office Sought	
Description		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	\$0.00
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Creditor		Date Incurred	Amount Incurred <i>(Estimate or Actual)</i>
Street Address		Event #	
City	State CT	Zip Code	Amount Incurred <i>(Estimate or Actual)</i>
Purpose of Expenditure (by code)		Candidate(s) Name (if applicable) Office Sought	
Description		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	\$0.00
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Creditor		Date Incurred	Amount Incurred <i>(Estimate or Actual)</i>
Street Address		Event #	
City	State CT	Zip Code	Amount Incurred <i>(Estimate or Actual)</i>
Purpose of Expenditure (by code)		Candidate(s) Name (if applicable) Office Sought	
Description		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	\$0.00
		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

SUBTOTAL Section S-This Page **\$205.78**

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Wooden For Mayor						01/10/2011		
T. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant Kelly		First Sarah		MI	Date of Payment 12/05/2010		Method of Payment	Amount
Secondary Payee Park Slope Shipping Center					Purpose of Expenditure (by code) MISC		<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 123 7th Ave			City Brooklyn		State NY	Zip Code 11215		
Description Purchase supplies for a campaign function.								
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
\$ 64.78								
Last Name of Worker/Consultant Kelly		First Sarah		MI	Date of Payment 12/05/2010		Method of Payment	Amount
Secondary Payee Fed Ex Office					Purpose of Expenditure (by code) MISC		<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 544 Farmington Avenue			City Hartford		State CT	Zip Code 06105		
Description Purchase supplies for a campaign function.								
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
\$ 15.74								
Last Name of Worker/Consultant Kelly		First Sarah		MI	Date of Payment 12/05/2010		Method of Payment	Amount
Secondary Payee Staples					Purpose of Expenditure (by code) MISC		<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 348 4th Avenue			City Brooklyn		State NY	Zip Code 11215		
Description Purchase supplies for a campaign function.								
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
\$ 109.63								
Last Name of Worker/Consultant		First		MI	Date of Payment		Method of Payment	Amount
Secondary Payee					Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code		
Description								
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
\$ 0.00								
SUBTOTAL Section T-This Page								\$190.15
TOTAL of additional Section T Pages								\$0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS								\$190.15