

SEEC FORM 40**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016



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Page 1 of 15

COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Labor United for Connecticut			
3. TREASURER NAME			
First Paul	MI	Last Filson	Suffix
4. TREASURER ADDRESS			
Street Address 20 Beverly Rd	City West Hartford	State CT	Zip Code 06119
5. TYPE OF REPORT			
24 Hour Independent Expenditure General Election 4 - Amendment			
6. PERIOD COVERED			
Beginning Date		Ending Date	
10/21/2016		10/25/2016	
thru			
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
Electronic Filing	Paul Filson	10/31/2016 11:57:56AM	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</p>			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
 For Independent Expenditure Political Committees
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
8. 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		\$20,000.00
9. Balance on hand at the beginning of Reporting Period	\$126,537.54	
10. Monetary Receipts (Section A and B)	\$10,000.00	\$172,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$10,000.00	\$172,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$136,537.54	\$192,000.00
14. Expenses Paid by Committee (Section G)	\$0.00	\$55,462.46
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$136,537.54	\$136,537.54
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$0.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$0.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4

A. Total Contributions from Small Individual Contributors-Received this Period ONLY*(See instructions for definition of Small Individual Contributor)*

Subtotal Section A

\$0.00**B. Itemized Monetary Receipts**

Name Connecticut State Employees Assoc.				
Street Address 760 Capitol Ave		City Hartford	State CT	Zip Code 06106
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Committee <input checked="" type="checkbox"/> Affiliated Organization	Other <input type="checkbox"/>	Type of Receipt : <input type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input checked="" type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts \$20,000.00		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received	
Description (if applicable) Contribution		Date Received 10/21/2016	\$10,000.00	
Total of Section B			\$10,000.00	
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			\$10,000.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Amendment

C. Loans Received this Period

Name of Lender	Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Total of Section C				

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Amendment

D. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received	Aggregate Receipts
Other	Affiliated Business Entity	Affiliated Organization		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with:	Yes No	Fair Market Value of this Contribution
		Executive	Legislative	
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution		
If yes, list Event#				

Total of Section D	
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I. Receipts (Sections A - E)

NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Amendment

E. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

Total of Section E	
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II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Labor United for Connecticut		24 Hour Independent Expenditure General Election 4 - Amendment	
F. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address		City	State Zip Code

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Labor United for Connecticut		24 Hour Independent Expenditure General Election 4 - Amen	
G. Expenses Paid By Committee			
Name of Payee DKC		Date of Payment 10/21/2016	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 261 5th Ave		City New York	State Zip Code NY 10016
If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Digital ads	
Event #		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)		Amount \$37,500.01	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) A-WEB	Expenditure Number Section Number G 228313	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
Total of Section G			\$0.00

III. EXPENDITURES (Sections G - J)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				24 Hour Independent Expenditure General Election 4 - Amendment	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address			City		State Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section H. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number H		Associated with Referendum? Yes No	Amount
Total of Section H					

III. EXPENDITURES (Sections G - J)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Labor United for Connecticut			24 Hour Independent Expenditure General Election 4 - Amendment	
I. Expenses Incurred By Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section I. Addendum		Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number I		Associated with Referendum? Yes No
Total of Section I				

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	24 Hour Independent Expenditure General Election 4 - Amendment
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT
Labor United for Connecticut		24 Hour Independent Expenditure General Election 4 - Amendment
G. Expenses Paid By Committee - Addendum		
Expenditure Number as reported in Section G	Total Amount of the Expenditure	
G	230236	\$37,500.01

Description			Expenditure Code
Digital-ads			A-WEB
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated
Saud-Anwar	State-Representative		\$289.36
Description			Expenditure Code
Digital-ads			A-WEB
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated
Tom-Delnicki	State-Representative		\$1,883.95
Description			Expenditure Code
Digital-ads			A-WEB
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated
Elizabeth "Betty" A-Boukus	State-Representative		\$2,168.45
Description			Expenditure Code
Digital-ads			A-WEB
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated
Joshua-C-Shulman	State-Representative		\$285.30
Description			Expenditure Code
Digital-ads			A-WEB
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated
Gary-P-Byron	State-Representative		\$1,857.41

Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Sharon M Palmer	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$316.57
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Kathleen M McCarty	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,062.01
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Christine Conley	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$208.29
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate John F Scott IV	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,353.36
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Joseph B de la Cruz	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$279.03
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate aun	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,803.82
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Susan C Eastwood	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$305.08

Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Sam-Belsite	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,973.18
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Tim-Curtis	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$349.91
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Scott-A-Storms	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,264.46
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Laura-E-Bartok	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$311.58
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Cara-C-Pavalock	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,015.44
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Liz-Linchan	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$301.75
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Andrew-A-Falvey	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,951.49

Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Eva-Bermudez-Zimmerman	Office Sought (if applicable) State-Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$327.93
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Mitch-Bolinsky	Office Sought (if applicable) State-Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,120.80
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Sean-P-Ronan	Office Sought (if applicable) State-Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$318.25
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Charles-J-Ferraro	Office Sought (if applicable) State-Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$2,058.81
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Timothy-R-Bowles	Office Sought (if applicable) State-Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$1,188.63
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Heather-Somers	Office Sought (if applicable) State-Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$7,716.07
Description Digital-ads			Expenditure Code A-WEB
Name of Candidate Russell-A-Morin	Office Sought (if applicable) State-Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$216.67

Description Digital ads		Expenditure Code A-WEB	
Name of Candidate Mike J Hurley	Office Sought (if applicable) State Representative	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$1,572.51

Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

H. Expenses Incurred on Committee Credit Card - Addendum

Expenditure Number as reported in Section H	Total Amount of Expenditure
H	

Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section I. ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I I		Total Amount of the Expenditure	
Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section J. ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT
J. Itemization of Reimbursements and Secondary Payees - Addendum			
Expenditure Number as reported in Section J J		Total Amount of the Expenditure	
Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated