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 18

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	City			State		Zip Code			
20 Beverly Rd	West	Hartford		СТ		06119			
5. TYPE OF REPORT				•	•				
Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original									
6. PERIOD COVERED									
Beginning Date			Ending Date						
10/31/2016		thru	12/06/2016						
7. 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, 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	Рац	ıl Filson			12/07/2016	9:48:22PM			
TREASURER OR DEPUTY TREASURER (SIGNATURE PRINT NAME OF SIGNER						IED (mm/dd/yyyy)			
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.									

SEEC FORM 40

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT			
Labor United for Connecticut	Termination Report for Independent E Action Committees (Non Standard) - 0			
	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	\$103,364.26			
10. Monetary Receipts (Section A and B)	\$6,071.32	\$178,071.32		
11. Loans (Section C)	\$0.00	\$0.00		
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$6,071.32	\$178,071.32		
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$109,435.58	\$198,071.32		
14. Expenses Paid by Committee (Section G)	\$109,435.58	\$198,071.32		
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$0.00	\$0.00		
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			

SUMMARY PAGE TOTALS

I. RECEIPTS (Section A-E)						
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT					
Labor United for Connecticut	Termination Report for Independent Expenditure Pol					

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 SEIU		
Street Address 1800 Massachusetts Ave NW City Washington	State DC	Zip Code 20036
Principal Occupation (if applicable) Name of Employer (if applicable)	DC	20036
	nbursement for Si ribution from Af	
Is this receipt associated with an event reported in Section F? Method of Receipt Cash Check EFT	Aggregate F	Receipts
If yes, list Event # No Credit/Debit Card Payroll Deduction Money Order		\$6,071.32
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Ves X No Ves X Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative	No A	mount Received
Description (if applicable) Date Received		
Contribution 11/01/2016		\$6,071.32
Total of Sect	ion B	\$6,071.32
TOTAL OF ALL RECEIPTS (Sections A & B) (Total on Line 10 of Summary Page)		\$6,071.32

I. RECEIPTS (Section A-E)								
NAME OF COMMITTEE (As reported on Page 1, Line	TYPE OF REPORT							
Labor United for Connecticut			n Report for Indepe ction Committees (N	ndent Expenditure Ion Standard) - Original				
C. Loans Received this Period								
Name of Lender	Source of Loan: Bank Individual	Committe	ee 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				

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	I. RECEIP	TS (Sections A-E)				
NAME OF COMMITTEE (As reported on Pa	age 1, Line 1)			TYP	E OF REPC	PRT
Expenditu					mination Report for Independent benditure Political Action Committees	
	D. In-Kind Co	ntributions				
Name						
Street Address City						Zip Code
Type of Contributor: Individual / Sole Proprietorsh Other Affiliated Business Entity	ip Committee Affiliated Organization	Date Received	Aggrega	ate Receipts		
Is Contributor a lobbyist, spouse, or Yes dependent child of a lobbyist? No	Is contributor a state contractor, pro If yes, indicate which branch or bran government the contract is with:	Yes No	Contribution			
avant reported in Section E2	Yes Description of In-Kinc	l Contribution			-	

Total of Section D

I. Receipts (Sections A - E								
NAME OF COMMITTEE	TYPE OF I	TYPE OF REPORT						
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original							
E. Refundable Deposit to Telephone Company								
Last Name of Individual		First Name	MI Date I		Deposit Made			
Residential Street Address	Ci	ty	State Zip Code			Amount of Deposit		
Name of Telephone company								
Street Address	City		State	Zip Code				

II. EVENT ACTIVITY (Sections F)							
NAME OF COMMITTEE (As rep	orted on Page 1, Line 1)	TYPE OF R			REPORT		
			ation Report for Independent Expenditure				
F. Event Information							
Event # Letter	Description		Was this a fun	draising event?			
Date of Event			Yes		No		
Location: Street Address		City		State	Zip Code		

	<u> </u>	XPENDITURE:	<u>S (Sect</u>	<u>ions G - J)</u>				
NAME OF COMMITTEE (As reported	on Page 1, Line	1)				TYPE OF	REPORT	
Labor United for Connecticut						Termination R	eport for Independent	Expenditure Political Act
		G. Expenses	Paid By	Committee	e			
Name of Payee TD Bank					Date of Payn 11/01/20		Method of Payme Check # Debit Ca	_
Street Address 333 N Main St .			City West H	lartford			State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more candidate? If yes, cor Yes X No G. Addene	nplete Section	Description (only comp Complete Section G. Ac Bank Fee	omplete if Independent Expenditure has ONE Expenditure Code - if more than one, 3. Addendum)				Event #	
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if moi	re than one, o	Complete Section	G.Addendum)		Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum		iture (by code) (only comp enditure has ONE Expendi		Expenditure Section G	Number Number	Associated wi	ith Referendum?	Amount \$15.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X No	If yes, what is the e of the expense prev	-	Expo Section I	n Num	iber	Final or Full Pay		
Name of Payee TD Bank					Date of Payn 11/23/20		Method of Payme Check # Debit Ca	—
Street Address 333 N Main St .			City West H	lartford			State CT	Zip Code 06117
	If yes, complete Section G. Addendum) Bank Fee					Event #		
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mor	re than one, (Complete Section	ı G.Addendum)		Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum		iture (by code) (only comp enditure has ONE Expendi		Expenditure Section G	Number Number	Associated wi	ith Referendum?	Amount \$30.00
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the e of the expense prev		Expo Section I	enditure Number	ıber	Final or Full Pay		

	III. E	XPENDITURE:	<u>S (Sect</u>	<u>ions G - J)</u>					
NAME OF COMMITTEE (As reported	l on Page 1, Line	1)				TYPE OI	TYPE OF REPORT		
Labor United for Connecticut						Termination	Report for Independer	t Expenditure Political Act	
		G. Expenses	Paid By	Committee	e				
Name of Payee TD Bank					Date of Pays 11/30/20		Method of Paymer Check : Debit C	#	
Street Address 333 N Main St .			City West H	lartford	-		State CT	Zip Code 06117	
If an Independent Expenditure, is it on behalf of more candidate? If yes, cor Yes X No G. Adden	nplete Section		ption (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, ete Section G. Addendum) Fee					Event #	
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mo	re than one,	Complete Section	G.Addendum))	Office Sought	Supported Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum		liture (by code) (only comp enditure has ONE Expendi		Expenditure Section G	Number Number	Associated Yes	with Referendum?	Amount \$2.00	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X No	If yes, what is the e of the expense prev	-	Exp Section I	n Num	lber	Final or Full P	-		
Name of Payee Connecticut Healthcare District 1199					Date of Pays 12/06/20		Method of Paymon X Check : Debit C	# 1011	
Street Address 77 Huyshope Ave			City Hartfor	rd			State CT	Zip Code 06106	
	If yes, complete Section Complete Section G. Addendum) Refund of contribution					Event #			
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mor	re than one,	Complete Section	G.Addendum))	Office Sought	Supported Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum		liture (by code) (only comp enditure has ONE Expendi		Expenditure Section G	Number Number	Associated	with Referendum?	Amount \$22,090.75	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X No	If yes, what is the e of the expense prev		Exp Section I	n Num	ıber	Final or Full P	-		

	III. E.	<u>XPENDITURES</u>	<u>S (Sect</u>	<u>ions G - J)</u>						
NAME OF COMMITTEE (As reported	on Page 1, Line	1)				TYPE OF	TYPE OF REPORT			
Labor United for Connecticut						Termination I	Report for Independer	nt Expenditure Political Act		
		G. Expenses	Paid By	Committee	e	•				
Name of Payee UAW Education Fund					Date of Pay 12/06/20		Method of Paymer	# 1012		
Street Address 800 E Jefferson			City Detroit	:			State MI	Zip Code 48214		
If an Independent Expenditure, is it on behalf of more candidate? If yes, con Yes No G. Addeno	nplete Section	Description (only comp Complete Section G. Ad Refund of contribu	ddendum)	endent Expenditu	re has ONE Ex	xpenditure Code - if me	ore than one,	Event #		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought								Supported Opposed		
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF G Section Number G Yes						with Referendum?	Amount \$16,568.06		
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X No	Expenditure Number Final or Full Payment If yes, what is the expenditure number Section Number of the expense previously incurred? I Partial with Balance Owing									
Name of Payee SEIU Local 32BJ PAC					Date of Pay 12/06/20		Method of Payma X Check : Debit C	# 1013		
Street Address 196 Trumbull			City Hartfor	rd			State CT	Zip Code 06103		
If an Independent Expenditure, is it on behalf of more candidate? If yes, con Yes X No G. Addeno	nplete Section	Description (only comp Complete Section G. Ac Refund of contribu	ddendum)	endent Expenditu	re has ONE Ex	xpenditure Code - if me	ore than one,	Event #		
Name of Candidate (only complete if Independent Exp	oenditure is on behalf	of ONE candidate - if mor	re than one,	Complete Section	G.Addendum)	Office Sought	Supported Opposed		
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes X No		iture (by code) (only comp enditure has ONE Expendi		Expenditure Section G	Number Number	Associated v	with Referendum?	Amount \$16,568.06		
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the ex of the expense previ	-	Exp Section I	n Num	ıber	Final or Full P	-			

	III. E.	<u>XPENDITURES</u>	S (Sect	<u>ions G - J)</u>							
NAME OF COMMITTEE (As reported	on Page 1, Line	1)				TYPE O	TYPE OF REPORT				
Labor United for Connecticut						Termination	Termination Report for Independent Expenditure Political Act				
		G. Expenses	Paid By	y Committee	e						
Name of Payee SEIU CT State Council					Date of Pays 12/06/20			Method of Payme X Check # Debit C	1015		
Street Address 77 Capitol Ave		City Hartford						State CT	Zip Code 06106		
candidate? If yes, cor	If yes, complete Section Refund of Contribution							Event #			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought								Supported Opposed			
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF G G Variable Code G Variable Code G Variable Code G Variable Code						with R	eferendum?	Amount \$16,568.06		
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X No	If yes, what is the expenditure number Section Number of the expense previously incurred? I										
Name of Payee Congress of Connecticut Community C	olleges				Date of Pays 12/06/20			Method of Payme X Check # Debit Ca	1016		
Street Address 907 Wethersfield Ave .			City Hartfor	rd	•			State CT	Zip Code 06114		
If an Independent Expenditure, is it on behalf of more candidate? If yes, cor Yes X No G. Adden	nplete Section	Description (only comp Complete Section G. Ac Refund of Contrib	idendum)	endent Expenditu	re has ONE Ex	penditure Code - if m	ore that	an one,	Event #		
Name of Candidate (only complete if Independent Exp	penditure is on behalf	of ONE candidate - if mor	re than one,	Complete Section	G.Addendum)	Off	ice Sought	Supported Opposed		
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) Expenditure Number Section Associated with Referen REF G Image: Code section of the section o						eferendum?	Amount \$11,045.37			
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the e of the expense prev		Exp Section I	n Num	ber	Final or Full F	-				

	III. EX	<u>XPENDITURES</u>	<u>S (Sect</u>	<u>ions G - J)</u>						
NAME OF COMMITTEE (As reported	on Page 1, Line	1)				ТҮРЕ С	TYPE OF REPORT			
Labor United for Connecticut						Termination	I Repo	ort for Independent	Expenditure Political Act	
		G. Expenses	Paid By	y Committee	9					
Name of Payee CSEA					Date of Pays 12/06/20			Method of Paymen X Check # Debit Car	1017	
Street Address 760 Capitol Ave			City Hartfor	rd				State CT	Zip Code	
	If yes, complete Section Refund of Contribution						nan one,	Event #		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought							Supported Opposed			
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	if Independent Expenditure has ONE Expenditure Section G Number G Yes							Referendum?	Amount \$11,045.37	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X No	Expenditure Number Final or Full Payment If yes, what is the expenditure number Section Number of the expense previously incurred? I									
Name of Payee CEUI					Date of Pays 12/06/20			Method of Paymen X Check # Debit Car	1018	
Street Address 110 Randolf Rd			City Middlet	town				State CT	Zip Code 06457	
If an Independent Expenditure, is it on behalf of more candidate? If yes, con Yes X No G. Addenc	nplete Section	Description (only compl Complete Section G. Ac Refund of Contribu	idendum)	endent Expenditu	re has ONE Ex	penditure Code - if r	nore th	nan one,	Event #	
Name of Candidate (only complete if Independent Exp	enditure is on behalf	of ONE candidate - if mor	re than one,	Complete Section	G.Addendum))	Of	ffice Sought	Supported Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum		iture (by code) (only comp enditure has ONE Expendi		Expenditure Section G	Number Number	Associated		Referendum?	Amount \$5,522.69	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the ex of the expense previ	-	Exp Section I	n Num	iber	Final or Full	-			

	III. E	XPENDITURE:	<u>S (Sect</u>	<u>ions G - J)</u>				
NAME OF COMMITTEE (As reported	l on Page 1, Line	1)				TYPE OF	REPORT	
Labor United for Connecticut						Termination F	Report for Independen	t Expenditure Political Act
		G. Expenses	Paid By	Committee	;			
Name of Payee Connecticut State University AAUP					Date of Payn 12/06/20		Method of Payme X Check # Debit C	1019
Street Address Marcus White 316			City New Br	ritain			State CT	Zip Code 06050
If an Independent Expenditure, is it on behalf of more than one candidate? Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution							Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum) Office Sought								Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) REF G G V Yes						rith Referendum?	Amount \$5,522.69
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X No	eported as an expense incurred If yes, what is the expenditure number Section Number of the expense previously incurred?							
Name of Payee SEIU			-		Date of Payn 12/06/20		Method of Payme X Check # Debit C	1026
Street Address 1800 Massachusetts Ave NW			City Washir	ngton			State DC	Zip Code 20036
If an Independent Expenditure, is it on behalf of more candidate? If yes, cor Yes No G. Adden	mplete Section	Description (only comp Complete Section G. Ac Refund of Contrib	ddendum)	endent Expenditu	re has ONE Exp	penditure Code - if mo	re than one,	Event #
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if mor	re than one,	Complete Section	G.Addendum)		Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes X No		iture (by code) (only comp enditure has ONE Expendi		Expenditure Section G	Number Number	Associated w	vith Referendum?	Amount \$3,352.99
Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the exorem of the expense prev		Exp Section I	n Num	ber	Final or Full Pa		

III. EXPENDITURES (Sections G - J)										
NAME OF COMMITTEE (As reported	l on Page 1, Line	1)				TYPE OF	REPORT			
Labor United for Connecticut						Termination R	Termination Report for Independent Expenditure Political Act			
		G. Expenses	Paid By	Committee						
Name of Payee CPFU PAC					Date of Payn 12/06/20		Method of Payme X Check # Debit C	[#] 1021		
Street Address			City				State	Zip Code		
50 Columbus Blvd			Hartfor	d			СТ	06106		
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section Yes No Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Refund of Contribution							Event #			
Name of Candidate (only complete if Independent Ex	penditure is on behalf	of ONE candidate - if moi	re than one, (Complete Section	G.Addendum)		Office Sought	Supported Opposed		
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes X No		iture (by code) (only comp enditure has ONE Expendi		Expenditure Section G	Number Number	Associated w	ith Referendum?	Amount \$1,104.54		
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes X No	If yes, what is the exorem of the expense previous of		Expe Section I	n Numl	per	Final or Full Pa				
						Total of Section	G	\$109,435.58		

III. EXPENDITURES (Sections G - J)										
NAME OF COMMITTEE (As repo	orted on Page 1, Line	1)				TYPE OF RE	PORT			
Labor United for Connecticut						Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Orional				
H. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution			T	ype of Credit Ca	ard:					
				Visa	Master Card	Discover	American E	xpress		
				Other						
Name of Vendor, Person or Entity							Date of Tran	saction		
Street Address City							State	Zip Code		
If an Independent Expenditure, is it on behalf more than one candidate?		Description (only complete more than one, Complete S	-	-	e has ONE Expenditure	e Code - if	Eve	ent #		
If yes, con	mplete I. Addendum									
Name of Candidate (only complete if Indepen if more than one, Complete Section H. Adden	-	If of ONE candidate -		Of	fice Sought			Supported		
								Opposed		
Does Expenditure have more than one expenditure code? IF yes, complete	Purpose of Expenditure	e Expenditu	ire Number	•	Associated wi	th Referendum?		Amount		
Section H. Addendum	(by code)	Section	N	umber						
Yes No		Н			Y	es No				
						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		Report for Independent Expenditure on Committees (Non Standard) -								
I. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor				Date Incurred	l					
Street Address		City		State	Zip Code					
If an Independent Expenditure, is it on behalf of more than one candidate?	Desc	ription			Event #					
Yes No Section I. A										
Name of Candidate (only complete if Independent Expenditure Section I. Addendum)	is on behalf of ONE candidate - if mor	e than one, Complete	Office Sought		Supported					
					Opposed					
Does Expenditure have more than one expenditure					Amount					
code? IF yes, complete Section I. Addendum Yes No	(by code)	Section Number	Yes	No						
	1	<u> </u>	Total of Section I							

III. EXPENDITURES (Sections G - J)											
NAME OF COMMITTEE (As reported on Pag	e 1, Line 1)					TY	PE OF REPORT				
Labor United for Connecticut								Independent Expenditure tees (Non Standard) - Original			
J. Itemization	n of Reimbursements	ano	d Secondary	Paye	es						
Last Name of Worker/Consultant	Last Name of Worker/Consultant First MI			MI	Date of Payment to	Vendor, Per	son or	Entity			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Con Check #							tee Worker/Consultant	tant as reported in Section G Debit Card EFT			
Street Address of Vendor, Person or Entity Paid by Committee	ee Worker/Consultant			City				State	Zi	p Code	
If an Independent Expenditure, is it on behalf of more than o If yes, co Yes No Section J.		Description						Event #			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Office Sought Complete Section J. Addendum Office Sought							ht			Supported Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum Yes No	Purpose of Expenditure (by code)		Expenditure Section J		er Number	Associated with	νo		Amount		
			<u> </u>			1	fotal of Section J				
IV. DISCLO	SURE IN COMMU	INI	ICATIONS	(Sec	ctions K -	L)					
NAME OF COMMITTEE (As reported on Pag	ge 1, Line 1)						TYPE OF RE	PORT			
Labor United for Connecticut							rmination Report for ilitical Action Commi				
K. Five Largest Contributions Disclosed in Communication											
Source of Contribution - Name of Person Making Contribution	'n							Expend Section	iture N	lumber Number	
Address of Person Making Contribution - City								State		Zip Code	
Source of Contribution - Name of Individual who Signed Ch	eck or Authorized Contribution									Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L) NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE OF REPORT Labor United for Connecticut Iermination Report for Independent Expenditure Political Action Committees Non Standard) - Original

L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure N Section	umber 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)	NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE OF								
G. Expenses Paid By Committee - Addendum									
Expenditure Number as reported in Section G G	diture								
Description					Expenditure Code				
Name of Candidate	Office Sought (if applicable)		Supporte		Amount Allocated				

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

Opposed

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	enditure Number as reported in Section I Total Amount of the Expenditure								
I									
Description			Ех	xpenditure Code					
			<u> </u>						
Name of Candidate	Office Sought (if applicable)	Amount Allocated							
		Opposed							

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		Total Amount of the Expenditure		
J				
Description			Expenditure Code	
Name of Candidate	Office Sought (if applicable)		Supported	Amount Allocated

Opposed