

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

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016



Electronic Filing

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Page 1 of 18

**COVER PAGE**

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
<b>Labor United for Connecticut</b>			
3. TREASURER NAME			
First <b>Paul</b>	MI	Last <b>Filson</b>	Suffix
4. TREASURER ADDRESS			
Street Address <b>20 Beverly Rd</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119</b>
5. TYPE OF REPORT			
<b>Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original</b>			
6. PERIOD COVERED			
Beginning Date		Ending Date	
<b>10/31/2016</b>		thru <b>12/06/2016</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> 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.			
<b>Electronic Filing</b>	<b>Paul Filson</b>	<b>12/07/2016 9:48:22PM</b>	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p><b>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.</b></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	
<b>Labor United for Connecticut</b>	<b>Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original</b>	
	<b>COLUMN A</b> This Period	<b>COLUMN B</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		<b>\$20,000.00</b>
9. Balance on hand at the beginning of Reporting Period	<b>\$103,364.26</b>	
10. Monetary Receipts (Section A and B)	<b>\$6,071.32</b>	<b>\$178,071.32</b>
11. Loans (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
12. Total Monetary Receipts (add totals for lines 10 through 11)	<b>\$6,071.32</b>	<b>\$178,071.32</b>
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	<b>\$109,435.58</b>	<b>\$198,071.32</b>
14. Expenses Paid by Committee (Section G)	<b>\$109,435.58</b>	<b>\$198,071.32</b>
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	<b>\$0.00</b>	<b>\$0.00</b>
16. In-Kind Contributions Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
17. Refundable Deposit to Telephone Company (Section E)	<b>\$0.00</b>	<b>\$0.00</b>
18. Beginning Loan Balance	<b>\$0.00</b>	
18a. + Loans Received (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
18b. + Interest and Penalties on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18d. Total Outstanding Loan Amount	<b>\$0.00</b>	
19. Expenses Incurred on Committee Credit Card (Section H)	<b>\$0.00</b>	<b>\$0.00</b>
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	<b>\$0.00</b>	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	<b>\$0.00</b>	

**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**

Subtotal Section A

**\$0.00***(See instructions for definition of Small Individual Contributor)***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)		
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 \$6,071.32		
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 11/01/2016	\$6,071.32	
<b>Total of Section B</b>			<b>\$6,071.32</b>	
<b>TOTAL OF ALL RECEIPTS</b> (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			<b>\$6,071.32</b>	

**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 Political Action Committees (Non Standard) - Original

**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		
<b>Total of Section C</b>					

<b>I. RECEIPTS (Sections A-E)</b>	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original
<b>D. In-Kind Contributions</b>	

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: Executive Legislative	Yes No	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event#	Yes No	Description of In-Kind Contribution		

<b>Total of Section D</b>
---------------------------

<b>I. Receipts (Sections A - E)</b>	
NAME OF COMMITTEE	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original
<b>E. Refundable Deposit to Telephone Company</b>	

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
<b>Total of Section E</b>			

<b>Total of Section E</b>
---------------------------

## II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original

### 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	Termination Report for Independent Expenditure Political Act

**G. Expenses Paid By Committee**

Name of Payee TD Bank	Date of Payment 11/01/2016	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 333 N Main St .	City West Hartford	State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" 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) Bank Fee	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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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) BNK	Expenditure Number Section   Number G	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 Section   Number I	Amount \$15.00	
	If yes, what is the expenditure number of the expense previously incurred?	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee TD Bank	Date of Payment 11/23/2016	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 333 N Main St .	City West Hartford	State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" 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) Bank Fee	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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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) BNK	Expenditure Number Section   Number G	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 Section   Number I	Amount \$30.00	
	If yes, what is the expenditure number of the expense previously incurred?	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

**G. Expenses Paid By Committee**

Name of Payee TD Bank	Date of Payment 11/30/2016	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 333 N Main St .	City West Hartford	State CT	Zip Code 06117
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" 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) Bank Fee	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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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) BNK	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount \$2.00	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 Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	
Name of Payee Connecticut Healthcare District 1199	Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Huyshope Ave	City Hartford	State CT	Zip Code 06106
If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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) REF	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount \$22,090.75	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 Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

**G. Expenses Paid By Committee**

Name of Payee UAW Education Fund	Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 E Jefferson	City Detroit	State MI	Zip Code 48214
If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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) REF	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount \$16,568.06	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		
If yes, what is the expenditure number of the expense previously incurred?		Expenditure Number Section   Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing

Name of Payee SEIU Local 32BJ PAC	Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1013 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 196 Trumbull	City Hartford	State CT	Zip Code 06103
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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) REF	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount \$16,568.06	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		
If yes, what is the expenditure number of the expense previously incurred?		Expenditure Number Section   Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing



**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

**G. Expenses Paid By Committee**

Name of Payee SEIU CT State Council		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1015 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Capitol Ave		City Hartford	State CT	Zip Code 06106
If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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) REF	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$16,568.06
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 Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	
Name of Payee Congress of Connecticut Community Colleges		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1016 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 907 Wethersfield Ave .		City Hartford	State CT	Zip Code 06114
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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) REF	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$11,045.37
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 Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

**G. Expenses Paid By Committee**

Name of Payee CSEA	Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1017 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 760 Capitol Ave	City Hartford	State CT	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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) REF	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount \$11,045.37	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		
If yes, what is the expenditure number of the expense previously incurred?		Expenditure Number Section   Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing

Name of Payee CEUI	Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1018 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 110 Randolph Rd	City Middletown	State CT	Zip Code 06457
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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) REF	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount \$5,522.69	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		
If yes, what is the expenditure number of the expense previously incurred?		Expenditure Number Section   Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

**G. Expenses Paid By Committee**

Name of Payee Connecticut State University AAUP		Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1019 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Marcus White 316		City New Britain		State CT	Zip Code 06050
If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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) REF	Expenditure Number Section   Number G   REF		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$5,522.69
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 Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
Name of Payee SEIU		Date of Payment 12/06/2016		Method of Payment <input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1800 Massachusetts Ave NW		City Washington		State DC	Zip Code 20036
If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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) REF	Expenditure Number Section   Number G   REF		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$3,352.99
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 Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Labor United for Connecticut	Termination Report for Independent Expenditure Political Act

**G. Expenses Paid By Committee**

Name of Payee CPFU PAC		Date of Payment 12/06/2016	Method of Payment <input checked="" type="checkbox"/> Check # 1021 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Columbus Blvd		City Hartford	State CT	Zip Code 06106
If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) 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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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) REF	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,104.54
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 Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	
<b>Total of Section G</b>				<b>\$109,435.58</b>

<b>III. EXPENDITURES (Sections G - J)</b>					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Labor United for Connecticut				Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original	
<b>H. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American Express</span> </div> 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
<b>Total of Section H</b>					

<b>III. EXPENDITURES (Sections G - J)</b>				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Labor United for Connecticut			Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original	
<b>I. Expenses Incurred By Committee but Not Paid During this Period</b>				
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
<b>Total of Section I</b>				

**III. EXPENDITURES (Sections G - J)**

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>	<b>TYPE OF REPORT</b>
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) - Original
<b>J. Itemization of Reimbursements and Secondary Payees</b>	

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G	
		Check #	Debit Card      EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State      Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate?  Yes                      No                      If yes, complete Section J. Addendum	Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)		Office Sought	Supported  Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum  Yes                      No	Purpose of Expenditure (by code)	Expenditure Number  Section      Number  J                                             Number	Associated with Referendum?  Yes                      No
			Amount

**Total of Section J**

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>	<b>TYPE OF REPORT</b>
Labor United for Connecticut	Termination Report for Independent Expenditure Political Action Committees (Non Standard) -
<b>K. Five Largest Contributions Disclosed in Communication</b>	

Source of Contribution - Name of Person Making Contribution	Expenditure Number	Section	Number
Address of Person Making Contribution - City	State	Zip Code	
Source of Contribution - Name of Individual who Signed Check 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	Termination Report for Independent Expenditure Political Action Committees (Non-Standard) - Original
<b>L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication</b>	

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
<b>G. Expenses Paid By Committee - Addendum</b>	
Expenditure Number as reported in Section G <b>G</b>	Total Amount of the Expenditure

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



### Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
<b>H. Expenses Incurred on Committee Credit Card - Addendum</b>	
<b>Expenditure Number as reported in Section H</b>	<b>Total Amount of Expenditure</b>
<b>H</b>	

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		
<b>I. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>			
<b>Expenditure Number as reported in Section I</b>	<b>Total Amount of the Expenditure</b>		
<b>I</b>			
Description	Expenditure Code		
Name of Candidate	Office Sought (if applicable)	Supported	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**

<b>Expenditure Number as reported in Section J</b>  <b>J</b>	<b>Total Amount of the Expenditure</b>
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Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported  Opposed	Amount Allocated