

SEEC FORM 20

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



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Do Not Mark This Space For  
Official Use Only

SUMMARY PAGE

<b>1. NAME OF COMMITTEE</b>			
Connecticut Education Association Political Action Committee			
<b>2. TREASURER NAME</b>			
Title	First	MI	Last
MR.	Eric		Feeney
<b>3. TREASURER ADDRESS</b>			
Street Address		City	State
21 Oak Street, Suite 500		Hartford	CT
		Zip Code	06106
<b>4. ELECTION/REFERENDUM DATE</b>		<b>5. OFFICE SOUGHT (Complete only if Candidate Committee)</b>	
(mm/dd/yyyy)			
<b>6. DISTRICT NUMBER (if applicable)</b>			
<b>7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)</b>			
Title	First	MI	Last
<b>8. TYPE OF REPORT (Check One Box)</b>			
<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 (PACs ONLY)
<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 (State Central Committees Only)	<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		
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
10/22/08		thru 12/31/08	
<b>10. CERTIFICATION</b>			
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.			
		Philip Apruzzese	
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	
		1-12-09	
		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	
CEA PAC	1/12/09	
	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		\$ 75,789.45
12. Balance on hand at the beginning of Reporting Period	\$ 75,789.45	
13. Contributions received from Individuals (Sections A and B)	—	—
14. Receipts from Other Committees (Sections C1 and C2)	—	—
15. Other Monetary Receipts (Sections D-K)	—	—
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	—	—
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	—	—
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	—	—
17. Total Monetary Receipts (add totals for lines 13-16c)	—	—
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$ 75,789.45	\$ 75,789.45
19. Expenses Paid by Committee (Section P)	\$ 4,500.00	\$ 4,500.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$ 71,289.45	\$ 71,289.45
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O)		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b> <u>CEA PAC</u>	<b>FILING DUE DATE</b> <u>1/20/09</u>
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<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section A</b> \$
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**B. Itemized Contributions from Individuals**

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>	
Residential Street Address	City	State	Zip Code		Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input 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	

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>	
Residential Street Address	City	State	Zip Code		Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input 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	

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>	
Residential Street Address	City	State	Zip Code		Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input 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	

Last Name	First	MI	Principal Occupation	<b>Amount of Contribution</b>	
Residential Street Address	City	State	Zip Code		Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input 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	

<b>SUBTOTAL Section B-This Page</b>	
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<b>TOTAL of additional Section B Pages</b>	
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<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 13 of Summary Page)</b>	
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**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b> CEN DAC	<b>FILING DUE DATE</b> 1/12/09
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**C1. Contributions from Other Committees**

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

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

Name of Committee			Name of Treasurer			
Address			Date Received		Amount of Receipt	
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Payment for goods and services			
Name of Committee			Name of Treasurer			
Address			Date Received		Amount of Receipt	
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Payment for goods and services			

**SUBTOTAL Section C-This Page**

**TOTAL of additional Section C Pages**

**TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)**

**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b> <span style="font-size: 1.5em; font-family: cursive;">CEA PAC</span>	<b>FILING DUE DATE</b> <span style="font-size: 1.5em; font-family: cursive;">11/2/09</span>
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**D. Loans Received this Period**

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

**Total Section D**    \$

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

Name of Entity			
Street Address	Date Received	Amount Received	
City      State      Zip Code	Aggregate Contributions		
Name of Entity	Date Received		
Street Address	Date Received	Amount Received	
City      State      Zip Code	Aggregate Contributions		
Name of Entity	Date Received		
Street Address	Date Received	Amount Received	
City      State      Zip Code	Aggregate Contributions		

**Total Section E**    \$

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

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

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

Date of Receipt	Date of Receipt	Total Transfers
_____	_____	
Amount	Amount	\$
_____	_____	

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

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

**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b> CEA PAC	<b>FILING DUE DATE</b> 1/21/09
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**I. Anonymous Contributions (Specify dollar amount of the bills received)**

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

**J. Interest from Deposits in Authorized Accounts**

Date Received	Amount	Date Received	Amount	Total Amount Received
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	Zip Code		
City	State	Zip Code		

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received
Street Address	City, State, Zip Code	
Description		\$
Name	Date of Transaction	Amount Received
Street Address	City, State, Zip Code	
Description		\$
Name	Date of Transaction	Amount Received
Street Address	City, State, Zip Code	
Description		\$

**Total Section K**

\$

**Summary of Other Monetary Receipts (Sections D-K)**

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

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> CEA PAC	<b>FILING DUE DATE</b> 11/2/09
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**L1. Fundraiser Event Information**

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

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

**SUBTOTAL Section L1 (Town Committees ONLY) Total Receipts-This Page**

**TOTAL of additional Section L1 Pages** +

**TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)**

## II. FUNDRAISING EVENT ACTIVITY

<b>NAME OF COMMITTEE</b> <i>CEA PAC</i>	<b>FILING DUE DATE</b> <i>11/21/09</i>
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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>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						
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	Date Received	Event #	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code			
Items Purchased						

<b>SUBTOTAL Section L2-This Page</b>	
<b>TOTAL of additional Section L2 Pages</b>	
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS</b> <i>(Enter total on Line 16h of Summary Page)</i>	



**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> <i>CEA PAC</i>	<b>FILING DUE DATE</b> <i>11/2/09</i>
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**L3. 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
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		

<b>SUBTOTAL Section L3-This Page</b>				
<b>TOTAL of additional Section L3 Pages</b>				
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)</b>				

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> CEA PAC	<b>FILING DUE DATE</b> 1/21/09
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**L4. In-Kind Donations Not Considered Contributions**

Name of Donor				Donation given by:	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address				Aggregate value for this event	
Description of donation				Date Received	Event #
<b>SUBTOTAL Section L4-This Page</b>					
<b>TOTAL of additional Section L4 Pages</b>					
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)</b>					

