## **SEEC FORM 20**

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





Page 1 of 17

## **SUMMARY PAGE**

1. NAME OF COMM	ITTEE					
Connection	tt Ec	lucation Associ	ation `	Political +	Action Cor	unittee
2. TREASURER NAM	ИE					
Title	First	ic	MI	Last Feener	1	Suffix
3. TREASURER ADD	RESS					
Street Address 21 Oak S	treet,	Siirte 500	+laAfo	rd	State	Zip Code (SQIOC)
4. ELECTION/REFE	RENDUM D	ATE 5. OFFICE SOUGHT (Ca	omplete only if Ca	ndidate Committee)	6. DISTRICT	
(mm/dd/yyyy)						
7. CANDIDATE NAM	ME (Complet	te only if Candidate or Exploratory	Committee)			
Title	First		MI	Last		Suffix
8. TYPE OF REPORT	Γ (Check On	e Box)				
January 10 filing		☐ 7th day preceding pr	rimary 🗆	7th day preceding refe	erendum 🔲 Initia	Contribution or Disbursement (PACs ONLY)
☐ April 10 filing		☐ 30 days following pr	rimary 🗆	45 days following ref	erendum 🔲 Amei	ndment to
☐ July 10 filing		☐ 7th day preceding el	lection	Deficit	Тур	e of Report:
☐ October 10 filing	g	☐ 12th day preceding (State Central Commi		Termination		
☐ Independent Exp ☐ Primary	enditure DElection	☐ 45 days following e not held in Novemb				
9. PERIOD COVERE	D					
		Beginning Date		Ending D	ate	
		10/22/08	thr	u 13/3//0	8	
			). CERTIFICAT	ION		
I hereby certify a  Disclosure State	and state, the ment for	under penalties of false staten the period covered is true, ac	ment, that all occurate and con	f the information set applete.	t forth on this Itemiz	ed Campaign Finance
TREASURER OR D	EPUT <b>VI</b> K	EASURER (SIGNATURE)	PRINT NA	ME OF SIGNER		DATE (mm/dd/yyyy)
					ivot kajilet	Rodo de la Parte de Pittalia.
		PENALTY FOR FALSE S \$1,000, OR IMPRISONME	STATEMENT IS ENT FOR NOT M	PUNISHABLE BY FII NORE THAN ONE YEA	NE NOT TO EXCEED R, OR BOTH.	

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
CEA DAC	1/12/09	
	COLUMN A	COLUMN B
	This Period	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) Town Committees ONLY		
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)		
Municipal and Town 16c. Total Purchases of Advertising in a Program Book (Section L3) Committees ONLY		
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)		1
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	I. MONETARY RE	CEIPT	S (Se	ctions A-K)				Page 3 of 17
NAME OF COMMITTEE						FILING I	DUE DATE		
A. Total Contributions from Sn	all Co	ntributors-Receive	ed this	Perio	od ONLY	1 (12	107		
(See instructions for definition of Small Con					otal Section A	\$			
		B. Itemized Con		ons i					
Last Name	First		MI		Principal Occupat	ion			Amount of Contribution
Residential Street Address	City	State	Zip Code	!	Name of Employe	er			
ls contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	munici	ribution is in excess of \$40 ipality does contributor or ipality valued at more than	business h	e/she is		have a co			
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #	es Io	Is contributor a principal If yes, indicate which of government the contributions is a second contribution of the contribution	h branch	or bran		_	□ No		
Method of contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit	Card 🗆 I	Payroll Deduction   Mo	ney Order	Date	Received		Aggregate contributions	5	
Last Name	First		МІ		Principal Occupat	ion			Amount of Contribution
Residential Street Address	City	State	Zip Code	;	Name of Employe	er		$\dashv$	Contribution
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	munici	ribution is in excess of \$40 ipality does contributor or ipality valued at more than	business h	e/she i		have a co			
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a princip.  If yes, indicate which of government the contributor as a princip.	ch branch	or bran	ches	ive state co	☐ No Legislative		
Method of contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit	Card 🗆 1	Payroll Deduction	ney Order	Date	Received		Aggregate contribution	s	
Last Name	First		MI		Principal Occupa	tion			Amount of Contribution
Residential Street Address	City	State	Zip Cod	2	Name of Employ	er			Contribution
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	munici	tribution is in excess of \$4 ipality does contributor or ipality valued at more than	business h	e/she i		have a co			
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a princip  If yes, indicate whi  of government the c	ch branch	or bran	iches		ontractor? Yes No Legislative		
Method of contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit	Card 🔲	Payroll Deduction   Mo	ney Order		Received		Aggregate contribution	s	
Last Name	First		MI		Principal Occupa	tion			Amount of Contribution
Residential Street Address	City	State	Zip Cod	c	Name of Employ	cr	***************************************		Contribution
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	munic	tribution is in excess of \$4 cipality does contributor or cipality valued at more that	business l			n have a co			
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #		Is contributor a princip  If yes, indicate whi  of government the c	ch branch	or brar with:	nches		ontractor? Yes No Legislative Aggregate contribution		
Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit	Card 🗆	Payroll Deduction   Mo	ney Order	1	. necesveu		- DB Bare contribution		
				**	su	втот	AL Section B-Thi	s Page	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					TOTAI	of add	itional Section B	Pages	
TOTAL OF ALL CONTRIB	UTIONS	FROM INDIVIDUA	LS (Sect	ions A	& B) (Enter t	otal on L	ine 13 of Summary	Page)	

			TARY RECEIP			Page 4 of 17
NAME OF COMMITTEE	<u>C</u> ~	#(; e)	***		FILING DUE DATE	9
The second secon	C).	Contrib	outions from O	ther Com	mittees	
Name of Committee		COMM		Name of T		garantee (1939) - Kee (1979) - Marie
Address			Is this contribution a	ssociated with	n a Yes If yes, list	Amount of Contribution
			fundraising event lis	ted in Section	L1? No Event#	
City	State	Zip Code	Date Recei	ved	Aggregate Contributions	
Name of Committee				Name of T	reasurer	<del></del>
Address			Is this contribution a fundraising event lis		h a ☐ Yes <i>If yes</i> , list L1? ☐ No Event#	Amount of Contribution
City	State	Zip Code	<u> </u>		Aggregate Contributions	
N 60 in				Name of T	Pageurar	
Name of Committee				Name of 1	icasuici	
Address			Is this contribution a			Amount of Contribution
City	State	Zip Code	<u> </u>		Aggregate Contributions	<u>-</u>
		,				
Name of Committee				Name of 1	reasurer	
Address	11748-0		Is this contribution	associated wit	ha Yes If yes, list	Amount of Contribution
		In a	fundraising event li	sted in Section	1 L1? No Event#	_
City	State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee				Name of T	Treasurer	
Address			Is this contribution fundraising event li	associated wit sted in Section	th a Yes If yes, list n L1? No Event #	Amount of Contribution
City	State	Zip Code	<u></u>		Aggregate Contributions	
				Name of	Francusar	
Name of Committee				Name of	reasurer	
Address			Is this contribution			Amount of Contribution
City	State	Zip Code			Aggregate Contributions	
•		'				
C2.	Reimbursements.	Pavmen	its. or Surplus	Distribut	ions from other Commi	ttees
Name of Committee		•	Name	of Treasurer		
Address			Date F	Received		Amount of Receipt
City	State	Zip Code			<u></u>	_
City	State	Zip code			for shared expense Surplus ods and services Distribut	tion
Name of Committee			Name	of Treasurer		<u> </u>
Address			Date I	Received		Amount of Receipt
City	State	Zip Code	/ UI		t for shared expense Surplus ods and services Distribut	tion
			<u> </u>	<u>.                                      </u>	3TOTAL Section C-This Pag	
		**************************************				CONTRACTOR OF THE CONTRACTOR O
				A PART CLASSIC	L of additional Section C Pag	
TOTAL OF ALL CON	MITTEE CONTRI	RUTIONS	AND RECEIPTS	(Enter tota	l on Line 14 of Summary Page	e)

41.7	I.	MONETAR	Y RECEIPT	S (Sections A-K)		Page 5 of 17
NAME OF COMMITTEE			(1 <del></del>	FILING	DUE DATE	
CEA PAC		ent and the outside of			12/09	
		D. Loans	Received t	his Period	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-44, 4
Name of Lender				Source of Loan:	Is there a Cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code	☐ Bank ☐ Candidate	this loan?  Yes (if yes list name and address of	
Name of Cosigner/Guarantor				☐ Individual ☐ Other Committee	Cosigner/Guarantor)	
Street Address	City	State	Zip Code	Date of Receipt	-	
Name of Lender		· · · · · · · · · · · · · · · · · · ·		Source of Loan:	Is there a Cosigner	Amount Received
Street Address	City	State	Zip Code	☐ Bank ☐ Candidate	or Guarantor of this loan?  Yes (if yes list	
Name of Cosigner/Guarantor		'		☐ Individual ☐ Other Committe	name and address of Cosigner/Guarantor)  e	
Street Address	City	State	Zip Code	Date of Receipt		•
		20010-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
		Daries Deligio Comi				S Series of Participation
	Entities other	than Indivi	iduals or Of	her Committees (Referer	idum Committees ON	LY)
Name of Entity						
Street Address				Date Received		Amount Received
City	State	Zip Code		Aggregate Contributions		1
Name of Entity	<u> </u>					
				To a contract of		
Street Address				Date Received		Amount Received
City	State	Zip Code		Aggregate Contributions		-
N. A.F. Carrier			•	<u> </u>		
Name of Entity						
Street Address				Date Received		Amount Received
City	State	Zip Code		Aggregate Contributions		-
					Total Section I	s
F. Amount T	ransferred fr	om Affiliat	ed Business	Treasury (Business Entity	Committees ONLY)	
Date of Receipt	Amount		Date of Receip	t Amount		Total Transfers
Is this transaction associated with a fundraising event listed in Section L1?	☐ Yes If yes, li			tion associated with a Yes	If yes, list Event #	1
	□ No Event#		<u> </u>			<b>\$</b>
G. Amount Transferred ! Date of Receipt	from Affiliate	d Labor Un	Date of Rec		TY (Organization Con	nmittees ONLY) Total Transfers
Amount		_	Amount	-		
		on the state of th				S
H. Person	al Funds of th	ie Candidat	te Keceived	this Period (Candidate Co	ommittees ONLY) <u> </u>	Total
Date of Receipt	Method	of payment:	Date of Receip	ot	Method of payment:	Amount Received
Amount	☐ Pers	onal Check lit/Debit Card	Amount		Personal Check Credit/Debit Card	,

Amount Received    Amount   Am	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				RY RECEIPTS (Section		-/				Page 6 of 1
Amount Received Amount Contributions (Specify dollar amount of the Silts received)  Amount Section State Received Amount Received State Received Amount Received State S	AME OF COMMITTEE					. 1771.275 (1.38) 1.38	FILI	VG DUE D	ATE	1 1 1	
Date Received   Annount   Dee Received   Annount   Total Annount Received   Annount Received   Annount Received   Annount Received   Stabils   St bills	CEA PAC				-3. 9. 984- x 2./	- 1.2m / nXnX		ЩИ		70-90 to Car	
Amount Received  \$1 bills			ymous Cont	ribut		ount of th	e bills r	eceived)			Tatal
Sincer Address   Sate   Zap Code   State   Zap Code	ate Received	Amount			Date Received	ļ.	Amount			].	
Sincer Address   Sate   Zap Code   State   Zap Code	A. 1. 11	es hills			01 L:31-		\$5 bil	le .			
Super Address   Super Addres	\$1 bills	** Julis –			\$1 bills	<del></del>	95 OH		<del></del>		
J. Interest from Deposits in Authorized Accounts  Date Received  Amount Total Amount Received  Amount Received  Date Received  Amount Received  Amount Received  Amount Received  Amount Received  Amount Received  Date of Institution  Street Address  City  State  Zip Code  State  Amount Received  Amount Received  Amount Received  Street Address  City  State  Zip Code  Amount Received  Street Address  City  State  Zip Code  Amount Received  Street Address  City  State  Zip Code  Amount Received  Street Address  Street Address  City  State  Zip Code  State  Amount Received  Amount Received  Street Address  Street Address  Street Address  City  State  Zip Code  State  Sta	coins	\$10 bill_			coins		\$10 bi	11			
Amount Received Name of Institution Name Name Name Name Name Name Name Name				1111				i san e		72.5 V	·
Name of Institution  Stace Address			J. Interest II	rom L		a Acco					
Invest Address    State					N. Clark	4	}				Amount Received
State   Zip Code   Zip Code   State   Zip Code   Zip Code   Zip Code   Zip Code   Zip Code   Zip Code   Zi	Name of Institution				Name of Institution					1	
Same   Street Address   City   State   Zip Code   Street Address   Street Address   City   State   Zip Code   State   Zip	treet Address				Street Address						
Same   Street Address   City   State   Zip Code   Street Address   Street Address   City   State   Zip Code   State   Zip		10	la o i		0		Ig		7:- C-4-	_	
Name   City   State   Zip Code   Zip Code	City	State	Zip Code		City		State		Zip Code	:	5
Name   City   State   Zip Code   Zip Code	and the transfer of the same o		laneous Mo	netar	v Receints not Consi	dered (	Contri	hutions		(dec. s.)	ung sajigu akedigi saji in
Description    State   Date of Transaction   Section   S		AND COLOR	201100110 1/10	220121	<u> </u>					-	
Description    State   Date of Transaction   Section   S				· · · · · · · · · · · · · · · · · · ·				T7:- 0-4		_	
Name   Date of Transaction   State   Zip Code   State   Zip Code   Street Address   Street Address   Street Address   Street Address   Date of Transaction   Street Address   Street Address   Date of Transaction   Street Address   Street Address   Date of Transaction   Street Address   Date of Transaction   Street Address   Stre	Street Address			City		State		Zip Code		ļ	
Name    City   State   Zip Code   State   Stat	Description	****		<u> </u>				1			
Street Address    City   State   Zip Code   State   Signature   State   Signature   Signat			<u>.</u>								\$
Description  Street Address  City  State  Zip Code  State  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 Interest from Deposits in Authorized Accounts (Section J)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	Name						Date of T	ransaction			Amount Received
Description  Street Address  City  State  Date of Transaction  State  Description  State  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 Interest from Deposits in Authorized Accounts (Section J)  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)  + Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	Street Address			City		State	L	Zip Code		$\dashv$	
Name   Date of Transaction   Amount Receive   Street Address   City   State   Zip Code   Street Address   Zip Code   Street Address   State   Zip Code   Zip											
Name Street Address  City  State  Zip Code  State  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 Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +	Description	· <del>-</del>					-				
Street Address  City  State  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)  +	Name						Date of 7	Fransaction		$\dashv$	
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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) +				M wj					Cotal Section	, K	s
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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) +						y (Sectio	n G)				<del>-:</del>
Total Amount of Interest from Deposits in Authorized Accounts (Section J) +  Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +	******	····		vea thi	s Period (Section H)		<del></del>				
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +				ccount	s (Section I)			<del></del>			· <del></del>
							<del></del>				
Total of Other Highers Treeshed Cras comon a									\$ 354		

	II. I	FUNDRAISIN	IG EVE	NT ACTIVITY			Page 7 of 17
NAME OF COMMITTEE					FILING DUE DAT	<b>B</b> \	
$ \alpha$ $\gamma$ $\gamma$ $\gamma$	Y.	Fundraiser	Front	Information	THE		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street			City	State	Zip Code
Subpart 1: (All Committees) Was this fundraising event ho	sted at a personal residence?	1	☐ Yes	(If yes, go to Section I and complete required beverage and invitation	l information for purc		
Did this fundraiser include ite \$100 or items donated by an in	ems donated by a business enti ndividual of up to \$50?	ty of up to		(If yes, go to Section I and complete required		s not Considered	Contributions
Was this fundraiser a tag sale, with purchases from an indivi-		ted items		(If yes, go to Section L Donated Items.)	2 Proceeds from Tag	g Sale, Auction, o	r Other Sale of
with this fundraiser?	ertising space in a program boo			(If yes, go to Section and complete require		ertising Space in	a Program Book
Subpart 3: (Town Committee Did your committee sell food gathering held within the stat	l or beverage at a fair or simila	ar mass	☐ Yes	(If yes, enter Total R	eceipts from small p	urchases here.)	\$
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Fundraising Event # Date of Fundraiser  Letter	Description	Location: Street	Address		City	State	Zip Code
Subpart 1: (All Committees) Was this fundraising event ho	osted at a personal residence?		□ No	beverage and invitation	d information for purc ons.)	chases made by ho	st(s) for food,
\$100 or items donated by an i			□ Yes	(If yes, go to Section) and complete require		s not Considered	Contributions
Was this fundraiser a tag sale, with purchases from an indivi	, auction, or other sale of dona idual of up to \$50?	ated items	□ Yes	(If yes, go to Section I Donated Items.)	L2 Proceeds from Ta	ng Sale, Auction, o	or Other Sale of
	ees and Municipal Candidate ertising space in a program bo			(If yes, go to Section and complete require		vertising Space in	a Program Book
Subpart 3: (Town Committee Did your committee sell food gathering held within the state	d or beverage at a fair or simil	ar mass	□ Yes	(If yes, enter Total R	deceipts from small p	ourchases here.)	\$
		SUBTOTAL S	ection L	(Town Committees	ONLY) Total Rec	eipts-This Page	
		*		TOTA	L of additional Se	ection Li Pages	+
	TOTAL OF ALL REC	CEIPTS FRO	M SEC	TION L1 (Enter to	tal on Line 16a of	Summary Page,	

		II. F	U <b>NDRA</b> I	SING E	VENT	r activity	Page 8 of 17
NAME OF COMMITTEE						FILING DUE DATE	
CEA PAC						1/12/09	
L2.	Proceeds	from Ta	g Sale, A	Auction	, or C	Other Sale of Donated Items	normalista en la
Name of Purchaser Last Name (Individuals ONLY)		First	<b>6</b>		МІ	Method of payment:  ☐ Cash ☐ Personal Check ☐ Credit	Aggregate /Debit Card Amount of
Residential Street Address	City		State	Zip Code	1	Date Received Event #	Purchases
Items Purchased	<u> </u>		l	_1		.1	
Name of Purchaser Last Name (Individuals ONLY)		First		, · · · · · · ·	MI	Method of payment:	Aggregate
Residential Street Address	City		State	Zip Code	<u> L</u>	□ Cash □ Personal Check □ Credit  Date Received Event #	/Debit Card Amount of Purchases
Items Purchased				1		,L	
Name of Purchaser Last Name		First			МІ	Tree and a	
(Individuals ONLY)		Pust			IVII	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit	
Residential Street Address	City		State	Zip Code		Date Received Event #	Purchases
Items Purchased	•						
Name of Purchaser Last Name (Individuals ONLY)		First			MI	Method of payment: ☐ Cash ☐ Personal Check ☐ Credi	, Aggregate t/Debit Card Amount of
Residential Street Address	City	<u> </u>	State	Zip Code	<u> </u>	Date Received Event #	Purchases
Items Purchased			<u> </u>				
Name of Purchaser Last Name		First			MI	Method of payment:	Aggregate
(Individuals ONLY) Residential Street Address	City		State	Zip Code		□ Cash □ Personal Check □ Credi □ Date Received □ Event #	t/Debit Card Amount of Purchases
Items Purchased							
Name of Purchaser Last Name (Individuals ONLY)		First			MI	Method of payment: ☐ Cash ☐ Personal Check ☐ Credi	t/Debit Card Aggregate Amount of
Residential Street Address	City		State	Zip Code	1	Date Received Event #	Purchases
Items Purchased	1						
Name of Purchaser Last Name (Individuals ONLY)		First				Method of payment:  ☐ Cash ☐ Personal Check ☐ Credi	Aggregate t/Debit Card Amount of
Residential Street Address	City		State	Zip Code	!	Date Received Event #	Purchases
Items Purchased		, <u>.</u>	.1	<u> </u>			
Name of Purchaser Last Name		First				Method of payment:	Aggregate
(Individuals ONLY) Residential Street Address	City		State	7: 0.1		☐ Cash ☐ Personal Check ☐ Credi	t/Debit Card Amount of Purchases
	City		State	Zip Code		Date Received Event #	Turchases
Items Purchased							
Name of Purchaser Last Name		First				Method of payment:	Aggregate
(Individuals ONLY) Residential Street Address	City		State	Zip Code	<del></del> -	☐ Cash ☐ Personal Check ☐ Credi  Date Received Event #	t/Debit Card Amount of Purchases
Items Purchased	j						
and the second of the second s		yi v de salah		s de la company	i i	SUBTOTAL Section L2-	This Page
	30.76 a.c. 49					TOTAL of additional Section	n L2 Pages
						ONS OR OTHER SALES OF DONATE	ED ITEMS
		**. **.		n tytely		(Enter total on Line 16b of Sumn	(ary Page)

		FUNDRAIS	ING EVENT	ACTIVITY	<u> </u>		Page 9 of 17
AME OF COMMITTEE  CFA PAC					FILING DUE	DATE TO 9	<u> </u>
L3. Purch	ases of Advertising	in a Progran	1 Book (Muni	icipal Candid	ate and Town C	ommittees ONLY)	
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
treet Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser	•		•	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes	Event #		
Name of Purchaser			<u> </u>	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser	·			Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser	<u></u>		<u> </u>	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser		. I.		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes☐ No	Event #		
Name of Purchaser		<b>_</b>		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes	Event #		
Name of Purchaser			- \	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes	Event #		
Name of Purchaser	<u> </u>	I	<u> </u>	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser	<b>I</b>		•	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser			<u> </u>	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes	Event #		
		,		SI	JBTOTAL Sect	ion L3-This Page	
			i i	TOTAL	of additional Se	ction L3 Pages	
TOTAL OF ALL PL	RCHASES OF ADVER	TISING IN A P	ROGRAM BO	OK (Enter 1	otal on Line 16c	of Summary Page)	

		DRAISING EVE			Page 10 of 17
NAME OF COMMITTEE	_			FILING DUE DATE	
<u> </u>	L4. In-Kind Don	ations Not Cons	idered Contrib	outions	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation		<u></u>	Date Received	Event #	
Name of Donor			. <u> </u>	Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation			Date Received	Event #	
Name of Donor				Donation Individual given by: Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation	L		Date Received	Event #	
Name of Donor			1	Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation	L		Date Received	Event #	-
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation	<u></u>		Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donatio
Street Address	City	State	Zip Code	given by:  Business Entity  Aggregate value for this event	- Value of Donatio
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market
Street Address	City	State	Zip Code	given by: Business Entity  Aggregate value for this event	Value of Donatio
Description of donation			Date Received	Event#	
Name of Donor				Donation ☐ Individual	Fair Market
Street Address	City	State	Zip Code	given by: Business Entity  Aggregate value for this event	Value of Donatio
	City	State		Event #	
Description of donation			Date Received	Event#	
			6.79.76	UBTOTAL Section L4-This Page	
			TOTA	AL of additional Section L4 Pages	
TOTAL OF ALL IN-KIND	DONATIONS NOT CONSIL	DERED CONTRIBU	ITIONS (Enter to	tal on Line 21 of Summary Page)	

					III. NON	NMONETAI	RY RE	CEIPT	S				Page 11 of 17
NAME OF COMMITT	~ ^ ~								FII	ING DUE I	ATE //		in spêr <b>ik</b> ûsyêsi
<u> ('EA</u>	DAC	/	(J.J.K.)			VI AC		MIN S		<u> </u>	109	r i	
Name	gastotii S		igitātijs	. A. 188	<u> </u>	n-Kind Con			ontributor:	1.02951691 <u>9</u>	ACCESS OF THE WOODS		Fair Market
Street Address	· · · · · · · · · · · · · · · · · · ·		City		State	Zip Code			Individual Committee				Value of this Contribution
						<u> </u>			Other (Appli		Referendum Comn	ittees)	
Is contributor a lobbyist or dependent child of a		_ 1 _ 1		municipali	ty does contr	ess of \$400 to a ibutor or busine nore than \$5,000	ess he/she		ated with hav		with said		
Date Received	Is this contrib fundraising e If yes, list E	vent lis	sted in S		☐ Yes ☐ No	Description of I	In-Kind Co	ntribution			Aggregate contrib	outions	
Name							Т	ype of Co	ontributor: Individual				Fair Market Value of this
Street Address			City		State	Zip Code			Committee Other (Appli	•	Referendum Comn	nittees)	Contribution
Is contributor a lobbyis or dependent child of a				municipali	ity does contr	ess of \$400 to a ributor or busine more than \$5,00	ess he/she	e commit is associ Yes	ated with hav	ef executive of ex	officer of a with said		
Date Received	Is this contril fundraising e	event li	sted in S		☐ Yes ☐ No	Description of	In-Kind Co	ontribution			Aggregate contri	butions	
Name	<u> </u>	-					Т		ontributor: Individual				Fair Market Value of this
Street Address			City		State	Zip Code			Committee Other (Appl		Referendum Comi	nittees)	Contribution
Is contributor a lobbyis or dependent child of a				municipal	ity, does cont	ess of \$400 to a tributor or busin- more than \$5,00	ness he/sh		iated with ha				
Date Received	Is this contri fundraising of If yes, list I	event li	sted in S	ed with a	☐ Yes	Description of		ontribution	1		Aggregate contri	butions	
Name Street Address			City		State	Zip Code	7	ype of C	ontributor: Individual Committee				Fair Market Value of this Contribution
Is contributor a lobbyis or dependent child of a			Yes No			cess of \$400 to a			ttee for a chi	ef executive		mittees)	
•	,					more than \$5,00		☐ Yes			Aggregate contri	butions	 
Date Received	Is this contri fundraising of If yes, list I	event li	sted in	section L1?	☐ Yes ☐ No	Description of			•		30 0		:
Name							7	ype of C	ontributor: Individual		_		Fair Market Value of this
Street Address			City		State	Zip Code			Committee Other (Appl	icable only to	Referendum Com	mittees)	Contribution
Is contributor a lobbyis or dependent child of a				municipal	lity does cont	cess of \$400 to a ributor or busing more than \$5,00	ess he/sh	is assoc	iated with ha	ef executive ve a contrac	t with said		
Date Received	Is this contri fundraising If yes, list	event l	isted in		Yes No	Description of	f In-Kind C	contributio	n		Aggregate contr	ibutions	
			* .						SUB'	TOTAL S	ction M-This	Page	
	V.	N.				San	141	4,6	TOTAL	f addition	al Section M P	ages	
			T	OTAL OF	ALL IN-K	IND CONTR					of Summary Po		
N. Refunda	ible Depo	sit to	Tele	phone C	ompany		(N) per	TE: Th sonal fui	is section re ids to benefi	ters only to t the commi	idvances of depo tee, not deposits	sits by i made b	ndividuals fron y the committee
Last Name of Individual		***		Fir	rst				MI		posit Made		Amount of Deposit
Residential Street Address	s			Ci	ty		State	Zi	p Code				•
Name of telephone compa	any				<del></del>	·	<u> </u>			<del> </del>			
Street Address				City	<del>. "</del>	2 TV	S	atc	Zip Code				
		74 E				Total Sect	tion N /	nter to	al on Line	23 of Sum	nary Page)		

	III. NONMONETA	RY RECEIF		Page 12 of 17
NAME OF COMMITTEE  CEAPAC			1112109	and the second
O. Non-Mone	tary Receipts of Orga	nization Ex	penditures Made By	
Legislative L Name of Committee (Legislative Leadership, Legislative Caucus, as	eadership, Legislative nd Party Committees ONLY)	Name of Treas	u rarty committee	a namen er
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	1
Description of Donation	, L.		Purpose of Expenditure (see instructions)  A B C D E	]
Name of Committee (Legislative Leadership, Legislative Caucus, a.	nd Party Committees ONLY)	Name of Treas		<u> </u>
				I mar service
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	]
Description of Donation			Purpose of Expenditure (see instructions)  \[ \begin{array}{c c} A \equiv B \equiv C \equiv D \equiv E \end{array} \]	
Name of Committee (Legislative Leadership, Legislative Caucus, a	nd Party Committees ONLY)	Name of Trea		<u> </u>
Street Address			Date Notice Received	Fair Market Value
				of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions,	]
Name of Committee (Legislative Leadership, Legislative Caucus, a	and Party Committees ONLY)	Name of Trea		·
Street Address			Date Notice Received	Fair Market Value
				of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation	1		Purpose of Expenditure (see instructions)	1
Name of Committee (Legislative Leadership, Legislative Caucus, 4	and Party Committees ONLY)	Name of Trea		<u> </u>
			Date Notice Received	Fair Manha St. 3
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure (see instructions	)
Name of Committee (Legislative Leadership, Legislative Caucus,	and Party Committees ONLY)	Name of Tre		
Street Address			Date Notice Received	Fair Market Value
City	State	Zip Code	Aggregate Donations	of Donation
			Purpose of Expenditure (see instructions	,
Description of Donation				
Name of Committee (Legislative Leadership, Legislative Caucus,	and Party Committees ONLY)	Name of Tre	easurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations	7
Description of Donation		,	Purpose of Expenditure (see instructions	
	Total S	ection O (Ente	er total on Line 24 of Summary Page	

		IV. EXPEN	DITURES	3		Page 13 of 17
NAME OF COMMITTEE				FILI	NG DUE DATE	
CEA PAC	and the second s		44.77		<u> 1112709                                     </u>	
	P. F	xpenses Paid			M. J. D. CD.	
Name of Payce Democrats to New	N Leaders	úΩ		ام ا م	Method of Payment	Amount
Street Address	City ESSEX	State Zip Code	41/	10/24/08	Check #2430 Debit Card	
Purpose of Expenditure	ESSEX	ct ou	126		Event #	Ì
(by code) CNITRO	Cortrus	itun				Į
Type of Expenditure (if applicable):	Candidate(s) Name (if applicable)		Office S	ought	☐ Supported ☐ Opposed	
Coordinated with reimbursement sought Coordinated without reimbursement sought					<b>—</b> Оррозец	
Independent Organization (see Instructions)	1 140	~				اص محمد
	JE					5 JUW. 00
Name of Payee 2008	·	_		Date of Payment	Method of Payment	Amount
Street Address	City	State Zip Code		10/24/08	Check # 243 /	
	West Haven	CT 1065	olla	. (,	Event #	
Purpose of Expenditure (by code) CNTRB	Contribu	tur			Event	
Type of Expenditure (if applicable):	Candidate(s) Name		Office S	ought	Supported Opposed	
Coordinated with reimbursement sought Coordinated without reimbursement sought		000	~ ^	. 10 . 4		<u>'</u>
Independent ☐ Organization (see Instructions)	Sanc	- Dera	peri	House of	Representatives	s 7.50 · UD
	JE					s 750·5
Name of Payer Re- elect Ryan	<u> </u>			Date of Payment	Method of Payment	Amount
Street Address	City	State Zip Cod	82	1924/08	Debit Card	
	Uncersition Description	063	87	1424/00	Event #	
Purpose of Expenditure (by code) COTK	continuit	run			L. C.	ļ
Type of Expenditure (if applicable):	Candidate(s) Name (if applicable)		Office !	Sought	Supported Opposed	
☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou		0	7).		••	
Independent Organization (see Instructions)	Kevin	Ryan	t to	use of Ke	presentatives	762.00
	□ E					3450 <sup>-</sup>
Name of Payce Democratic Sero	te Migorit	U PAC		Date of Payment	Method of Payment	Amount
Street Address	City	State Zip Cod	/	10/38/08	Check # <u>243</u> 3	
196 Crown St Unit 26	Description.	1 0 100	510		Event #	-
(by code) WTRB	continh	dewn				]
Type of Expenditure (if applicable):	Candidate(s) Name (if applicable)	,	Office	Sought	☐ Supported☐ Opposed	
Coordinated with reimbursement sought		<i>l</i> .				
Independent  Organization (see Instructions)	$\sim$	6-				\$ 1000.00
	□ E					
Name of Payce				Date of Payment	Method of Payment	Amount
Street Address	City	State Zip Coo	le		☐ Check # ☐ Debit Card	ļ
Purpose of Expenditure	Description				Event #	1
(by code)	2 total pulsa.					<u> </u>
Type of Expenditure (if applicable):	Candidate(s) Name (if applicable)		Office	Sought	☐ Supported ☐ Opposed	
☐ Coordinated with reimbursement sough ☐ Coordinated without reimbursement sou						1
☐ Independent ☐ Organization (see Instructions)	-					
	□ E	S	Carallar ates	makkiya .	regiones da la compressió de la compressió	\$ (IV
				SUBTO	OTAL Section P-This Page	4500 BB
				TOTAL of	additional Section P Pages	f
Secretaria de la composição de la compos	TAL OF ALL EXPE	NSES PAID BY	COMMIT	TEE (Enter total or	ı Line 19 of Summary Page)	4500.

Street Address   City   State   Zip Code     Yes   No	Page 14 of 1		RES	XPENDITU	IV. E		
inter of Payer (Name of Vendor who candidate paid directly)  Est Address  City  State  City  Sta		ING DUE DATE	PIL				AME OF COMMITTEE
The of Payes (Vame of Vendor who condidate paid directly)  State   Zap Code   Date of Payment   Is Reimbursement Claimed?    Peer if			by Candidate	openses Paid	ampaign Ex	0.0	
Date of Payment   Description   Descriptio	Amount						nc of Payce (Name of Vendor who car
The proper of Expenditure   Description   Date of Payment   Is Reimbursement Claimed?   Yes   Payment	<b>!</b>			Zip Code	State	City	eet Address
get Address   City   State   Zip Code   Ves   No.      Peer if   Ves   No.     Peer if   Ves   No.     Peer if   Ves   No.     Peer if   Ves   No.     Peer if   Ves   No.     Peer if   Ves   No.     Peer if   Ves   No.     Peer if   Ves   No.     Peer if   Ves   No.     Peer if   N	<u> </u>	Event #		<u> </u>	•	Description	
No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Description   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Description   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Description   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Description   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Description   Description   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Description   Description   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Description   Description   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee of Expenditure   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Payee of Expenditure   Payee (Name of Vendor who candidate paid directly)   Payee o	Amount	Is Reimbursement Claimed?	Date of Payment	•		ndidate paid directly)	me of Payee (Name of Vendor who ca
Date of Payment   Is Reimbursement Claimed?   Percent #				Zip Code	State	City	cct Address
cet Address   City   State   Zip Code   Civent #    Event #    Is Reimbursement Claimed?    Yes   No    Page (Name of Vendor who candidate paid directly)    Event #    Event #	<b>]</b>	Event #	• •			Description	
No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payee (Name of Vendor who candidate paid directly)   Date of Payment   Is Reimbursement Claimed?   Yes   No   Payment   Paym	? Amount	Is Reimbursement Claimed?	Date of Payment			ndidate paid directly)	me of Payce (Name of Vendor who ca
ame of Payee (Name of Vendor who candidate paid directly)  reet Address    City   State   Zip Code				Zip Code	State	City	cet Address
Yes   No   Payer   Yes   No   No   Payer   Yes   No   Payer   Yes   No   No   No   Payer   Yes   No   No   Payer   Yes   No   No   Payer   No   No   Payer   Yes		Event #	•			Description	
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		V. EXPENDITUR			Page 15 of 17		
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	R. Expenses Inc	curred on Comm	ittee Credit C	ard.			
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<del>0</del>			1		☐ American Express		
			Other				
Name of Vendor				Date of Transaction	Amount		
	la:	C	17 - C-1-				
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Purpose of Expenditure	Description			Event #			
(by code)				D. CT.			
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Purpose of Expenditure (by code)	Description			Event #			
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TOTAL OF ALL EX	PENSES INCURRED ON COM	MITTEE CREDIT	CARD (Enter total	at on Line 27 of Summary Po	igė)		

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		IV. EX	KPENDITUI			Page 17 of 17		
NAME OF COMMITTEE	*********			FIL	ING DUE DATE			
T. Itemizati	on of Reir	nbursement	s to Commi	ttee Workers and	l Consultants			
ast Name of Worker/Consultant	First		МІ	Date of Payment	Method of Payment	Amount		
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