

SEEC FORM 20

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

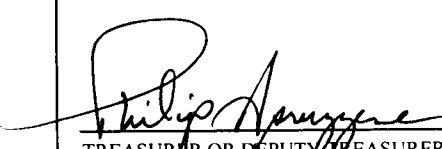


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SUMMARY PAGE

1. NAME OF COMMITTEE				
Connecticut Education Association Political Action Committee				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
Mr.	Eric		Feeney	
3. TREASURER ADDRESS				
Street Address		City	State	Zip Code
21 Oak Street, Suite 500		Hartford	CT	06106
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)		5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT (Check One Box)				
<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			
9. PERIOD COVERED				
Beginning Date		Ending Date		
10/22/08		thru 12/31/08		
10. CERTIFICATION				
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Philip Apruzzese PRINT NAME OF SIGNER		1-12-09 DATE (mm/dd/yyyy)
<p style="text-align: center;">PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</p>				

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

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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)

Page 3 of 17

NAME OF COMMITTEE <u>CEA PAC</u>	FILING DUE DATE <u>1/24/09</u>
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	
Subtotal Section A	\$

B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution	
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			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <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:			Amount of Contribution
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<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					
Last Name	First	MI	Principal Occupation	Amount of Contribution	
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			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <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:			Amount of Contribution
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<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					
Last Name	First	MI	Principal Occupation	Amount of Contribution	
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			
If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <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:			Amount of Contribution
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of contribution:		Date Received	Aggregate contributions		
<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					

SUBTOTAL Section B-This Page**TOTAL of additional Section B Pages****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)**

I. MONETARY RECEIPTS (Sections A-K)

Page 4 of 17

NAME OF COMMITTEE

FILING DUE DATE

CEN DAC

1/12/09

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 Event #				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 Event #				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 Event #				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 Event #				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 Event #				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 Event #				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)

Page 5 of 17

NAME OF COMMITTEE					FILING DUE DATE	
CEA PAC					11/21/09	

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

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			
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					
Street Address			Date Received	Amount Received	
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
Street Address			Date Received	Amount Received	
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
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
Amount	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
				\$

I. MONETARY RECEIPTS (Sections A-K)

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NAME OF COMMITTEE

FILING DUE DATE

CEA PAC

11/2/09

I. Anonymous Contributions (Specify dollar amount of the bills received)

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

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)	+
Total of Other Monetary Receipts (Add Sections D-K) (Enter total on Line 15 of Summary Page)	

II. FUNDRAISING EVENT ACTIVITY

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NAME OF COMMITTEE CEA PAC	FILING DUE DATE 11/12/09
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L1. Fundraiser Event Information

Fundraising Event # <small>Date of Fundraiser</small>	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 # <small>Date of Fundraiser</small>	Letter	Description	Location: Street Address	City	State	Zip Code
--	--------	-------------	--------------------------	------	-------	----------

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

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NAME OF COMMITTEE CEA PAC						FILING DUE DATE 11/21/09		
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		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code		Date Received	
Event #								
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		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code		Date Received	
Event #								
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		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code		Date Received	
Event #								
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		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code		Date Received	
Event #								
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		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code		Date Received	
Event #								
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		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code		Date Received	
Event #								
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		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code		Date Received	
Event #								
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		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code		Date Received	
Event #								
Items Purchased								
SUBTOTAL Section L2-This Page								
TOTAL of additional Section L2 Pages								
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 16h of Summary Page)</i>								

II. FUNDRAISING EVENT ACTIVITY

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NAME OF COMMITTEE

FILING DUE DATE

CEA PAC

11/2/09

L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
Name of Purchaser				Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code		Event #		
SUBTOTAL Section L3-This Page							
TOTAL of additional Section L3 Pages							
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)							

II. FUNDRAISING EVENT ACTIVITY

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NAME OF COMMITTEE CEA PAC					FILING DUE DATE 1/12/09	
L4. In-Kind Donations Not Considered Contributions						
Name of Donor					Donation given by:	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 given by:	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 given by:	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 given by:	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 given by:	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 given by:	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 given by:	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 given by:	Fair Market Value of Donation
Street Address		City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #	
SUBTOTAL Section L4-This Page						
TOTAL of additional Section L4 Pages						
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)						

III. NONMONETARY RECEIPTS

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NAME OF COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">CEN PAC</div>	FILING DUE DATE <div style="font-size: 1.2em; font-family: cursive;">1/12/09</div>
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M. In-Kind Contributions

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
Date Received		Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions
Name		Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution		
Street Address					City	State
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
Date Received		Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions
Name		Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution		
Street Address					City	State
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
Date Received		Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions
Name		Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution		
Street Address					City	State
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
Date Received		Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____		Description of In-Kind Contribution		Aggregate contributions

SUBTOTAL Section M-This Page

TOTAL of additional Section M Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page)

N. Refundable Deposit to Telephone Company

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual		First		MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City		State			
Name of telephone company							
Street Address		City		State	Zip Code		
Total Section N (Enter total on Line 23 of Summary Page)							

III. NONMONETARY RECEIPTS

Page 12 of 17

NAME OF COMMITTEE				FILING DUE DATE	
CEA PAC				11/2/09	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Total Section O (Enter total on Line 24 of Summary Page)					

IV. EXPENDITURES

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NAME OF COMMITTEE						FILING DUE DATE		
CEA PAC						11/21/09		
P. Expenses Paid by Committee								
Name of Payee Democrats for New Leadership					Date of Payment 10/24/08		Method of Payment <input checked="" type="checkbox"/> Check # 2430 <input type="checkbox"/> Debit Card	Amount \$ 2000.00
Street Address 12 New City street		City Essex	State CT	Zip Code 06426				
Purpose of Expenditure (by code) CNTRB		Description Contribution				Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) N/A		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Name of Payee Dargan 2008					Date of Payment 10/24/08		Method of Payment <input checked="" type="checkbox"/> Check # 2431 <input type="checkbox"/> Debit Card	Amount \$ 750.00
Street Address 152 Richmond Ave		City West Haven	State CT	Zip Code 06516				
Purpose of Expenditure (by code) CNTRB		Description Contribution				Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Steve Dargan		Office Sought House of Representatives		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Name of Payee Re-elect Ryan					Date of Payment 10/24/08		Method of Payment <input checked="" type="checkbox"/> Check # 2432 <input type="checkbox"/> Debit Card	Amount \$ 750.00
Street Address 37 Carol Drive		City Uncasville	State CT	Zip Code 06382				
Purpose of Expenditure (by code) CNTRB		Description Contribution				Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Kevin Ryan		Office Sought House of Representatives		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Name of Payee Democratic Senate Majority PAC					Date of Payment 10/30/08		Method of Payment <input checked="" type="checkbox"/> Check # 2433 <input type="checkbox"/> Debit Card	Amount \$ 1000.00
Street Address 196 Crown St Unit 205		City New Haven	State CT	Zip Code 06510				
Purpose of Expenditure (by code) CNTRB		Description Contribution				Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) N/A		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Name of Payee					Date of Payment		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$
Street Address		City	State	Zip Code				
Purpose of Expenditure (by code)		Description				Event #		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
SUBTOTAL Section P-This Page							4500.00	
TOTAL of additional Section P Pages							—	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)							4500.00	

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FILING DUE DATE

Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description				Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description				Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description				Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description				Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description				Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description				Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description				Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description				Event #	
SUBTOTAL Section Q-This Page						
TOTAL of additional Section Q Pages						
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)						

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NAME OF COMMITTEE

FILING DUE DATE

Name of Issuing Institution

Type of Credit Card:

☐ Visa ☐ Master Card ☐ Discover ☐ American Express

☐ Other _____

Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				

SUBTOTAL Section R-This Page

TOTAL of additional Section R Pages**TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD** *(Enter total on Line 27 of Summary Page)*

IV. EXPENDITURES

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NAME OF COMMITTEE

FILING DUE DATE

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name (if applicable) Office Sought		
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						

Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name (if applicable) Office Sought		
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						

Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name (if applicable) Office Sought		
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						

Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name (if applicable) Office Sought		
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description						

SUBTOTAL Section S-This Page**TOTAL of additional Section S Pages**
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID
 (Enter total on Line 28 of Summary Page)

Previously reported Expenses Unpaid and still Outstanding +

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a of Summary Page)

IV. EXPENDITURES

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NAME OF COMMITTEE

FILING DUE DATE

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure (by code)		<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$
SUBTOTAL Section T-This Page						
TOTAL of additional Section T Pages						
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS						