

HAND DELIVERY

SEEC FORM 20

FILED SEEC

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

2011 SEP - 6 07



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Do Not Mark This Space For
Official Use Only

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SUMMARY PAGE

1. NAME OF COMMITTEE				
UNITE HERE TIP State & Local - Connecticut				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
	Robert		Proto	
3. TREASURER ADDRESS				
Street		City	State	Zip Code
425 College Street		New Haven	CT	06511
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)		5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT <i>(Check One Box)</i>				
<input type="checkbox"/> January 10 filing	<input checked="" type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>	
<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 <i>(State Central Committees Only)</i>	<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		thru	Ending Date	
7/01/2011			8/30/2011	
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.				
		Gwen Mills		09/06/11
TREASURER OR DEPUTY TREASURER R (SIGNATURE)		PRINT NAME OF SIGNER		DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20
Itemized Campaign Finance Disclosure Statement

Rev. 1/08

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SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
UNITE HERE State & Local - Connecticut	9/6/2011	
	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		3,831.58
12. Balance on hand at the beginning of Reporting Period	61,868.47	
13. Contributions received from Individuals (Sections A and B)	0.00	0.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D-K)	50,000.00	110,000.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	0.00	0.00
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	0.00	0.00
16c. Total Purchases of Advertising in a Program Book Section L3) <i>Municipal and Town Committees ONLY</i>	0.00	0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	50,000.00	110,000.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	111,868.47	113,831.58
19. Expenses Paid by Committee (Section P)	72,500.00	74,463.11
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	39,368.47	39,368.47
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Contributions Received (Section M)	0.00	0.00
23. Refundable Deposit to Telephone Company (Section N)	0.00	0.00
24. Receipts of Organization Expenditures (Section O)	0.00	0.00
25. Beginning Loan Balance	0.00	0.00
25a. + Loans Received (Section D)	0.00	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c. - Payments on Loan	0.00	0.00
25d. Total Outstanding Loan Amount	0.00	0.00
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	0.00
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	10,488.30	10,488.30

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A 0.00
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B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions	
Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions	
Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the Contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions	
SUBTOTAL Section B-This Page				0.00
TOTAL of additional Section B Pages				0.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)				0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DATE
UNITE HERE State & Local - Connecticut	9/6/2011

C1. Contributions from Other Committees

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

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

Name of Committee				Name of Treasurer		
Address			Date Received			Amount of Receipt
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Distribution			
Name of Committee				Name of Treasurer		
Address			Date Received			Amount of Receipt
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expenses <input type="checkbox"/> Surplus <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Distribution			
SUBTOTAL Section C-This Page						0.00
TOTAL of additional Section C Pages						0.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)						0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

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 \$ 0.00

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

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

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

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

Total Section E \$ 0.00

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 If yes, list _____ <input type="checkbox"/> No Event # _____		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes If yes, list _____ <input type="checkbox"/> No Event # _____		\$ 0.00

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

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
8/15/2011	50,000.00	_____	_____	\$ 50,000.00

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

Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
_____	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Amount	_____	Amount	_____	\$ 0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

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

Date Received	Amount	Date Received	Amount	Total Amount Received
\$1 bills _____ coins _____	\$5 bills _____ \$10 bill _____	\$1 bills _____ coins _____	\$5 bills _____ \$10 bill _____	\$ 0.00

J. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
Name of Institution		Name of Institution		\$ 0.00
Street Address		Street Address		
City	State	Zip Code		
City	State	Zip code		

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		\$
Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		\$
Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		\$
Total Section K		\$ 0.00

Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)		0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	50,000.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0.00
Total Amount of Anonymous Contributions (Section I)	+	0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0.00
Total of Other Monetary Receipts (Add Sections D-K) <i>(Enter total on Line 15 of Summary Page)</i>		50,000.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Subpart 1: (All Committees)
 Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases mad 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 hold within the state? Yes (If yes, enter Total Receipts from small purchase here.) \$ No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Subpart 1: (All Committees)
 Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases mad 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	0.00
TOTAL of additional Section L1 Pages	+ 0.00
TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)	0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

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					0.00
TOTAL of additional Section L2 Pages					0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 16b of Summary Page)</i>					0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

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

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
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Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
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Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
City		State		

SUBTOTAL Section L3-This Page 0.00

TOTAL of additional Section L3 Pages 0.00

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page) 0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

L4. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	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:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	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:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	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:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	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:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	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:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	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:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	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:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	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				0.00
TOTAL of additional Section L4 Pages				0.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)				0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

M. In-Kind Contributions

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions
If yes, list Event # _____						

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions
If yes, list Event # _____						

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions
If yes, list Event # _____						

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions
If yes, list Event # _____						

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address		City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		Aggregate contributions
If yes, list Event # _____						

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	Zip Code		
Name of telephone company						
Street Address		City	State	Zip Code		

Total Section N (Enter total on Line 23 of Summary Page)

0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

P. Expenses Paid by Committee

Name of Payee UNITE HERE Local 35				Date of Payment 7/21/2011	Method of Payment <input checked="" type="checkbox"/> Check # <u>2501</u> <input type="checkbox"/> Debit Card	Amount
Street Address 425 College Street 2nd Fl		City New Haven	State CT	Zip Code 06511		
Purpose of Expenditure (by code) POC		Description Fund Independent Expenditure Campaign - see Sched. T			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) Frank Douglass, Jackie James Evans, Dolores Colon, Brenda Jones Barnes, Delphine Clyburn, Brenda Foskey-Cyrus, Jeanette Morrison, Angela Russell, Claudette Robinson-Thorpe, Brian Wingate		Office Sought New Haven City Council <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 25,000.00

Name of Payee UNITE HERE Local 35				Date of Payment 8/18/2011	Method of Payment <input checked="" type="checkbox"/> Check # <u>2502</u> <input type="checkbox"/> Debit Card	Amount
Street Address 425 College Street 2nd Fl		City New Haven	State CT	Zip Code 06511		
Purpose of Expenditure (by code) POC		Description Fund Independent Expenditure Campaign - see Sched. T			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) Frank Douglass, Jackie James Evans, Dolores Colon, Brenda Jones Barnes, Delphine Clyburn, Brenda Foskey-Cyrus, Jeanette Morrison, Angela Russell, Claudette Robinson-Thorpe, Brian Wingate		Office Sought New Haven City Council <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 45,000.00

Name of Payee O'Brien for New Britain				Date of Payment 8/19/2011	Method of Payment <input checked="" type="checkbox"/> Check # <u>2503</u> <input type="checkbox"/> Debit Card	Amount
Street Address 288 Steel Street		City New Britain	State CT	Zip Code 06052		
Purpose of Expenditure (by code) CNTRB		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) Tim O'Brien		Office Sought Mayor, New Britain <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 1,000.00

Name of Payee Friends of Mayor April 2011				Date of Payment 8/22/2011	Method of Payment <input checked="" type="checkbox"/> Check # <u>2504</u> <input type="checkbox"/> Debit Card	Amount
Street Address 164 Foxon Road Apt. A		City East Haven	State CT	Zip Code 06513		
Purpose of Expenditure (by code) CNTRB		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) April Capone Alman		Office Sought Mayor, East Haven <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 1,500.00

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						72,500.00
TOTAL of additional Section P Pages						0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)						72,500.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code			
Purpose of Expenditure (by code)	Description			Event #		
SUBTOTAL Section Q-This Page						0.00
TOTAL of additional Section Q Pages						0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)						0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card
	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____

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

SUBTOTAL Section R-This Page					0.00
TOTAL of additional Section R Pages					0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)					0.00

IV. EXPENDITURES

NAME OF COMMITTEE UNITE HERE State & Local - Connecticut	FILING DUE DATE 9/6/2011
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S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor UNITE HERE Local 35				Date Incurred 8/30/2011		Amount Incurred (Estimate or Actual)
Street Address 425 College Street 2nd Fl				Event #		
City New Haven		State CT	Zip Code 06511	Candidate(s) Name (if applicable) Committee to Restore New Haven		1,878.05
Office Sought						
Purpose of Expenditure (by code) CNTRB	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description In-kind contribution staff wages						
Name of Creditor UNITE HERE Local 35				Date Incurred 8/10/2011		Amount Incurred (Estimate or Actual)
Street Address 425 College Street 2nd Fl				Event #		
City New Haven		State CT	Zip Code 06511	Candidate(s) Name (if applicable) Tony Dawson		333.33
Office Sought Mayor						
Purpose of Expenditure (by code) CNTRB	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description In-kind contribution staff wages						
Name of Creditor UNITE HERE Local 35				Date Incurred 8/30/2011		Amount Incurred (Estimate or Actual)
Street Address 425 College Street 2nd Fl				Event #		
City New Haven		State CT	Zip Code 06511	Candidate(s) Name (if applicable) Faith in New Haven		2,000.00
Office Sought						
Purpose of Expenditure (by code) CNTRB	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description In-kind contribution staff wages						
Name of Creditor UNITE HERE Local 35				Date Incurred 8/10/2011		Amount Incurred (Estimate or Actual)
Street Address 425 College Street 2nd Fl				Event #		
City New Haven		State CT	Zip Code 06511	Candidate(s) Name (if applicable) Clifton Graves		763.84
Office Sought Mayor						
Purpose of Expenditure (by code) CNTRB	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description In-kind contribution staff wages						
SUBTOTAL Section S-This Page						4,975.22
TOTAL of additional Section S Pages						5,513.08
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page)</i>						10,488.30
Previously reported Expenses Unpaid and still Outstanding						0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page)</i>						10,488.30

IV. EXPENDITURES

NAME OF COMMITTEE UNITE HERE State & Local - Connecticut	FILING DUE DATE 9/6/2011
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S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor UNITE HERE Local 35			Date Incurred 8/30/2011		Amount Incurred (Estimate or Actual) 1,929.50
Street Address 425 College Street 2nd Fl			Event #		
City New Haven	State CT	Zip Code 06511	Candidate(s) Name (if applicable) Newhallville Rising		
Purpose of Expenditure (by code) CNTRB		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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			
Description In-kind contribution staff wages			<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Creditor UNITE HERE Local 35			Date Incurred 8/30/2011		Amount Incurred (Estimate or Actual) 1,897.61
Street Address 425 College Street 2nd Fl			Event #		
City New Haven	State CT	Zip Code 06511	Candidate(s) Name (if applicable) Q River Committee		
Purpose of Expenditure (by code) CNTRB		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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			
Description In-kind contribution staff wages			<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Creditor UNITE HERE Local 35			Date Incurred 8/30/2011		Amount Incurred (Estimate or Actual) 375.00
Street Address 425 College Street 2nd Fl			Event #		
City New Haven	State CT	Zip Code 06511	Candidate(s) Name (if applicable) Sarah Saiano New Haven City Council		
Purpose of Expenditure (by code) CNTRB		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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			
Description In-kind contribution staff wages			<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Creditor UNITE HERE Local 35			Date Incurred 8/30/2011		Amount Incurred (Estimate or Actual) 1,310.97
Street Address 425 College Street 2nd Fl			Event #		
City New Haven	State CT	Zip Code 06511	Candidate(s) Name (if applicable) Jacqueline James, Dorlores Colon New Haven City Council		
Purpose of Expenditure (by code) CNTRB		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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			
Description In-kind contribution staff wages			<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed <i>Andree Jackson-Brooks, Jorge Pardo - New Haven City Council</i> <i>Cite to Reelect James, Jackson Barks, Perry, Colon</i>		

SUBTOTAL Section S-This Page **5,513.08**

TOTAL of additional Section S Pages **N/A**

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID
(Enter total on Line 28 of Summary Page) **N/A**

Previously reported Expenses Unpaid and still Outstanding **N/A**

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

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
			7/29/11		
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
UNITE HERE Local 35 - Local Canvassers			WAGE		
Street Address		City	State	Zip Code	
425 College Street 2nd Fl		New Haven	CT	06511	
Description					
Wages 7/18 - 7/24					
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) Frank Douglass, Jackie James Evans, Dolores Colon, Brenda Jones Barnes, Delphine Clyburn, Brenda Foskey-Cyrus, Jeanette Morrison, Angela Russell, Claudette Robinson-Thorpe, Brian Wingate		Office Sought New Haven City Council	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
\$ 2,265.63					

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
			8/12/11		
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
UNITE HERE Local 35 - Local Canvassers			WAGE		
Street Address		City	State	Zip Code	
425 College Street 2nd Fl		New Haven	CT	06511	
Description					
Wages 7/25 - 8/7					
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) Frank Douglass, Jackie James Evans, Dolores Colon, Brenda Jones Barnes, Delphine Clyburn, Brenda Foskey-Cyrus, Jeanette Morrison, Angela Russell, Claudette Robinson-Thorpe, Brian Wingate		Office Sought New Haven City Council	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
\$ 7,240.13					

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
			8/26/11		
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
UNITE HERE Local 35 - Local Canvassers			WAGE		
Street Address		City	State	Zip Code	
425 College Street 2nd Fl		New Haven	CT	06511	
Description					
Wages 8/8 - 8/21					
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) Frank Douglass, Jackie James Evans, Dolores Colon, Brenda Jones Barnes, Delphine Clyburn, Brenda Foskey-Cyrus, Jeanette Morrison, Angela Russell, Claudette Robinson-Thorpe, Brian Wingate		Office Sought New Haven City Council	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
\$ 9,921.53					

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
			8/30/11		
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
UNITE HERE Local 35			PRINT		
Street Address		City	State	Zip Code	
425 College Street 2nd Fl		New Haven	CT	06511	
Description					
Photocopiers					
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) Frank Douglass, Jackie James Evans, Dolores Colon, Brenda Jones Barnes, Delphine Clyburn, Brenda Foskey-Cyrus, Jeanette Morrison, Angela Russell, Claudette Robinson-Thorpe, Brian Wingate		Office Sought New Haven City Council	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
\$ 688.25					

SUBTOTAL Section T-This Page					20,115.54
TOTAL of additional Section T Pages					749.55
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					20,865.09

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
UNITE HERE State & Local - Connecticut	9/6/2011

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Lackey	Jamicia		8/11/11		
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
UNITE HERE Local 35			OFFICE		
Street Address		City	State	Zip Code	
425 College Street 2nd Fl		New Haven	CT	06511	
Description					
Reimbursement for office supplies					
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) Frank Douglass, Jackie James Evans, Dolores Colon, Brenda Jones Barnes, Delphine Clyburn, Brenda Foskey-Cyrus, Jeanette Morrison, Angela Russell, Claudette Robinson-Thorpe, Brian Wingate		Office Sought New Haven City Council	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
					\$ 255.33
Seth	Anita		8/25/11		
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
UNITE HERE Local 35			OFFICE		
Street Address		City	State	Zip Code	
425 College Street 2nd Fl		New Haven	CT	06511	
Description					
Reimbursement for office supplies					
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) Frank Douglass, Jackie James Evans, Dolores Colon, Brenda Jones Barnes, Delphine Clyburn, Brenda Foskey-Cyrus, Jeanette Morrison, Angela Russell, Claudette Robinson-Thorpe, Brian Wingate		Office Sought New Haven City Council	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
					\$ 494.22
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
			OFFICE		
Street Address		City	State	Zip Code	
Description					
Reimbursement for office supplies					
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 New Haven City Council	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
					\$
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
			OFFICE		
Street Address		City	State	Zip Code	
Description					
Reimbursement for office supplies					
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					749.55
TOTAL of additional Section T Pages					20,115.54
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					20,865.09