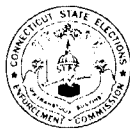


SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2012



120942

Do Not Mark in This Space For Official Use Only

COVER PAGE FILED SEEC

| | | | |
|--|---|---|--|
| 1. NAME OF COMMITTEE <u>East End Political Action Committee</u> | | | |
| APR 10 AM 9 11 | | | |
| 2. TREASURER NAME | | | |
| First <u>Kimberly</u> | MI <u>T</u> | Last <u>Ford</u> | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address <u>410 Mill Hill Ave.</u> | City <u>Beth.</u> | State <u>C</u> | Zip Code <u>06602</u> |
| 4. ELECTION/REFERENDUM DATE <small>(mm/dd/yyyy)</small> | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> | | 6. DISTRICT NUMBER <small>(if applicable)</small> |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i> | | | |
| First | MI | Last | Suffix |
| 8. TYPE OF REPORT <i>(Check One Box)</i> | | | |
| <input 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 <i>(PACs ONLY)</i> |
| <input checked="" 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 <small><i>(State Central Committees Only)</i></small> | <input type="checkbox"/> Termination | |
| <input type="checkbox"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="checkbox"/> 45 days following election not held in November | | |
| 9. PERIOD COVERED | | | |
| Beginning Date <u>January 1, 2012</u> | | Ending Date <u>March 31, 2012</u> | |
| 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. | | | |
| <u>Kimberly J. Ford</u> TREASURER OR DEPUTY TREASURER (SIGNATURE) | | <u>Kimberly T. Ford</u> PRINT NAME OF SIGNER | <u>4/8/2012</u> DATE (mm/dd/yyyy) |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | |

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2012

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE | TYPE OF REPORT | |
|---|-------------------------|-----------------------|
| | 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 | | 2,159.32 |
| 12. Balance on hand at the beginning of Reporting Period | 2,159.32 | |
| 13. Contributions Received from Individuals (Sections A and B) | | |
| 14. Receipts from Other Committees (Sections C1 and C2) | | |
| 15. Other Monetary Receipts (Sections D through K) | | |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | | |
| 16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i> | | |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i> | | |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | | |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | | |
| 19. Expenses Paid by Committee (Section P) | 415.00 | |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 1,744.32 | 1,744.32 |
| 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) <i>OPTIONAL</i> | | |
| 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) | | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|---|---------------------|-----------------------------------|--------------------|--|
| NAME OF COMMITTEE <i>East End PAC</i> | | | | TYPE OF REPORT | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee <i>Kishon McAllister</i> | | | Date of Payment <i>1-29-12</i> | | Method of Payment: <input checked="" type="checkbox"/> Check # <i>1213</i> <input type="checkbox"/> Debit Card |
| Street Address | | City <i>Bpt</i> | | State <i>CT</i> | Zip Code <i>0</i> |
| Purpose of Expenditure (by code) | Description <i>Canvasser</i> | | Event # | | Amount <i>40.00</i> |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | |
| Name of Payee <i>Kushon Shaw</i> | | | Date of Payment <i>1-29-12</i> | | Method of Payment: <input checked="" type="checkbox"/> Check # <i>1214</i> <input type="checkbox"/> Debit Card |
| Street Address | | City <i>Bpt.</i> | | State <i>CT</i> | Zip Code |
| Purpose of Expenditure (by code) | Description <i>Canvasser</i> | | Event # | | Amount <i>40.00</i> |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | |
| Name of Payee <i>Lenea Dawson</i> | | | Date of Payment <i>1-29-12</i> | | Method of Payment: <input checked="" type="checkbox"/> Check # <i>1215</i> <input type="checkbox"/> Debit Card |
| Street Address | | City <i>Bpt</i> | | State <i>CT</i> | Zip Code <i>0666</i> |
| Purpose of Expenditure (by code) | Description <i>Canvasser</i> | | Event # | | Amount <i>60.00</i> |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | |
| Name of Payee <i>Donald Peterson</i> | | | Date of Payment <i>1/29/12</i> | | Method of Payment: <input checked="" type="checkbox"/> Check # <i>1218</i> <input type="checkbox"/> Debit Card |
| Street Address | | City <i>Bpt</i> | | State <i>CT</i> | Zip Code <i>06</i> |
| Purpose of Expenditure (by code) | Description <i>Canvasser</i> | | Event # | | Amount <i>40.00</i> |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | |
| SUBTOTAL Section P — This Page | | | | <i>180.00</i> | |
| TOTAL of additional Section P Pages | | | | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals) | | | | | |

IV. EXPENDITURES (Sections P—T)

| | | | |
|--|---|-----------------------------------|--|
| NAME OF COMMITTEE EAST End PAC | | TYPE OF REPORT | |
| P. Expenses Paid by Committee | | | |
| Name of Payee Kyae Peterson | | Date of Payment 1/29/12 | Method of Payment: <input checked="" type="checkbox"/> Check # 1219 <input type="checkbox"/> Debit Card |
| Street Address 415 Kent Ave | | City Bpt | State CT Zip Code 06610 |
| Purpose of Expenditure (by code) | Description Canvasser | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | 40.00 |
| Name of Payee Nicole Wallen | | Date of Payment 1/29/12 | Method of Payment: <input checked="" type="checkbox"/> Check # 1220 <input type="checkbox"/> Debit Card |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description Canvasser | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | 50.00 |
| Name of Payee Vaun Coble | | Date of Payment 1/29/12 | Method of Payment: <input checked="" type="checkbox"/> Check # 1217 <input type="checkbox"/> Debit Card |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description Canvasser | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | 65.00 |
| Name of Payee Ernest Smith | | Date of Payment 1/29/12 | Method of Payment: <input checked="" type="checkbox"/> Check # 1224 <input type="checkbox"/> Debit Card |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description Canvasser | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | 40.00 |
| SUBTOTAL Section P — This Page | | | 195.00 |
| TOTAL of additional Section P Pages | | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals) | | | |

IV. EXPENDITURES (Sections P—T)

| | | | |
|--|---|-----------------------------------|--|
| NAME OF COMMITTEE <i>EAST END PAC</i> | | TYPE OF REPORT | |
| P. Expenses Paid by Committee | | | |
| Name of Payee <i>Kathy Stevens</i> | | Date of Payment <i>1/29/12</i> | Method of Payment: <input checked="" type="checkbox"/> Check # <i>1214</i> <input type="checkbox"/> Debit Card |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description <i>Canvasser</i> | Event # | Amount <i>40.00</i> |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| Name of Payee | | Date of Payment | Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| Name of Payee | | Date of Payment | Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| Name of Payee | | Date of Payment | Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| Name of Payee | | Date of Payment | Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card |
| Street Address | | City | State Zip Code |
| SUBTOTAL Section P — This Page | | <i>40.00</i> | |
| TOTAL of additional Section P Pages | | <i>415.00</i> | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals) | | | |