

SEEC FORM 20

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



121609
Do Not Mark in This Space For Official Use Only

COVER PAGE FILED SEEC

1. NAME OF COMMITTEE EAST END PAC		2012 JUL 11 PM 1 13	
2. TREASURER NAME			
First Kimberly	MI T	Last Ford	Suffix
3. TREASURER ADDRESS			
Street Address 410 Mill Hill Ave.		City Bridgeport	State CT Zip Code 06609
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)			
First	MI	Last	Suffix
8. TYPE OF REPORT (Check One Box)			
<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 (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 checked="" 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="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date April 1, 2012		Ending Date June 30, 2012	
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.			
Kimberly J Ford TREASURER OR DEPUTY TREASURER (SIGNATURE)		Kimberly T. Ford PRINT NAME OF SIGNER	
		07-9-2012 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		
12. Balance on hand at the beginning of Reporting Period	1,744.32	
13. Contributions Received from Individuals (Sections A and B)	\$ 2,940.00	
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)	\$ 3161.61	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$ 1,522.71	
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)		

I. MONETARY RECEIPTS (Sections A—K)

SEEC FORM 20
Rev. 1992

NAME OF COMMITTEE East End PAC	TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A	\$
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B. Itemized Contributions from Individuals

Last Name DePiano	First Salvatore	MI
Residential Street Address 56 Lyon Terrace	City Bpt	State CT Zip Code 06609
Principal Occupation Attorney	Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No NA	Amount of Contribution 150.00
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 5-10-12	Aggregate Contributions

Last Name Martin	First Raymond	MI
Residential Street Address 32 Deerfield Drive	City Easton	State CT Zip Code 06612
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	Amount of Contribution 750.00
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 5-11-12	Aggregate Contributions

Last Name Jackson	First William	MI
Residential Street Address 516 Laurel Ave.	City Bpt	State CT Zip Code 06605
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No	Amount of Contribution 50.00
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" 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		\$ 940.00
TOTAL of additional Section B Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE EAST End PAE		TYPE OF REPORT
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A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A	\$
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B. Itemized Contributions from Individuals

Last Name Toth		First Aaron	MI
Residential Street Address 236 Shady Side Lane		City Milford	State CT Zip Code 06460
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No		Amount of Contribution \$ 750.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 5-14-2012	Aggregate Contributions

Last Name Martin		First Karen	MI
Residential Street Address 32 Deerfield Ave.		City EASTM	State CT Zip Code 06612
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No		Amount of Contribution \$ 750.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 5/18/12	Aggregate Contributions

Last Name Di Nardo		First Salvatore	MI
Residential Street Address 323 North Ave		City Bridgeport	State CT Zip Code 06606
Principal Occupation		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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 checked="" type="checkbox"/> No		Amount of Contribution 500.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" 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		2,000.00
TOTAL of additional Section B Pages		940.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>		\$ 2,940.00

IV. EXPENDITURES (Sections P—T)

SEEC FORM 20
REV. 10/12

NAME OF COMMITTEE						TYPE OF REPORT	
EAST End PAC						Ongoing	
P. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
Donald Peterson				4-8-12		<input checked="" type="checkbox"/> Check # 1222 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
415 Kent Ave			Bridgeport		CT	06610	
Purpose of Expenditure (by code)		Description		Event #		Amount	
		Canvasser				40.00	
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:	
Kyle Peterson				4-8-12		<input checked="" type="checkbox"/> Check # 1223 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
415 Kent Ave,			Bpt.,		CT	06609	
Purpose of Expenditure (by code)		Description		Event #		Amount	
		Canvasser				40.00	
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:	
Freedom Fuels				4-12-12		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
Hollister Ave,			Bpt		CT	06605	
Purpose of Expenditure (by code)		Description		Event #		Amount	
		GAS				25.01	
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:	
Loretta Williams				5-21-12		<input checked="" type="checkbox"/> Check # 1224 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
307 Wilmet Ave			Bpt		CT	06607	
Purpose of Expenditure (by code)		Description		Event #		Amount	
		Computer Training				500.00	
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						\$1605.01	
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						TYPE OF REPORT	
East End PAC						Ongoing	
P. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
MOVE Yacht Club				5-21-12		<input checked="" type="checkbox"/> Check # 1225 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
47 California St.			Bpt.		CT	06608	
Purpose of Expenditure (by code)		Description		Event #		Amount	
		Club Rental					
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought				Amount	
		<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					
Name of Payee				Date of Payment		Method of Payment:	
Dunkin Donuts				5-21-12		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
Boston Ave.			Bridgeport		CT	06610	
Purpose of Expenditure (by code)		Description		Event #		Amount	
		Me Refreshments					
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought				Amount	
		<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					
Name of Payee				Date of Payment		Method of Payment:	
Willene Gibson				5-24-12		<input checked="" type="checkbox"/> Check # 1224 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
355 Carroll Ave.			Bpt.		CT	06607	
Purpose of Expenditure (by code)		Description		Event #		Amount	
		Canvasser					
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought				Amount	
		<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					
Name of Payee				Date of Payment		Method of Payment:	
Clement Young				5-25-12		<input checked="" type="checkbox"/> Check # 1227 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
56 Ridgely Ave			Bpt.		CT	06610	
Purpose of Expenditure (by code)		Description		Event #		Amount	
		Canvasser					
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought				Amount	
		<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					
SUBTOTAL Section P — This Page						\$ 679.79	
TOTAL of additional Section P Pages						\$ 1,284.80	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)							

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE						TYPE OF REPORT	
EAST END PAC							
P. Expenses Paid by Committee							
Name of Payee Joyce Carter				Date of Payment 5-27-12		Method of Payment: <input checked="" type="checkbox"/> Check # 1288 <input type="checkbox"/> Debit Card 1338	
Street Address 46 B Noh Hill Circle			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				\$ 200.00	
Name of Payee Home Depot				Date of Payment 6-4-12		Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address			City Bridgeport		State CT	Zip Code	
Purpose of Expenditure (by code)		Description Tables/Chairs		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				59.51	
Name of Payee Getty Mart				Date of Payment 6-4-12		Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address Boston Ave			City Bpt,		State CT	Zip Code 06606	
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				10.00	
Name of Payee Barbara Williams				Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card	
Street Address Kent Ave			City Bridgeport		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				300.00	
SUBTOTAL Section P — This Page						\$ 549.51	
TOTAL of additional Section P Pages						1854.31 + 284.80	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)							

IV. EXPENDITURES (Sections P—T)

SEEC FORM 20
Rev. 1/12

NAME OF COMMITTEE						TYPE OF REPORT	
P. Expenses Paid by Committee							
Name of Payee Janesha Rodriguez				Date of Payment 6-7-12		Method of Payment: <input checked="" type="checkbox"/> Check # 1232 <input type="checkbox"/> Debit Card	
Street Address 10 Cottage St.			City Bpt			State CT	Zip Code 06603
Purpose of Expenditure (by code)		Description Canvasser		Event #		Amount 50.00	
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					
Name of Payee Theresa Rodriguez				Date of Payment 6-7-12		Method of Payment: <input checked="" type="checkbox"/> Check # 1234 <input type="checkbox"/> Debit Card	
Street Address 10 Cottage St.			City Bpt			State CT	Zip Code 06603
Purpose of Expenditure (by code)		Description Canvasser		Event #		Amount 50.00	
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					
Name of Payee Douglas Eddy				Date of Payment 6-15-12		Method of Payment: <input checked="" type="checkbox"/> Check # 1235 <input type="checkbox"/> Debit Card	
Street Address 316 Ridgfield Ave			City Bpt.			State CT	Zip Code 06609
Purpose of Expenditure (by code)		Description		Event #		Amount 300.00	
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					
Name of Payee Holiday Inn				Date of Payment 6-6-12		Method of Payment: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1234 Main St.			City Bpt.			State CT	Zip Code 06604
Purpose of Expenditure (by code)		Description Stallworth for State Rep fundraiser		Event #		Amount 807.80	
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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E					
SUBTOTAL Section P — This Page						1207.30	
TOTAL of additional Section P Pages						3061.61	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)							

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE						TYPE OF REPORT	
EAST End PAC							
P. Expenses Paid by Committee							
Name of Payee Juneteenth Committee				Date of Payment		Method of Payment: <input type="checkbox"/> Check # 1232 <input type="checkbox"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)		Description fundraiser		Event #		Amount 100.00	
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						
SUBTOTAL Section P — This Page						100.00	
TOTAL of additional Section P Pages						3161.61	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)						\$ 3161.61	