

SEEC FORM 20

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



Electronic Filing

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Page 1 of 64

COVER PAGE

1. NAME OF COMMITTEE			
Working Families Campaign Committee			
2. TREASURER NAME			
First Timothy	MI J	Last Sullivan	Suffix
3. TREASURER ADDRESS			
Street Address 28 Robin Dr	City Barkhamsted	State CT	Zip Code 06063
4. ELECTION/REFERENDUM DATE	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>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
12th Day Preceding General Election - Original			
9. PERIOD COVERED			
Beginning Date		Ending Date	
07/01/2013		thru 10/17/2013	
10. CERTIFICATION			
<input checked="" type="checkbox"/> 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.			
Electronic Filing	Nina Huang	10/24/2013 3:05:37PM	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
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	
Working Families Campaign Committee	12th Day Preceding General Election - Original	
	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		\$113.58
12. Balance on hand at the beginning of Reporting Period	\$18,445.49	
13. Contributions received from Individuals (Section A and B)	\$10,225.00	\$11,020.00
14. Receipts from Other Committees (Sections C1 and C2)	\$15,170.00	\$46,420.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3) Municipal and Town Committees Only	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$25,395.00	\$57,440.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$43,840.49	\$57,553.58
19. Expenses Paid by Committee (Section P)	\$34,352.37	\$48,065.46
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both column)	\$9,488.12	\$9,488.12
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$40.00	\$40.00
22. In-Kind Contributions Received (Section M)	\$326.50	\$326.50
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O) OPTIONAL	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$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)	\$6,460.48	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$6,460.48	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

A. Total Contributions from Small Contributors-Received this Period ONLY*(See instructions for definition of Small Contributor)***Subtotal Section A****\$0.00****B. Itemized Contributions from Individuals**

Last Name Corcoran		First Name Chris		MI
Residential Street Address 96 N Quaker Ln		City West Hartford	State CT	Zip Code 06119
Principal Occupation Project Manager		Name of Employer CCMC		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
Method of Contribution		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		07/12/2013	\$20.00	
			\$5.00	

Last Name Barber		First Name Joe		MI
Residential Street Address 14 Park Ter		City Hartford	State CT	Zip Code 06106
Principal Occupation Administrator		Name of Employer Trinity College		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
Method of Contribution		Date Received	Aggregate Contributions	
<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		08/01/2013	\$120.00	
			\$120.00	

Last Name Janensch		First Name Gail		MI
Residential Street Address 3030 Park Ave , Cottage 12		City Bridgeport	State CT	Zip Code 06604
Principal Occupation Retired		Name of Employer Retired		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
Method of Contribution		Date Received	Aggregate Contributions	
<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		08/13/2013	\$50.00	
			\$50.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Conroy		First Name Theresa		MI
Residential Street Address 177 Skokorant St		City Seymour	State CT	Zip Code 06483
Principal Occupation APRN		Name of Employer Minute Clinic		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 08/13/2013	Aggregate Contributions \$25.00	
\$25.00				

Last Name Osten		First Name Catherine		MI A
Residential Street Address 187 Scotland Rd		City Baltic	State CT	Zip Code 06330
Principal Occupation		Name of Employer State Senate Connecticut		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" 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 08/13/2013	Aggregate Contributions \$50.00	
\$50.00				

Last Name Corcoran		First Name Chris		MI
Residential Street Address 96 N Quaker Ln		City West Hartford	State CT	Zip Code 06119
Principal Occupation Project Manager		Name of Employer CCMC		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/13/2013	Aggregate Contributions \$20.00	
\$5.00				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Leavy		First Name Ed		MI	
Residential Street Address 265 Foxon Hill Rd		City East Haven		State CT	Zip Code 06513
Principal Occupation Executive Union Representative			Name of Employer State Vocational Federation of Teachers		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 08/15/2013	Aggregate Contributions \$15.00	\$15.00
Last Name Heimer		First Name Winston		MI	
Residential Street Address 799 Prospect Ave # A-2		City West Hartford		State CT	Zip Code 06105
Principal Occupation Retired			Name of Employer Retired		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 08/20/2013	Aggregate Contributions \$10.00	\$10.00
Last Name Schweitzer		First Name Chris		MI	
Residential Street Address 50 Nash St		City New Haven		State CT	Zip Code 06511
Principal Occupation Staff			Name of Employer NHLSCP		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 08/29/2013	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Woolsey		First Name Charles		MI
Residential Street Address 8 Lincoln Ave		City West Hartford		State CT
Zip Code 06117				
Principal Occupation Retired		Name of Employer Retired		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 08/30/2013	Aggregate Contributions \$25.00	
				\$25.00
Last Name Santiago		First Name Jose		MI
Residential Street Address 363 Hudson St		City Hartford		State CT
Zip Code 06106				
Principal Occupation Retired		Name of Employer N/A		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 08/30/2013	Aggregate Contributions \$25.00	
				\$25.00
Last Name Purcell		First Name TJ		MI
Residential Street Address 18 Stone Rd		City Burlington		State CT
Zip Code 06013				
Principal Occupation International Representative		Name of Employer International Union, UAW		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 08/30/2013	Aggregate Contributions \$50.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Hannum		First Name Hunter		MI
Residential Street Address 10 Laurel Dr		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Retired		Name of Employer Retired		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 09/03/2013	Aggregate Contributions \$800.00	

Last Name Merolla-Martin		First Name Joann		MI
Residential Street Address 46 Clifton Pl		City Norwich	State CT	Zip Code 06360
Principal Occupation Enrolled Agent		Name of Employer H&R Block		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/04/2013	Aggregate Contributions \$15.00	

Last Name Pereira		First Name Maria		MI
Residential Street Address 85 Nutmeg Rd		City Bridgeport	State CT	Zip Code 06610
Principal Occupation N/A		Name of Employer N/A		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/10/2013	Aggregate Contributions \$500.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Corcoran		First Name Chris		MI
Residential Street Address 96 N Quaker Ln		City West Hartford	State CT	Zip Code 06119
Principal Occupation Project Manager		Name of Employer CCMC		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/12/2013	Aggregate Contributions \$25.00	

Last Name Cooper		First Name Eric		MI
Residential Street Address 1924 Long Ridge Rd		City Stamford	State CT	Zip Code 06903
Principal Occupation Educator		Name of Employer National Urban Alliance		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/16/2013	Aggregate Contributions \$250.00	

Last Name Glidden		First Name Richard		MI
Residential Street Address 49 Larbert		City Southport	State CT	Zip Code 06890
Principal Occupation Mental Health Professional		Name of Employer Self-employed		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/16/2013	Aggregate Contributions \$5.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Curry		First Name Carolanne		MI
Residential Street Address 29 Hiawatha Lane Ext		City Westport	State CT	Zip Code 06880
Principal Occupation Retired		Name of Employer Retired		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/16/2013	Aggregate Contributions \$10.00	
\$10.00				

Last Name Van Winkle		First Name Hannah		MI
Residential Street Address 924 President St		City Brooklyn	State NY	Zip Code 11215
Principal Occupation Producer		Name of Employer NBC Universal		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 09/18/2013	Aggregate Contributions \$25.00	
\$25.00				

Last Name Nanfeldt		First Name David		MI
Residential Street Address 104 Rockwood Dr		City Southington	State CT	Zip Code 06489
Principal Occupation		Name of Employer Retired		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 09/18/2013	Aggregate Contributions \$50.00	
\$50.00				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Marcuse		First Name Frances		MI
Residential Street Address 140 Greenwood Ave		City Waterbury	State CT	Zip Code 06704
Principal Occupation Retired Teacher		Name of Employer None		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/19/2013	Aggregate Contributions \$50.00	
\$50.00				

Last Name Fiumidini		First Name Thomas		MI
Residential Street Address 495 Vincelette St Unit 13		City Bridgeport	State CT	Zip Code 06606
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 09/27/2013	Aggregate Contributions \$15.00	
\$15.00				

Last Name Foster		First Name Mary-Jane		MI
Residential Street Address 40 Anchorage Dr		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Administration		Name of Employer University of Bridgeport		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 09/27/2013	Aggregate Contributions \$250.00	
\$250.00				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE

Working Families Campaign Committee

TYPE OF REPORT

12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Hennessy		First Name Jack		MI F
Residential Street Address 556 Savoy St		City Bridgeport		State CT
Zip Code 06606				
Principal Occupation Legislator		Name of Employer State of CT		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/01/2013	Aggregate Contributions \$250.00	
			\$250.00	

Last Name Farina		First Name Michael		MI
Residential Street Address 54 Robert Rd		City Manchester		State CT
Zip Code 06040				
Principal Occupation Professor		Name of Employer Yale University		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/02/2013	Aggregate Contributions \$250.00	
			\$250.00	

Last Name Merolla-Martin		First Name Joann		MI
Residential Street Address 46 Clifton Pl		City Norwich		State CT
Zip Code 06360				
Principal Occupation Enrolled Agent		Name of Employer H&R Block		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/03/2013	Aggregate Contributions \$30.00	
			\$15.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Pessina		First Name Phil		MI
Residential Street Address 140 Maple Shade Rd		City Middletown	State CT	Zip Code 06457
Principal Occupation Deputy Chief of Police		Name of Employer Southern CT State University		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 10/10/2013	Aggregate Contributions \$25.00	\$25.00

Last Name Esteves		First Name John		MI P
Residential Street Address 33 Mead Farm Rd		City Seymour	State CT	Zip Code 06483
Principal Occupation Director		Name of Employer Self-employed		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 10/10/2013	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Dunn		First Name Beverly		MI
Residential Street Address 48 Jackson Cove Rd		City Oxford	State CT	Zip Code 06478
Principal Occupation Development Director		Name of Employer CT Citizen Action Group		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/11/2013	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Heimer		First Name Winston		MI
Residential Street Address 799 Prospect Ave # A-2		City West Hartford	State CT	Zip Code 06105
Principal Occupation Retired		Name of Employer Retired		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013	Aggregate Contributions \$20.00	
\$10.00				

Last Name Corcoran		First Name Chris		MI
Residential Street Address 96 N Quaker Ln		City West Hartford	State CT	Zip Code 06119
Principal Occupation Project Manager		Name of Employer CCMC		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/15/2013	Aggregate Contributions \$25.00	
\$5.00				

Last Name Hartwell		First Name John		MI
Residential Street Address 35 Beachside Ave		City Westport	State CT	Zip Code
Principal Occupation Consultant		Name of Employer Self-Employed		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/16/2013	Aggregate Contributions \$250.00	
\$250.00				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Brown		First Name Rha-Sheen		MI
Residential Street Address 214 Hart St		City New Britain		State CT Zip Code 06052
Principal Occupation Pastor		Name of Employer RNM		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" 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 10/16/2013	Aggregate Contributions \$20.00	
\$20.00				

Last Name Boebel		First Name Richard		MI
Residential Street Address 70 Madison St		City Hartford		State CT Zip Code 06106
Principal Occupation Field Coordinator		Name of Employer SEIU Local 32BJ		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" 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 10/16/2013	Aggregate Contributions \$20.00	
\$20.00				

Last Name Jones		First Name LaTrunda		MI
Residential Street Address 254 Whiting St # 1 South		City New Britain		State CT Zip Code 06051
Principal Occupation Call Center		Name of Employer Habasit America		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" 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 10/16/2013	Aggregate Contributions \$25.00	
\$25.00				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE

Working Families Campaign Committee

TYPE OF REPORT

12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name O'Brien		First Name Tim		MI	
Residential Street Address 25 S High St		City New Britain		State CT	Zip Code 06051
Principal Occupation Mayor			Name of Employer City of New Britain		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 checked="" 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 10/16/2013	Aggregate Contributions \$20.00	\$20.00

Last Name Sanchez		First Name Robert		MI	
Residential Street Address 269 Washington St		City New Britain		State CT	Zip Code 06051
Principal Occupation State Rep			Name of Employer State of CT		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 checked="" 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 10/16/2013	Aggregate Contributions \$40.00	\$40.00

Last Name Magnuszewski		First Name Eva		MI	
Residential Street Address 95 Governor St		City New Britain		State CT	Zip Code 06053
Principal Occupation Account Executive			Name of Employer Beekley Corporation		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 checked="" 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 10/16/2013	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name DeFronzo		First Name David		MI
Residential Street Address 53 Pendleton Rd		City New Britain	State CT	Zip Code 06053
Principal Occupation Teacher		Name of Employer NB Board of Ed		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" 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 10/16/2013	Aggregate Contributions \$20.00	\$20.00

Last Name Marroquin		First Name Fernando		MI
Residential Street Address 250 Main St Apt 813		City Hartford	State CT	Zip Code 06106
Principal Occupation Communications Director		Name of Employer City of New Britain		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" 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 10/16/2013	Aggregate Contributions \$50.00	\$50.00

Last Name Bielinski		First Name Suzanne		MI
Residential Street Address 544 Corbin Ave		City New Britain	State CT	Zip Code 06052
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Szabo		First Name Todd		MI
Residential Street Address 305 McClintock St		City New Britain	State CT	Zip Code 06053
Principal Occupation Admin		Name of Employer City of New Britain		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$30.00	\$30.00

Last Name Quickmire		First Name Cheri		MI
Residential Street Address 33 Lyon St		City New Haven	State CT	Zip Code 06511
Principal Occupation Executive Director		Name of Employer Common Cause in CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" 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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$40.00	\$40.00

Last Name Donovan		First Name Amy		MI
Residential Street Address 95 Evergreen Ave		City Hartford	State CT	Zip Code 06105
Principal Occupation Organizer		Name of Employer SEIU 1199		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Collins		First Name Tonilynn		MI
Residential Street Address 242 Belden St		City New Britain	State CT	Zip Code 06051
Principal Occupation Admin Bookkeeper		Name of Employer City of New Britain		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$25.00	\$25.00

Last Name Kochol		First Name Peter		MI
Residential Street Address 97 Harrison St		City New Britain	State CT	Zip Code 06052
Principal Occupation Program Manager		Name of Employer State of CT		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$25.00	\$25.00

Last Name Melita		First Name Enrico		MI
Residential Street Address 5 Maplewood Rd		City New Haven	State CT	Zip Code 06515
Principal Occupation Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" 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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Sullivan		First Name Timothy		MI
Residential Street Address 28 Robin Dr		City Barkhamsted	State CT	Zip Code 06063
Principal Occupation Organizer		Name of Employer Carpenters Local 24		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 10/16/2013	Aggregate Contributions \$125.00	\$125.00

Last Name Gerratana		First Name Frank		MI
Residential Street Address 674 Lincoln St		City New Britain	State CT	Zip Code 06052
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 10/16/2013	Aggregate Contributions \$25.00	\$25.00

Last Name Bertaccini		First Name Blair		MI F
Residential Street Address 104 Fiske St		City Waterbury	State CT	Zip Code 06710
Principal Occupation Wage Enforcement Agent		Name of Employer CT Dept. of Labor		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 10/16/2013	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Mills		First Name Jamie		MI
Residential Street Address 1678 Randolph Rd		City Middletown	State CT	Zip Code 06457
Principal Occupation Attorney		Name of Employer State of CT		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$150.00	\$150.00

Last Name Trueworthy		First Name Michael		MI
Residential Street Address 383 Monroe St		City New Britain	State CT	Zip Code 06052
Principal Occupation Consultant/Coach		Name of Employer Self/State of CT		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$25.00	\$25.00

Last Name Tercyak		First Name Peter		MI
Residential Street Address 150 Belridge Rd		City New Britain	State CT	Zip Code 06053
Principal Occupation RN		Name of Employer New England Home Care Inc		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Sapieha-Yanchak		First Name Teresa		MI
Residential Street Address 208 S Mountain Dr		City New Britain	State CT	Zip Code 06052
Principal Occupation Staff		Name of Employer State of CT		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$80.00	\$80.00
Last Name Gerratana		First Name Gregory		MI
Residential Street Address 111 Brookside Rd		City New Britain	State CT	Zip Code 06052
Principal Occupation Consultant		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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$50.00	\$50.00
Last Name Black		First Name Shirley		MI
Residential Street Address 301 Tremont St		City New Britain	State CT	Zip Code 06051
Principal Occupation		Name of Employer Retired		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Smith		First Name Jennifer		MI
Residential Street Address 191 Warrenton Ave		City West Hartford	State CT	Zip Code 06119
Principal Occupation Labor Director		Name of Employer CT Democratic Party		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" 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 associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 10/16/2013	Aggregate Contributions \$25.00	\$25.00

Last Name McCluskey		First Name David		MI
Residential Street Address 251 Westpoint Ter		City West Hartford	State CT	Zip Code 06107
Principal Occupation Parole Board Member		Name of Employer State of CT		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 10/16/2013	Aggregate Contributions \$75.00	\$75.00

Last Name Gerratana		First Name Theresa		MI
Residential Street Address 674 Lincoln St		City New Britain	State CT	Zip Code 06052
Principal Occupation State Senator		Name of Employer State of CT		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 10/16/2013	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Palmer		First Name Sharon		MI
Residential Street Address 27 Old Barry Rd		City Quaker Hill	State CT	Zip Code 06375
Principal Occupation Commissioner		Name of Employer Dept of Labor		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$50.00	\$50.00

Last Name Tessier		First Name Robert		MI
Residential Street Address 32 Griswold St		City Hartford	State CT	Zip Code 06114
Principal Occupation Director		Name of Employer CT Coalition of Taft-Hartley Health Funds		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$200.00	\$200.00

Last Name Fiumidinisi		First Name Thomas		MI
Residential Street Address 495 Vincelette St Unit 13		City Bridgeport	State CT	Zip Code 06606
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 10/16/2013	Aggregate Contributions \$30.00	\$15.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Morgan		First Name Kevin		MI
Residential Street Address 10A Grandview Dr		City Danbury	State CT	Zip Code 06811
Principal Occupation Registered Nurse		Name of Employer Danbury Hospital		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/17/2013	Aggregate Contributions \$25.00	\$25.00

Last Name Simmons		First Name Louise		MI
Residential Street Address 120 Beacon St		City Hartford	State CT	Zip Code 06105
Principal Occupation Professor		Name of Employer University of Connecticut		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/17/2013	Aggregate Contributions \$50.00	\$50.00

Last Name Merisotis		First Name Teresa		MI
Residential Street Address 49 Adelma Dr		City Coventry	State CT	Zip Code 06238
Principal Occupation Political Coordinator		Name of Employer AFT Connecticut		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/17/2013	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name McNamara		First Name John		MI
Residential Street Address 56 Brighton St		City New Britain	State CT	Zip Code 06053
Principal Occupation Development Officer		Name of Employer Capital Community College		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/17/2013	Aggregate Contributions \$25.00	\$25.00

Last Name Jaipershad		First Name Shyama		MI
Residential Street Address 35 Ashley St		City Bloomfield	State CT	Zip Code 06002
Principal Occupation Economist/Research Analyst		Name of Employer CT Dept of Labor		
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 committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>10152013B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/17/2013	Aggregate Contributions \$100.00	\$100.00

Total of Section B**\$10,225.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS**

(Sections A & B)

(Total on Line 14 of Summary Page)

\$10,225.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
AFSCME Council 4 OPC	Salvatore Luciano

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
444 E Main St	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
New Britain	CT	06051	07/16/2013	\$7,500.00
				\$1,875.00

Name of Committee	Name of Treasurer
Sheet Metal Workers Local #40	John Nimmons

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
100A Old Forge Rd	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Rocky Hill	CT	06067	08/09/2013	\$500.00
				\$500.00

Name of Committee	Name of Treasurer
Connecticut Education Association Political Action Committee	Howard M Dashefsky

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
21 Oak St Ste 500	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06106	09/03/2013	\$2,000.00
				\$2,000.00

Name of Committee	Name of Treasurer
Central Connecticut Carpenters Local Union 24	Bruce C. Lydem

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
500 Main St	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Yalesville	CT	06492	10/01/2013	\$500.00
				\$500.00

Name of Committee	Name of Treasurer
AFSCME Council 4 OPC	Salvatore Luciano

Address	Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
444 E Main St	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
New Britain	CT	06051	10/08/2013	\$9,375.00
				\$1,875.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE					TYPE OF REPORT	
Working Families Campaign Committee					12th Day Preceding General Election - Original	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
AFSCME 269				Niepaul Joseph		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
104 Fiske St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Waterbury	CT	06710	10/10/2013	\$120.00	\$120.00	
Name of Committee				Name of Treasurer		
Roofers Political Education Legislative Fund Of Ct.				Harold F. Davidson		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
15 Bernhard Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
North Haven	CT	06473	10/10/2013	\$300.00	\$300.00	
Name of Committee				Name of Treasurer		
UA Plumbers & Steamfitters Local 777 P.A.C.				Michael Rosario		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
1250 E Main St		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Meriden	CT	06450	10/10/2013	\$1,000.00	\$1,000.00	
Name of Committee				Name of Treasurer		
SEIU Local 32BJ Connecticut PAC				Juan R Hernandez		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
196 Trumbull St Ste 400		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Hartford	CT	06103	10/11/2013	\$7,500.00	\$5,000.00	
Name of Committee				Name of Treasurer		
Connecticut Education Association Political Action Committee				Howard M Dashefsky		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
21 Oak St Ste 500		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Hartford	CT	06106	10/11/2013	\$4,000.00	\$2,000.00	
Total of Section C1					\$15,170.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

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	Reimbursement for shared expense Payment for goods and services Surplus Distribution		
Total of Section C2					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

D. Loans Received this Period

Name of Lender		Source of Loan:				Date of Receipt
		Bank	Candidate	Individual	Other	
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
					Yes No	
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address		City	State	Zip Code		
Total of Section D						

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Working Families Campaign Committee			12th Day Preceding General Election - Original	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)				
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Total of Section E				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE			TYPE OF REPORT	
Working Families Campaign Committee			12th Day Preceding General Election - Original	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)				
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? Yes No If yes, list Event #			Amount
Total of Section F				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE			TYPE OF REPORT	
Working Families Campaign Committee			12th Day Preceding General Election - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)				
Date of Receipt	Amount			
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Working Families Campaign Committee		12th Day Preceding General Election - Original	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section E			

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Working Families Campaign Committee		12th Day Preceding General Election - Original	
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Working Families Campaign Committee		12th Day Preceding General Election - Original	
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	Amount Received
Street Address	City	State	
Description			
Total of Section K			

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original
L1. Fundraiser Event Information	

Fundraising Event #	Letter	Description
Date of Fundraiser		
10/15/2013	B	Dinner Event

Location: Street Address	City	State	Zip Code
79 Shuttle Meadow Ave	New Britain	CT	06051

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? Yes No *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)*

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? Yes No *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)*

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes No *(If yes, enter Total Receipts here.)* \$0.00

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes No *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? Yes No *(If yes, enter Total Receipts here.)* \$0.00

Fundraising Event #	Letter	Description
Date of Fundraiser		
10/15/2013	A	Cocktail Event

Location: Street Address	City	State	Zip Code
110 Randolph Rd	Middletown	CT	06457

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? Yes No *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)*

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? Yes No *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)*

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes No *(If yes, enter Total Receipts here.)* \$0.00

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes No *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? Yes No *(If yes, enter Total Receipts here.)* \$0.00

Total of Section L1	\$0.00
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II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

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

Name of Purchaser			Purchase Made By:		
			Business Entity		Individual
			Sole Proprietorship		
Street Address			City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Total of Section L3					

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

L4. In-Kind Donations Not Considered Contributions

Name of the Donor					
Jim Vigue					
Street Address			City	State	Zip Code
96 Moodus-Leesville Rd			Moodus	CT	06469
Donation Given by:	Description of Donation			Fair Market Value of Donation	
<input type="checkbox"/> Business Entity	drinks for fundraiser				
<input checked="" type="checkbox"/> Individual	Date Received	Event #	Aggregate value for this event		
<input type="checkbox"/> Sole Proprietorship	10/09/2013	10152013A	\$40.00		
Total of Section L4					\$40.00

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

M. In-Kind Contributions

Name McKinley Susan			
Street Address 40 Cambridge St	City New Britain	State CT	Zip Code 06051
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/15/2013	Aggregate contributions \$76.50	Description of In-Kind Contribution food and drinks for fundraising event
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 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 \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section II? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>10152013B</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$76.50	

Name Perry Art			
Street Address 40 Cambridge St	City New Britain	State CT	Zip Code 06051
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/15/2013	Aggregate contributions \$250.00	Description of In-Kind Contribution food and drinks for fundraising event
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 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 \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section II? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>10152013B</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$250.00	

Total of Section M

\$326.50

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

N. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Total of Section N			Amount of Deposit

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPFOOT
Working Families Campaign Committee	12th Day Preceding General Election - Original

O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer
Street Address	Date Notice Received
City	State
	Zip Code
Description of Donation	Purpose of Expenditure
	A B C D E
Total of Section O	

Fair Market Value of Donation

Aggregate Donations

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Thirty Arbor Street LLC		Date of Payment 07/01/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1054 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) OVHD	Description rent- July	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$949.00
Name of Payee Grassroots Strategies Inc.		Date of Payment 07/01/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1055 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St Ste 210		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) CNSLT	Description finance and administrative services Feb-May	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$448.00
Name of Payee Click and Pledge		Date of Payment 07/10/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2200 Kraft Dr		City Blacksburg	State VA	Zip Code
Purpose of Expenditure (by code) WEB	Description online donation site fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$20.90
Name of Payee Grassroots Strategies Inc.		Date of Payment 07/19/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1056 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St Ste 210		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) CNSLT	Description canvassing- petitioning	Event #		Amount
Expenditure # (if applicable) 133683	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought			\$1,700.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Germania Schwaben Club		Date of Payment 08/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1062 <input type="checkbox"/> Debit Card	
Street Address 416 Horace St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expenditure (by code) Misc *	Description rent for annual meeting event space	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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	<input type="checkbox"/> Coordinated with reimbursement sought		\$200.00
Name of Payee Vazzano's Catering		Date of Payment 08/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1063 <input type="checkbox"/> Debit Card	
Street Address 2456 Huntington Tpke		City Trumbull	State CT	Zip Code 06611
Purpose of Expenditure (by code) FOOD	Description catering for annual meeting	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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	<input type="checkbox"/> Coordinated with reimbursement sought		\$1,566.88
Name of Payee Thirty Arbor Street LLC		Date of Payment 08/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1060 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) OVHD	Description rent August	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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	<input type="checkbox"/> Coordinated with reimbursement sought		\$949.00
Name of Payee Hearst CT Post		Date of Payment 08/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1059 <input type="checkbox"/> Debit Card	
Street Address 410 State St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expenditure (by code) A-NEWS	Description meeting notice	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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	<input type="checkbox"/> Coordinated with reimbursement sought		\$166.60

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Working Families Campaign Committee		12th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee Hartford Courant		Date of Payment 08/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1058 <input type="checkbox"/> Debit Card
Street Address 285 Broad St		City Hartford	State CT Zip Code 06105
Purpose of Expenditure (by code) A-NEWS	Description meeting notice	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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	<input type="checkbox"/> Coordinated with reimbursement sought	\$140.74
Name of Payee Livingston, Adler, Pulda, Meiklejohn + Kelly PC		Date of Payment 08/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1057 <input type="checkbox"/> Debit Card
Street Address 557 Prospect Ave		City Hartford	State CT Zip Code 06105
Purpose of Expenditure (by code) CNSLT	Description legal fees	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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	<input type="checkbox"/> Coordinated with reimbursement sought	\$75.00
Name of Payee Andrea Penta		Date of Payment 08/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1061 <input type="checkbox"/> Debit Card
Street Address 745 Farmington Ave		City West Hartford	State CT Zip Code 06119
Purpose of Expenditure (by code) RCW	Description reimbursements- mileage for petitioning	Event #	Amount
Expenditure # (if applicable) 133628	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought	\$145.95
Name of Payee Click and Pledge		Date of Payment 08/12/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 2200 Kraft Dr		City Blacksburg	State VA Zip Code 24060
Purpose of Expenditure (by code) WEB	Description online donation site fees	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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	<input type="checkbox"/> Coordinated with reimbursement sought	\$20.45

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Livingston, Adler, Pulda, Meiklejohn + Kelly PC		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1064 <input type="checkbox"/> Debit Card	
Street Address 557 Prospect Ave		City Hartford		State CT
Zip Code 06105				
Purpose of Expenditure (by code) RCW	Description legal fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$425.00
Name of Payee Yoney Realty Corp		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1066 <input type="checkbox"/> Debit Card	
Street Address 679 Lindley St		City Bridgeport		State CT
Zip Code 06606				
Purpose of Expenditure (by code) OVHD	Description lease for Bridgeport BOE campaign office space	Event #		Amount
Expenditure # (if applicable) 133630	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought			\$1,070.00
Name of Payee Taylor Leake		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1065 <input type="checkbox"/> Debit Card	
Street Address 100 Wells St		City Hartford		State CT
Zip Code 06103				
Purpose of Expenditure (by code) RCW	Description reimbursements- mileage	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$132.78
Name of Payee Nina Huang		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card	
Street Address 1401 Chapel St		City New Haven		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description reimbursements- mileage, supplies	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$239.43

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Lindsay Farrell		Date of Payment 09/03/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1069 <input type="checkbox"/> Debit Card	
Street Address 120 Dwight St		City New Haven		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description reimbursements	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$681.59
Name of Payee Nina Huang		Date of Payment 09/03/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1070 <input type="checkbox"/> Debit Card	
Street Address 1401 Chapel St		City New Haven		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description reimbursements	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$120.98
Name of Payee US Postal Service		Date of Payment 09/03/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1072 <input type="checkbox"/> Debit Card	
Street Address 141 Weston St		City Hartford		State CT
Zip Code 06101				
Purpose of Expenditure (by code) POST	Description mail permit renewal	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$200.00
Name of Payee Thirty Arbor Street LLC		Date of Payment 09/03/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1071 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford		State CT
Zip Code 06106				
Purpose of Expenditure (by code) OVHD	Description rent- September	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$949.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Better Education Starts Today PAC		Date of Payment 09/03/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1068 <input type="checkbox"/> Debit Card	
Street Address 110 Hale Ter		City Bridgeport		State CT
Zip Code 06610				
Purpose of Expenditure (by code) CNTRB	Description contribution for primaries	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$2,000.00
Name of Payee Click and Pledge		Date of Payment 09/10/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2200 Kraft Dr		City Blacksburg		State VA
Zip Code 24060				
Purpose of Expenditure (by code) WEB	Description online donation site fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$33.00
Name of Payee Lindsay Farrell		Date of Payment 09/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1078 <input type="checkbox"/> Debit Card	
Street Address 120 Dwight St		City New Haven		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description reimbursements- envelopes, stamps for mailer	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$294.83
Name of Payee Lindsay Farrell		Date of Payment 09/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1078 <input type="checkbox"/> Debit Card	
Street Address 120 Dwight St		City New Haven		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description reimbursements- supplies for election day posters	Event #		Amount
Expenditure # (if applicable) 133665	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought			\$320.22

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Thirty Arbor Street LLC		Date of Payment 09/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1075 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) OVHD	Description rent- October	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$949.00
Name of Payee Taylor Leake		Date of Payment 09/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1073 <input type="checkbox"/> Debit Card	
Street Address 100 Wells St		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) RCW	Description reimbursements- mileage	Event #		Amount
Expenditure # (if applicable) 133667	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought			\$125.43
Name of Payee Grassroots Strategies Inc.		Date of Payment 09/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1076 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St Ste 210		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) CNSLT	Description canvassing- Toni Harp/New Haven	Event #		Amount
Expenditure # (if applicable) 133668	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought			\$850.00
Name of Payee Grassroots Strategies Inc.		Date of Payment 09/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1077 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St Ste 210		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) CNSLT	Description finance and administrative services- 6/1-8/31	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$756.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee CLASI		Date of Payment 09/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1074 <input type="checkbox"/> Debit Card	
Street Address 2 Nevins St		City Brooklyn	State NY	Zip Code 11217
Purpose of Expenditure (by code) WAGE	Description salaries July- see Section S (LF: \$3,825.85, KR: \$1,303.26, TL: \$1,904.40)	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$7,033.51
Name of Payee Grassroots Strategies Inc.		Date of Payment 10/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1079 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St Ste 210		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) CNSLT	Description canvassing for Bridgeport BOE	Event #		Amount
Expenditure # (if applicable) 133671	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought			\$4,335.00
Name of Payee Click and Pledge		Date of Payment 10/10/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2200 Kraft Dr		City Blacksburg	State VA	Zip Code 24060
Purpose of Expenditure (by code) WEB	Description online donation site fees	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought			\$55.33
Name of Payee Grassroots Strategies Inc.		Date of Payment 10/16/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1084 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St Ste 210		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) CNSLT	Description canvassing- Dawn Niles/Windham	Event #		Amount
Expenditure # (if applicable) 133672	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought			\$1,700.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Working Families Campaign Committee		12th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee Livingston, Adler, Pulda, Meiklejohn + Kelly PC		Date of Payment 10/16/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1080 <input type="checkbox"/> Debit Card
Street Address 557 Prospect Ave		City Hartford	State CT Zip Code 06105
Purpose of Expenditure (by code) CNSLT	Description legal fees	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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 <input type="checkbox"/> Coordinated with reimbursement sought		\$68.75
Name of Payee Grassroots Strategies Inc.		Date of Payment 10/16/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1083 <input type="checkbox"/> Debit Card
Street Address 30 Arbor St Ste 210		City Hartford	State CT Zip Code 06106
Purpose of Expenditure (by code) CNSLT	Description canvassing- New Britian/Tim O'Brien	Event #	Amount
Expenditure # (if applicable) 133674	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought		\$4,250.00
Name of Payee Local Color Venutres LLC		Date of Payment 10/16/2013	Method of Payment <input checked="" type="checkbox"/> Check # 1082 <input type="checkbox"/> Debit Card
Street Address 17B Herman Dr		City Simsbury	State CT Zip Code 06070
Purpose of Expenditure (by code) PRNT	Description flyers- Bridgeport BOE	Event #	Amount
Expenditure # (if applicable) 133675	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with reimbursement sought		\$1,380.00
Total of Section P			\$34,352.37

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
	12th Day Preceding General Election - Original

Q. Campaign Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?	
			Yes	No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	

Total of Section Q

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

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		
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 R Required		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			

Total of Section R

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original
T. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Huang	Nina		01/11/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee					
Hallmark					
Street Address		City		State	Zip Code
201 Westfarms Mall		Farmington		CT	06032
Purpose of Expenditure (by code)	Description		Event #	Amount	
OFFICE					
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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				\$2.12

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Huang	Nina		01/25/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee					
Target					
Street Address		City		State	Zip Code
475 Hartford Rd		New Britain		CT	06053
Purpose of Expenditure (by code)	Description		Event #	Amount	
FOOD	food/drinks for committee meeting				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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				\$10.82

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Farrell	Lindsay		07/08/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee
Germania Schwaben Club

Street Address	City	State	Zip Code
416 Horace St	Bridgeport	CT	06610

Purpose of Expenditure (by code)	Description	Event #	Amount
Misc *	deposit for annual meeting event space		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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		\$200.00

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Farrell	Lindsay		07/09/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee
Staples

Street Address	City	State	Zip Code
80 Boston Post Rd	Orange	CT	06477

Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE	supplies		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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		\$197.00

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Farrell	Lindsay		07/09/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee
Oregano Joe's

Street Address	City	State	Zip Code
531 Boston Post Rd	Orange	CT	06477

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	food for committee meeting		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Coordinated with 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		\$30.47

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Huang	Nina		07/10/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee
USPS

Street Address	City	State	Zip Code
Lasalle Road	West Hartford	CT	06107

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	stamps		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Coordinated with 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		\$9.20

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Farrell	Lindsay		07/31/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee
Fed Ex

Street Address	City	State	Zip Code
400 Boston Post Rd	Orange	CT	06477

Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT			
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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		\$92.52

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Farrell	Lindsay		08/01/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee
Fed Ex

Street Address	City	State	Zip Code
400 Boston Post Rd	Orange	CT	06477

Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE	markers		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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		\$8.60

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original
T. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Huang	Nina		08/09/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee Staples					
Street Address		City		State	Zip Code
2550 Albany Ave		West Hartford		CT	06117
Purpose of Expenditure (by code)	Description	Event #		Amount	
OFFICE					
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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			\$43.54	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Penta	Andrea		08/09/2013	<input checked="" type="checkbox"/> Check # 1061 <input type="checkbox"/> Debit Card	
Secondary Payee Andrea Penta					
Street Address		City		State	Zip Code
745 Farmington Ave		West Hartford		CT	06119
Purpose of Expenditure (by code)	Description	Event #		Amount	
TRVL	reimbursements- mileage for petitioning				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required				
133684	<input checked="" 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			\$145.95	

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original
T. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Huang	Nina		08/13/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee CVS					
Street Address		City		State	Zip Code
978 Farmington Ave		West Hartford		CT	06107
Purpose of Expenditure (by code)	Description		Event #	Amount	
OFFICE	envelopes				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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				\$1.99

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Huang	Nina		08/13/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee USPS					
Street Address		City		State	Zip Code
Lasalle Road		West Hartford		CT	06107
Purpose of Expenditure (by code)	Description		Event #	Amount	
POST	mailing pins				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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				\$3.60

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original
T. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Huang	Nina		08/14/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee Nina Huang					
Street Address		City		State	Zip Code
1401 Chapel St		New Haven		CT	06511
Purpose of Expenditure (by code)	Description	Event #		Amount	
TRVL	mileage reimbursements				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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			\$168.16	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Leake	Taylor		08/14/2013	<input checked="" type="checkbox"/> Check # 1065 <input type="checkbox"/> Debit Card	
Secondary Payee Taylor Leake					
Street Address		City		State	Zip Code
100 Wells St		Hartford		CT	06103
Purpose of Expenditure (by code)	Description	Event #		Amount	
TRVL	reimbursements- mileage				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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			\$132.78	

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Farrell	Lindsay		08/20/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee
Bridgeport Registrar of Voters

Street Address	City	State	Zip Code
202 State St	Bridgeport	CT	06604

Purpose of Expenditure (by code)	Description	Event #	Amount
Misc *	voter file disk		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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		\$25.00

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Huang	Nina		08/20/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee
USPS

Street Address	City	State	Zip Code
Lasalle Road	West Hartford	CT	06107

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	stamps for fundraising letters		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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		\$92.00

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original
T. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Huang	Nina		08/20/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee CVS					
Street Address		City		State	Zip Code
978 Farmington Ave		West Hartford		CT	06107
Purpose of Expenditure (by code)	Description		Event #	Amount	
OFFICE	paper for fundraising letters				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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				\$8.75

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Huang	Nina		08/30/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee Capital Place					
Street Address		City		State	Zip Code
21 Oak St		Hartford		CT	06106
Purpose of Expenditure (by code)	Description		Event #	Amount	
TRVL	parking				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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				\$3.00

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original
T. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Huang	Nina		09/03/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee Nina Huang					
Street Address		City		State	Zip Code
1401 Chapel St Apt 3		New Haven		CT	06511
Purpose of Expenditure (by code)	Description	Event #		Amount	
TRVL	mileage				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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			\$17.23	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Farrell	Lindsay		09/03/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee Lindsay Farrell					
Street Address		City		State	Zip Code
120 Dwight St		New Haven		CT	06511
Purpose of Expenditure (by code)	Description	Event #		Amount	
TRVL	mileage				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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			\$128.00	

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Farrell	Lindsay		09/05/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee					
Walgreens					
Street Address		City		State	Zip Code
960 North Ave		Bridgeport		CT	06606
Purpose of Expenditure (by code)	Description	Event #		Amount	
OFFICE	supplies				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required				
133865	<input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought			\$23.83	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Farrell	Lindsay		09/08/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee					
Staples					
Street Address		City		State	Zip Code
1371 Boston Post Rd		Milford		CT	06460
Purpose of Expenditure (by code)	Description	Event #		Amount	
OFFICE	supplies				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required				
133867	<input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought			\$180.40	

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Farrell	Lindsay		09/09/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee

Michaels

Street Address	City	State	Zip Code
79 Turnpike Sq	Milford	CT	06460

Purpose of Expenditure (by code)	Description	Event #	Amount
A-SIGN	election day posters		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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		
133864			\$115.99

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Farrell	Lindsay		09/18/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card

Secondary Payee

USPS

Street Address	City	State	Zip Code
360 Old Tavern Rd	Orange	CT	06477

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	stamps for fundraising letter		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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		
			\$230.00

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Farrell	Lindsay		09/18/2013	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Secondary Payee					
Staples					
Street Address		City		State	Zip Code
80 Boston Post Rd		Orange		CT	06477
Purpose of Expenditure (by code)	Description		Event #	Amount	
OFFICE	envelopes for mailings				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T 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			\$64.83	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Farrell	Lindsay		09/23/2013	<input checked="" type="checkbox"/> Check # 1078 <input type="checkbox"/> Debit Card	
Secondary Payee					
Lindsay Farrell					
Street Address		City		State	Zip Code
120 Dwight St		New Haven		CT	06511
Purpose of Expenditure (by code)	Description		Event #	Amount	
OFFICE	reimbursements- supplies for election day posters				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required				
133680	<input checked="" 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			\$320.22	

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Leake	Taylor		09/23/2013	<input checked="" type="checkbox"/> Check # 1073 <input type="checkbox"/> Debit Card	
Secondary Payee					
Taylor Leake					
Street Address		City		State	Zip Code
100 Wells St		Hartford		CT	06103
Purpose of Expenditure (by code)	Description		Event #	Amount	
TRVL	reimbursements- mileage				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required				
133682	<input checked="" 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			\$125.43	

Total of Section T

\$2,381.43

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee - Addendum

Expenditure # 133628	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$145.95
Name of Candidate Maria Valle	Office Sought Other Municipal Office	Cost Allocated to Candidate \$69.02
Name of Candidate Carl Chisem	Office Sought Other Municipal Office	Cost Allocated to Candidate \$7.92
Name of Candidate Aidee Nieves	Office Sought Other Municipal Office	Cost Allocated to Candidate \$69.01

Expenditure # 133630	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,070.00
Name of Candidate Sauda Baraka	Office Sought Other Municipal Office	Cost Allocated to Candidate \$356.68
Name of Candidate Andre Baker Jr	Office Sought Other Municipal Office	Cost Allocated to Candidate \$356.66
Name of Candidate Eric Stewart-Alicea	Office Sought Other Municipal Office	Cost Allocated to Candidate \$356.66

Expenditure # 133665	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$320.22
Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$106.74
Name of Candidate Howard Gardner	Office Sought Other Municipal Office	Cost Allocated to Candidate \$106.74
Name of Candidate Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$106.74

Expenditure # 133667	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$125.43
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Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$41.81
Name of Candidate Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$41.81
Name of Candidate Howard Gardner	Office Sought Other Municipal Office	Cost Allocated to Candidate \$41.81

Expenditure # 133668	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$850.00
Name of Candidate Toni Harp	Office Sought Mayor	Cost Allocated to Candidate \$850.00

Expenditure # 133671	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$4,335.00
Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,445.00
Name of Candidate Sauda Baraka	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,445.00
Name of Candidate Eric Stewart-Alicea	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,445.00

Expenditure # 133672	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,700.00
Name of Candidate Dawn Niles	Office Sought Mayor	Cost Allocated to Candidate \$1,700.00

Expenditure # 133674	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$4,250.00
Name of Candidate Tim O'Brien	Office Sought Mayor	Cost Allocated to Candidate \$4,250.00

Expenditure # 133675	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,380.00
Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$460.00

Name of Candidate Sauda Baraka	Office Sought Other Municipal Office	Cost Allocated to Candidate \$460.00
Name of Candidate Eric Stewart-Alicea	Office Sought Other Municipal Office	Cost Allocated to Candidate \$460.00

Expenditure # 133683	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,700.00
Name of Candidate Carl Chisem	Office Sought Other Municipal Office	Cost Allocated to Candidate \$283.35
Name of Candidate Maria Valle	Office Sought Other Municipal Office	Cost Allocated to Candidate \$283.33
Name of Candidate Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$283.33
Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$283.33
Name of Candidate Howard Gardner	Office Sought Other Municipal Office	Cost Allocated to Candidate \$283.33
Name of Candidate Aidee Nieves	Office Sought Other Municipal Office	Cost Allocated to Candidate \$283.33

Section T. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
Working Families Campaign Committee	12th Day Preceding General Election - Original

T. Itemization of Reimbursements to Committee Workers and Consultants - Addendum

Expenditure # 133680	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$320.22
Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$106.74
Name of Candidate Howard Gardner	Office Sought Other Municipal Office	Cost Allocated to Candidate \$106.74
Name of Candidate Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$106.74

Expenditure # 133682	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$125.43
Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$41.81
Name of Candidate Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$41.81
Name of Candidate Howard Gardner	Office Sought Other Municipal Office	Cost Allocated to Candidate \$41.81

Expenditure # 133684	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$145.95
Name of Candidate Carl Chisem	Office Sought Other Municipal Office	Cost Allocated to Candidate \$7.92
Name of Candidate Maria Valle	Office Sought Other Municipal Office	Cost Allocated to Candidate \$69.02
Name of Candidate Aidee Nieves	Office Sought Other Municipal Office	Cost Allocated to Candidate \$69.01

Expenditure # 133864	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$115.99
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Name of Candidate Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$38.67
Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$38.66
Name of Candidate Howard Gardner	Office Sought Other Municipal Office	Cost Allocated to Candidate \$38.66

Expenditure # 133865	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$23.83
Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$7.95
Name of Candidate Howard Gardner	Office Sought Other Municipal Office	Cost Allocated to Candidate \$7.94
Name of Candidate Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$7.94

Expenditure # 133867	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$180.40
Name of Candidate Howard Gardner	Office Sought Other Municipal Office	Cost Allocated to Candidate \$60.14
Name of Candidate Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$60.13
Name of Candidate Andre Baker Jr.	Office Sought Other Municipal Office	Cost Allocated to Candidate \$60.13