

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 26

COVER PAGE

1. NAME OF COMMITTEE			
Democratic State Central Committee			
2. TREASURER NAME			
First Emma	MI W.	Last Pierce	Suffix
3. TREASURER ADDRESS			
Street Address 543 Church St	City New Britain	State CT	Zip Code 06051
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	Alyssa Torres	10/24/2013 11:03:22PM	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p align="center">PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</p>			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Democratic State Central 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		\$72,089.90
12. Balance on hand at the beginning of Reporting Period	\$314.67	
13. Contributions received from Individuals (Section A and B)	\$136,111.05	\$148,611.05
14. Receipts from Other Committees (Sections C1 and C2)	\$53,475.00	\$72,375.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$7,460.42
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)	\$189,586.05	\$228,446.47
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$189,900.72	\$300,536.37
19. Expenses Paid by Committee (Section P)	\$62,600.60	\$173,236.25
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both column)	\$127,300.12	\$127,300.12
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O) 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)	\$4,735.72	\$4,735.72
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central 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****\$111.05****B. Itemized Contributions from Individuals**

Last Name Baker		First Name Richard		MI A
Residential Street Address 3 Manhattanville Rd Ste 202		City Purchase	State NY	Zip Code 10577
Principal Occupation CEO		Name of Employer Hudson's Bay Company		
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 checked="" 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 07/12/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Ferguson		First Name Richard		MI
Residential Street Address 23 Edgewater Hillside		City Westport	State CT	Zip Code 06880-6101
Principal Occupation Broadcast 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 checked="" 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 08/22/2013	Aggregate Contributions \$2,000.00	\$2,000.00

Last Name Snider		First Name Edward		MI
Residential Street Address 1825 Aloha Ln		City Gladwyne	State PA	Zip Code 19035
Principal Occupation CEO		Name of Employer Spectator		
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 checked="" 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 08/23/2013	Aggregate Contributions \$10,000.00	\$10,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Apfelbaum		First Name Bonnie		MI G
Residential Street Address 143 Byram Shore Rd		City Greenwich	State CT	Zip Code 06830-6907
Principal Occupation Not Employed		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 checked="" 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 08/27/2013	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Broad		First Name Eli		MI
Residential Street Address 75 Oakmont Dr		City Los Angeles	State CA	Zip Code 90049
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 checked="" 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 08/27/2013	Aggregate Contributions \$8,000.00	\$8,000.00

Last Name Toledano		First Name Suzette		MI
Residential Street Address 932 Amethyst St		City New Orleans	State LA	Zip Code 70130
Principal Occupation Attorney		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" 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 \$2,500.00	\$2,500.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Evans		First Name R.		MI B
Residential Street Address 791 Park Ave # 7B		City New York	State NY	Zip Code 10021
Principal Occupation Banker		Name of Employer Morgan Stanley		
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 checked="" 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 09/04/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Sackler		First Name Jonathan		MI
Residential Street Address 75 Field Point Cir		City Greenwich	State CT	Zip Code 06830-7072
Principal Occupation Director		Name of Employer Purdue Pharma		
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 checked="" 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 09/09/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Corson		First Name Mary		MI
Residential Street Address 75 Field Point Cir		City Greenwich	State CT	Zip Code 06830-7072
Principal Occupation Homemaker		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 checked="" 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 09/11/2013	Aggregate Contributions \$10,000.00	\$10,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Katz		First Name Lewis		MI
Residential Street Address 800 S Ocean Blvd # 504		City Boca Raton	State FL	Zip Code 33432
Principal Occupation Philanthropist		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 checked="" 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 09/12/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Snyder		First Name Brian		MI S
Residential Street Address 555 Madison Ave Ste 1302		City New York	State NY	Zip Code 10022
Principal Occupation Principal		Name of Employer HBJ Investments		
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 checked="" 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 \$10,000.00	\$5,000.00

Last Name Greenberg		First Name David		MI A
Residential Street Address 491 Thayer Pond Rd		City Wilton	State CT	Zip Code 06897-2321
Principal Occupation Attorney		Name of Employer Berkowitz Trager & Trager, LLC		
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 checked="" 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 09/26/2013	Aggregate Contributions \$2,500.00	\$2,500.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name McAllister		First Name Brian		MI
Residential Street Address 8 Peter Cooper Rd		City New York	State NY	Zip Code 10010
Principal Occupation Chairman & CEO		Name of Employer McAllister Towing		
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 checked="" 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 09/26/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Fish		First Name John		MI
Residential Street Address 77 Corey Ln		City Milton	State MA	Zip Code 02186
Principal Occupation Chairman and CEO		Name of Employer Suffolk Construction Company, 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 checked="" 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 09/30/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Early		First Name James		MI
Residential Street Address 38 Hunting Hill Rd		City Woodbridge	State CT	Zip Code 06525-1929
Principal Occupation Attorney		Name of Employer Early, Lucarelli, Sweeney & Strauss		
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 checked="" 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 \$5,000.00	\$5,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Stern		First Name David		MI J
Residential Street Address 16 Overlook Rd		City Scarsdale	State NY	Zip Code 10583-3012
Principal Occupation Executive		Name of Employer National Basketball Association		
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 checked="" type="checkbox"/> No		Amount of Contribution
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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 O'Neill		First Name J.		MI B
Residential Street Address 2701 Renaissance Blvd Fl 4		City King of Prussia	State PA	Zip Code 19406
Principal Occupation Real Estate Investor		Name of Employer O'Neill Property 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 checked="" 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 10/11/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Messer		First Name David		MI A
Residential Street Address 1 Zaccheus Mead Ln		City Greenwich	State CT	Zip Code 06831-4418
Principal Occupation CEO		Name of Employer Freepoint Commodities LLC		
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 checked="" type="checkbox"/> No		Amount of Contribution
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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 10/11/2013	Aggregate Contributions \$5,000.00	\$5,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Mullins		First Name Thomas		MI
Residential Street Address 2 Pearl St		City Farmington	State CT	Zip Code 06032-2219
Principal Occupation Attorney		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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 checked="" 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 10/11/2013	Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Little		First Name William		MI
Residential Street Address 1107 5th Ave		City New York	State NY	Zip Code 10128
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 checked="" 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 \$5,000.00	\$5,000.00
Total of Section B				\$136,000.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)				\$136,111.05

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE					TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding General Election - Original	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
CODPAC, Connecticut Dental PAC				Stephen Moran		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
835 W Queen St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Southington	CT	06489-1032	07/01/2013	\$2,500.00	\$2,500.00	
Name of Committee				Name of Treasurer		
99 PAC				Paul W. Summers		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
369 Coe Ave # 114		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
East Haven	CT	06512	08/09/2013	\$100.00	\$100.00	
Name of Committee				Name of Treasurer		
Connecticut State AFL-CIO OPC Account				John W. Olsen		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
56 Town Line Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Rocky Hill	CT	06067	08/27/2013	\$7,500.00	\$7,500.00	
Name of Committee				Name of Treasurer		
Connecticut Laborer's Political League				Charles T. LeConche		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
475 Ledyard St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Hartford	CT	06114	09/09/2013	\$2,000.00	\$2,000.00	
Name of Committee				Name of Treasurer		
Project Democracy				Benjamin M. Wenograd		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
39 Lilley Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
West Hartford	CT	06119	09/11/2013	\$2,000.00	\$2,000.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE					TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding General Election - Original	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Association of Retired Teachers of Connecticut (ARTC PAC)				Mary Gracyalny		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
68 Loomis St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Manchester	CT	06042	09/12/2013	\$1,225.00	\$1,225.00	
Name of Committee				Name of Treasurer		
A & R COPE PAC				Paul Krell		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
805 Brook St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Rocky Hill	CT	06067	09/18/2013	\$1,925.00	\$1,925.00	
Name of Committee				Name of Treasurer		
UA Plumbers & Steamlifters Local 777 P.A.C.				Hubert J. Barnes		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
1250 E Main St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Meriden	CT	06450-4806	09/20/2013	\$2,000.00	\$2,000.00	
Name of Committee				Name of Treasurer		
Roofers Political Educational Legislative Fund of				Harold 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	06473-3906	09/20/2013	\$2,000.00	\$2,000.00	
Name of Committee				Name of Treasurer		
Connecticut Health Care District 1199 PAC				David Zevin		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
77 Huyshope Ave		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Hartford	CT	06106	09/20/2013	\$1,500.00	\$1,500.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
CODPAC, Connecticut Dental PAC	Stephen Moran

Address	Is this contribution associated with a fundraising event listed in Section L1?				Amount of Contribution
835 W Queen St	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	\$5,000.00
Southington	CT	06489-1032	09/23/2013	\$5,000.00	

Name of Committee	Name of Treasurer
AFT Connecticut Political Action Committee	Edward Leavy

Address	Is this contribution associated with a fundraising event listed in Section L1?				Amount of Contribution
35 Marshall Rd	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	\$5,000.00
Rocky Hill	CT	06067-1400	09/24/2013	\$5,000.00	

Name of Committee	Name of Treasurer
Connecticut's Children	Michael J. Cacace

Address	Is this contribution associated with a fundraising event listed in Section L1?				Amount of Contribution
777 Summer St	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	\$1,750.00
Stamford	CT	06901	09/24/2013	\$1,750.00	

Name of Committee	Name of Treasurer
Third Street PAC	Dean M. O'Brien

Address	Is this contribution associated with a fundraising event listed in Section L1?				Amount of Contribution
54 Federal St	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	\$500.00
West Hartford	CT	06110	09/30/2013	\$500.00	

Name of Committee	Name of Treasurer
NE Regional Council/Carpenters CT., O.P.C.	John Cunningham

Address	Is this contribution associated with a fundraising event listed in Section L1?				Amount of Contribution
PO Box 668 427 Stillson Road	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	\$7,500.00
Fairfield	CT	06824-0668	09/30/2013	\$7,500.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE					TYPE OF REPORT	
Democratic State Central Committee					12th Day Preceding General Election - Original	
C1. Contributions from Other Committees						
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	09/30/2013	\$1,750.00	\$1,750.00	
Name of Committee				Name of Treasurer		
Connecticut Ophthalmologists Medical Eye Care				William Ehelers		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
26 Sally Burr , PO Box 854		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Litchfield	CT	06759-0854	10/01/2013	\$2,500.00	\$2,500.00	
Name of Committee				Name of Treasurer		
Connecticut Chapter 1150				Rocco J. Calo		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
150 Garfield Ave		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Stratford	CT	06615	10/03/2013	\$2,000.00	\$2,000.00	
Name of Committee				Name of Treasurer		
AFSCME Council 4 PAC				Sal Luciano		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
444 E Main St		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
New Britain	CT	06051-2055	10/07/2013	\$1,225.00	\$1,225.00	
Name of Committee				Name of Treasurer		
CT State UAW-PAC Council				Julie Kushner		
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
111 South Rd		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Farmington	CT	06032-2520	10/09/2013	\$3,500.00	\$3,500.00	
Total of Section C1					\$53,475.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central 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
Democratic State Central 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	
Democratic State Central 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	
Democratic State Central 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?			Amount
	Yes	No	If yes, list Event #	
Total of Section F				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE			TYPE OF REPORT	
Democratic State Central 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	
Democratic State Central 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		
Democratic State Central Committee	12th Day Preceding General Election - Original		
J. Interest from Deposits in Authorized Accounts			
Name of Institution	Date Received		Amount
Street Address	City	State Zip Code	
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE	TYPE OF REPORT		
Democratic State Central Committee	12th Day Preceding General Election - Original		
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name	Date of Transaction		Amount Received
Street Address	City	State Zip Code	
Description			
Total of Section K			

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE		TYPE OF REPORT		
Democratic State Central Committee		12th Day Preceding General Election - Original		
L1. Fundraiser Event Information				
Fundraising Event # Date of Fundraiser	Letter	Description		
Location: Street Address		City	State	Zip Code
<i>Subpart 1: (All Committees)</i>				
Was this fundraising event hosted at a personal residence?		Yes	<i>(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.)</i>	
		No		
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	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
		No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	<i>(If yes, enter Total Receipts here.)</i>	
		No		
<i>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
		No		
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes	<i>(If yes, enter Total Receipts here.)</i>	
		No		
Total of Section L1				

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE		TYPE OF REPORT		
Democratic State Central 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
Democratic State Central Committee	12th Day Preceding General Election - Original
L4. In-Kind Donations Not Considered Contributions	

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation	
Business Entity				
Individual	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				
Total of Section L4				

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original
M. In-Kind Contributions	

Name				
Street Address		City	State	Zip Code
Type of Contributor:	Date Received	Aggregate contributions	Description of In-Kind Contribution	
Committee				
Individual / Sole Proprietorship	Other			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes 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?	Yes No	Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section J1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No	
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive	Legislative
Total of Section M				

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central 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			Amount of Deposit
Street Address	City	State	

Total of Section N

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPFOOT
Democratic State Central 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	Fair Market Value of Donation	
City	State		Zip Code
Description of Donation	Purpose of Expenditure A B C D E		

Total of Section O

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Global Strategies, Inc.		Date of Payment 07/05/2013	Method of Payment <input checked="" type="checkbox"/> Check # 5002 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York		State NY
Zip Code 10003				
Purpose of Expenditure (by code) CNSLT	Description Consultant	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			\$1,000.00
Name of Payee Chris Calabrese		Date of Payment 07/09/2013	Method of Payment <input checked="" type="checkbox"/> Check # 5003 <input type="checkbox"/> Debit Card	
Street Address 246 Broad St Apt 2		City New Britain		State CT
Zip Code 06053				
Purpose of Expenditure (by code) CNSLT	Description Campaign Consulting	Event #		Amount
Expenditure # (if applicable) 1	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 type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with reimbursement sought			\$1,500.00
Name of Payee DSCC Federal		Date of Payment 07/26/2013	Method of Payment <input checked="" type="checkbox"/> Check # 5004 <input type="checkbox"/> Debit Card	
Street Address 330 Main St Fl 3		City Hartford		State CT
Zip Code 06106-1851				
Purpose of Expenditure (by code) Misc *	Description Reimbursement of operating expenditures; See FEC report	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			\$9,407.23
Name of Payee Mach3Media		Date of Payment 08/26/2013	Method of Payment <input checked="" type="checkbox"/> Check # 5005 <input type="checkbox"/> Debit Card	
Street Address 126 Francis St		City Portland		State ME
Zip Code 04102				
Purpose of Expenditure (by code) Misc *	Description Printing	Event #		Amount
Expenditure # (if applicable) 2	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			\$9,471.44

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Mach3Media		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 5006 <input type="checkbox"/> Debit Card	
Street Address 126 Francis St		City Portland	State ME	Zip Code 04102
Purpose of Expenditure (by code) Misc *	Description Printing	Event #		Amount
Expenditure # (if applicable) 3	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			\$3,911.21
Name of Payee People's United Bank		Date of Payment 09/09/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1 Financial Plz		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) BNK	Description Bank 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			\$25.00
Name of Payee Global Strategies, Inc.		Date of Payment 09/10/2013	Method of Payment <input checked="" type="checkbox"/> Check # 5010 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Consultant	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			\$7,500.00
Name of Payee Bridgeport DTC		Date of Payment 09/13/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 116 Harlem Ave		City Bridgeport	State CT	Zip Code 06606-4661
Purpose of Expenditure (by code) CNTRB	Description Wire #001000909131940	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			\$20,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee People's Bank Mastercard		Date of Payment 09/26/2013	Method of Payment <input checked="" type="checkbox"/> Check # 5011 <input type="checkbox"/> Debit Card	
Street Address PO Box 18055		City Bridgeport	State CT	Zip Code 06601-2855
Purpose of Expenditure (by code) CCP	Description Mastercard-People's Bank	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			\$4,735.72
Name of Payee Swift-CPA		Date of Payment 10/10/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2452 Vale Way		City Erie	State CO	Zip Code 80516
Purpose of Expenditure (by code) Misc *	Description Credit Card Processing 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			\$50.00
Name of Payee Global Strategies, Inc.		Date of Payment 10/15/2013	Method of Payment <input checked="" type="checkbox"/> Check # 5012 <input type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Consultant	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			\$5,000.00
Total of Section P				\$62,600.60

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	
Democratic State Central Committee		12th Day Preceding General Election - Original	
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution People's Bank Mastercard		Type of Credit Card: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Mach3Media		Date of Transaction 09/10/2013	
Street Address 126 Francis St		City Portland	State Zip Code ME 04102
Purpose of Expenditure (by code) PRNT	Description Printing	Event #	Amount
Expenditure # (if applicable) 1	Type of Expenditure (if applicable) Itemization in Addendum R 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		\$4,735.72
Total of Section R			\$4,735.72

IV. EXPENDITURES					
NAME OF COMMITTEE				TYPE OF REPORT	
Democratic State Central Committee				12th Day Preceding General Election - Original	
S. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Estimate or Actual)
Expenditure# (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required		Coordinated with reimbursement sought		
	Coordinated without reimbursement sought	Independent	Organization :	A B C D E	
Total of Section S					

IV. EXPENDITURES					
NAME OF COMMITTEE				TYPE OF REPORT	
Democratic State Central 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 Check # Debit Card
Secondary Payee					
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required		Coordinated with reimbursement sought		
	Coordinated without reimbursement sought	Independent	Organization:	A B C D E	
Total of Section T					

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

P. Expenses Paid By Committee - Addendum

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
2		\$9,471.44
Name of Candidate Kathryn Bukovsky	Office Sought Other Municipal Office	Cost Allocated to Candidate \$3,157.00
Name of Candidate Brandon Clark	Office Sought Other Municipal Office	Cost Allocated to Candidate \$3,157.00
Name of Candidate Simon Castillo	Office Sought Other Municipal Office	Cost Allocated to Candidate \$3,157.44

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
1		\$1,500.00
Name of Candidate Tony Horn	Office Sought State Representative	Cost Allocated to Candidate \$1,500.00

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
3		\$3,911.21
Name of Candidate Kathryn Bukovsky	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,303.00
Name of Candidate Brandon Clark	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,303.00
Name of Candidate Simon Castillo	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,305.21

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	12th Day Preceding General Election - Original

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
1		\$4,735.72
Name of Candidate Kathryn Bukovsky	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,578.00
Name of Candidate Brandon Clark	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,578.00
Name of Candidate Simon Castillo	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,579.72