

**SEEC FORM 20**

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



Do Not Mark in This Space For  
 Official Use Only

131187

**SUMMARY PAGE**

**1. NAME OF COMMITTEE**

**Working Families PAC**

**FILED SEEC**

**2. TREASURER NAME**

Title	First	MI	Last	Suffix
	<b>Tracy</b>		<b>Deegan</b>	

2013 SEP 3 AM 9 54

**3. TREASURER ADDRESS**

Street Address	City	State	Zip Code
<b>102 Guarino Drive</b>	<b>Middletown</b>	<b>CT</b>	<b>06457</b>

**4. ELECTION/REFERENDUM DATE**    **5. OFFICE SOUGHT (Complete only if Candidate Committee)**    **6. DISTRICT NUMBER (if applicable)**

(mm/dd/yyyy)		
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**7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)**

Title	First	MI	Last	Suffix

**8. TYPE OF REPORT (Check One Box)**

- January 10 filing
  - April 10 filing
  - July 10 filing
  - October 10 filing
  - Independent Expenditure
    - Primary
    - Election
  - 7th day preceding primary
  - 30 days following primary
  - 7th day preceding election
  - 12th day preceding election  
*(State Central Committees Only)*
  - 45 days following election not held in November
  - 7th day preceding referendum
  - 45 days following referendum
  - Deficit
  - Termination
  - Initial Contribution or Disbursement  
*(PACs ONLY)*
  - Amendment to
- Type of Report: \_\_\_\_\_

**9. PERIOD COVERED**

Beginning Date	Ending Date
<u>07/01/2013</u>	<u>09/01/2013</u>

thru

**10. CERTIFICATION**

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

  
 TREASURER OR DEPUTY TREASURER (SIGNATURE)

**Tracy Deegan**  
 PRINT NAME OF SIGNER

**08/30/2013**  
 DATE (mm/dd/yyyy)

**PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.**

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**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
	09/03/2013	
Working Families PAC	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		\$18,503.00
12. Balance on hand at the beginning of Reporting Period	\$18,000.00	
13. Contributions received from Individuals (Sections A and B)	\$0.00	\$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$0.00	\$0.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$0.00	\$0.00
19. Expenses Paid by Committee (Section P)	\$2,000.00	\$2,503.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$16,000.00	\$16,000.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
Working Families PAC	09/03/2013

**P. Expenses Paid by Committee**

Name of Payee	Date of Payment	Method of Payment	Amount
Better Education Starts Today PAC, Sara Batalla Treasurer Street Address: 110 Hale Terrace City: Bridgeport State: CT Zip Code: 06606 Purpose of Expenditure (by code): C Description: _____ Event #: _____ Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	7/29/2013	<input checked="" type="radio"/> Check # 1071 <input type="radio"/> Debit Card	\$ 2,000.00
Name of Payee: _____ Street Address: _____ City: _____ State: CT Zip Code: _____ Purpose of Expenditure (by code): _____ Description: _____ Event #: _____ Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card	\$ 0.00
Name of Payee: _____ Street Address: _____ City: _____ State: CT Zip Code: _____ Purpose of Expenditure (by code): _____ Description: _____ Event #: _____ Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card	\$ 0.00
Name of Payee: _____ Street Address: _____ City: _____ State: CT Zip Code: _____ Purpose of Expenditure (by code): _____ Description: _____ Event #: _____ Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card	\$ 0.00
Name of Payee: _____ Street Address: _____ City: _____ State: CT Zip Code: _____ Purpose of Expenditure (by code): _____ Description: _____ Event #: _____ Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card	\$ 0.00
<b>SUBTOTAL Section P-This Page</b>			\$2,000.00
<b>TOTAL of additional Section P Pages</b>			\$0.00
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>			\$2,000.00