

SEEC FORM 20

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



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1. NAME OF COMMITTEE

New Friends PAC

2. TREASURER NAME

First Christopher MI Last Fryxell Suffix

3. TREASURER ADDRESS

Street Address 1 Sugamore Terrace E City Westbrook State CT Zip Code 06498

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

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First MI Last Suffix

8. TYPE OF REPORT (Check One Box)

- 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 4/01/2014 Ending Date 6/30/2014
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) Christopher Fryxell DATE (mm/dd/yyyy) 07/10/2014

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	
New Friends PAC	July 10 th	
	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		\$7,011.08
12. Balance on hand at the beginning of Reporting Period	\$7,354.08	
13. Contributions Received from Individuals (Sections A and B)	\$4,100	\$4,100
14. Receipts from Other Committees (Sections C1 and C2)	\$4,650	\$6,400
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	\$3,050	\$3,050
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$11,800	\$13,550
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$19,154.08	\$20,561.08
19. Expenses Paid by Committee (Section P)	\$5,616.42	\$7,023.42
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$13,537.66	\$13,537.66
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Contributions Received (Section M)	0	0
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>	0	0
25. Beginning Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$2,119	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$2,119	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
New Friends PAC		July 10 th	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>			SUBTOTAL SECTION A
			\$
B. Itemized Contributions from Individuals			
Last Name		First MI	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list Event # _____		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name		First MI	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list Event # _____		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name		First MI	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list Event # _____		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
Last Name		First MI	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with a fundraising event listed in Section L1?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list Event # _____		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i>			

SEE ATTACHED

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE						TYPE OF REPORT	
NEW Friends PAC						July 10 th	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution	
City		State	Zip Code	Date Received	Aggregate Contributions		
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	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Surplus Distribution			
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City		State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Surplus Distribution			
SUBTOTAL Section C — This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
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D. Loans Received this Period

Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		
Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		
Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address		City		State	Zip Code		

TOTAL SECTION D	
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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	
Name of Entity					
Street Address				Date Received	Amount Received
City		State	Zip Code	Aggregate Contributions	
Name of Entity					
Street Address				Date Received	Amount Received
City		State	Zip Code	Aggregate Contributions	

TOTAL SECTION E	
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I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i>	Amount
TOTAL SECTION F		
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)		
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
TOTAL SECTION H		
I. Anonymous Contributions		
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT			
J. Interest from Deposits in Authorized Accounts							
Name of Institution				Date Received		Amount	
Street Address		City		State	Zip Code		
Name of Institution				Date Received		Amount	
Street Address		City		State	Zip Code		
TOTAL SECTION J							
K. Miscellaneous Monetary Receipts not Considered Contributions							
Name				Date of Transaction		Amount Received	
Street Address		City		State	Zip Code		
Description							
Name				Date of Transaction		Amount Received	
Street Address		City		State	Zip Code		
Description							
Name				Date of Transaction		Amount Received	
Street Address		City		State	Zip Code		
Description							
Name				Date of Transaction		Amount Received	
Street Address		City		State	Zip Code		
Description							
TOTAL SECTION K							
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)							
Total Loans Received this Period (Section D)							
Total Receipts from Entities other than Individuals or Other Committees (Section E)						+	
Total Amount Transferred from Affiliated Business Treasury (Section F)						+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)						+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)						+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)						+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)						+	
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)							

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		TYPE OF REPORT	
New Friends PAC		July 10 th	
L1. Fundraiser Event Information			
Fundraising Event # Date of Fundraiser Letter	Description		
06/05/14 A	Cigar and Cocktail Fundraiser at Arch Street Tavern		
Location: Street Address	City	State	Zip Code
85 Arch Street	Hartford	CT	06103
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes (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.) <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No → \$ 	
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?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No	
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?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No → \$ 	
Fundraising Event # Date of Fundraiser Letter		Description	
Location: Street Address		City	
State		Zip Code	
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes (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.) <input type="checkbox"/> 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?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No → \$ 	
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?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No	
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?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No → \$ 	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page		0	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page		0	
TOTAL of additional Section L1 Pages		0	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)		0	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE	TYPE OF REPORT
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NEW Friends PAC	July 10th
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L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)

Name of Purchaser	Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
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See

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
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Attached

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY) Total Purchases of Advertising in Program Book — This Page

SUBTOTAL Section L3 (Town Committees ONLY) Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c of Summary Page Totals)

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE				TYPE OF REPORT	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Street Address			City		State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address			City		State Zip Code
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address			City		State Zip Code
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address			City		State Zip Code
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate value for this Event		
SUBTOTAL Section L4 — This Page					
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21 of Summary Page Totals)</i>					

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT			
M. In-Kind Contributions							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other		Date Received	Aggregate Contributions		Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No					
SUBTOTAL Section M — This Page							
TOTAL of additional Section M Pages							
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)							
N. Refundable Deposit to Telephone Company							
Last Name of Individual				First	MI	Date Deposit Made	
Residential Street Address				City	State	Zip Code	Amount of Deposit
Name of Telephone Company							
Street Address				City	State	Zip Code	
TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals)							

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL See Public Act 11-48					
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section O — This Page					
TOTAL of additional Section O Pages					
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES <i>(Enter total on Line 24 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE			TYPE OF REPORT		
New Friends PAC			July 10 th		
P. Expenses Paid by Committee					
Name of Payee		Date of Payment	Method of Payment:		
Molly Griffin		4/15/14	<input checked="" type="checkbox"/> Check # 1302 <input type="checkbox"/> Debit Card		
Street Address		City	State	Zip Code	
25 Willow Lane		Madison	CT	06443	
Purpose of Expenditure (by code)	Description	Event #	Amount		
RCW	Parking Reimbursement	—	\$30		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				
Name of Payee		Date of Payment	Method of Payment:		
Ed Schaeffer		4/15/14	<input checked="" type="checkbox"/> Check # 1303 <input type="checkbox"/> Debit Card		
Street Address		City	State	Zip Code	
19 McArthur Rd.		North Haven	CT	06473	
Purpose of Expenditure (by code)	Description	Event #	Amount		
RCW	Parking Reimbursement	—	\$22		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				
Name of Payee		Date of Payment	Method of Payment:		
Julia Sorensen		4/15/14	<input checked="" type="checkbox"/> Check # 1304 <input type="checkbox"/> Debit Card		
Street Address		City	State	Zip Code	
82 Harvest Woods		Higganum	CT	06441	
Purpose of Expenditure (by code)	Description	Event #	Amount		
RCW	Parking Reimbursement	—	\$45		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				
Name of Payee		Date of Payment	Method of Payment:		
Bree Berner		4/15/14	<input checked="" type="checkbox"/> Check # 1305 <input type="checkbox"/> Debit Card		
Street Address		City	State	Zip Code	
240 Spring Street Ext.		Glastonbury	CT	06033	
Purpose of Expenditure (by code)	Description	Event #	Amount		
RCW	Parking Reimbursement	—	\$30		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				
SUBTOTAL Section P — This Page			\$127		
TOTAL of additional Section P Pages			\$5482.42		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)			\$5616.42		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Q. Campaign Expenses Paid by Candidate					
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
SUBTOTAL Section Q — This Page					
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (<i>Enter total on Line 26 of Summary Page Totals</i>)					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE						TYPE OF REPORT	
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 <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of 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 <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of 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 <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of 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 <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
SUBTOTAL Section R — This Page							
TOTAL of additional Section R Pages							
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27 of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE		TYPE OF REPORT	
New Friends PAC		July 10 th	
S. Expenses Incurred by Committee but Not Paid During this Period			
Name of Creditor		Date Incurred	
Shipman and Goodwin LLP		May	
Street Address		City	
1 Constitution Plaza		Hartford	
State		Zip Code	
CT		06103	
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)
Misc	Legal Services rendered May	—	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S 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		\$1,746
Name of Creditor		Date Incurred	
Shipman and Goodwin LLP		June	
Street Address		City	
1 Constitution Plaza		Hartford	
State		Zip Code	
CT		06103	
Purpose of Expenditure (by code)	Description	Event #	Amount Incurred (Estimate or Actual)
Misc	Legal Services rendered June	—	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S 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		\$373
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 <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
Name of 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 <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
SUBTOTAL Section S—This Page		\$2,119	
TOTAL of additional Section S Pages		0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page Totals)</i>		\$2,119	
Previously reported Expenses Unpaid and still Outstanding		0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page Totals)</i>		\$2,119	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
New Friends DAC				July 10 th	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Griffin		Molly		4/15/14	<input checked="" type="checkbox"/> Check # 1302 <input type="checkbox"/> Debit Card
Secondary Payee					
Propark America					
Street Address			City	State	Zip Code
Pratt Street Lot			Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #		Amount	
Misc	Reimbursement for parking	—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required				\$ 30
	<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Schaeffer		Ed		4/15/14	<input checked="" type="checkbox"/> Check # 1303 <input type="checkbox"/> Debit Card
Secondary Payee					
Propark America					
Street Address			City	State	Zip Code
Pratt Street Lot			Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #		Amount	
Misc	Reimbursement for Parking	—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required				\$ 22
	<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Sorensen		Julia		4/15/14	<input checked="" type="checkbox"/> Check # 1304 <input type="checkbox"/> Debit Card
Secondary Payee					
Propark America					
Street Address			City	State	Zip Code
Pratt Street Lot			Hartford	CT	06106
Purpose of Expenditure (by code)	Description	Event #		Amount	
Misc	Reimbursement for Parking	—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required				\$ 45
	<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section T— This Page				\$ 97	
TOTAL of additional Section T Pages				\$ 1165.42	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				\$ 1262.42	

NAME OF COMMITTEE				TYPE OF REPORT			
New Friends PAC				July 10 th			
P. Expenses Paid by Committee							
Name of Payee Monika Burger				Date of Payment 4/15/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1306 <input type="checkbox"/> Debit Card	
Street Address 15 Heritage Dr.			City Danbury			State CT	Zip Code 06811
Purpose of Expenditure (by code) RCW	Description Reimbursement for parking		Event # —		Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					\$ 20	
Name of Payee Catherine Morrow				Date of Payment 4/15/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1307 <input type="checkbox"/> Debit Card	
Street Address 32 Brace Rd			City Somers			State CT	Zip Code 06071
Purpose of Expenditure (by code) RCW	Description Reimbursement for parking		Event # —		Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					\$ 10	
Name of Payee Casey Larkins				Date of Payment 4/15/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1308 <input type="checkbox"/> Debit Card	
Street Address 32 Fairview St Apt C2			City West Hartford			State CT	Zip Code 06119
Purpose of Expenditure (by code) RCW	Description Reimbursement for Parking		Event # —		Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					\$ 20	
Name of Payee Dave Kovacs				Date of Payment 4/15/14		Method of Payment: <input checked="" type="checkbox"/> Check # 1309 <input type="checkbox"/> Debit Card	
Street Address 40 Simpson Ave			City Wallingford			State CT	Zip Code 06492
Purpose of Expenditure (by code) RCW	Description Reimbursement for Parking		Event # —		Amount		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					\$ 10	
SUBTOTAL Section P — This Page						\$ 60	

NAME OF COMMITTEE				TYPE OF REPORT			
New Friends PAC				July 10 th			
P. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
Kerri Malloy				4/15/14		<input checked="" type="checkbox"/> Check # 1310 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
96 Silo Dr.			Wethersfield		CT	06109	
Purpose of Expenditure (by code)	Description			Event #	Amount		
RCW	Reimbursement for parking			—	\$ 10		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought						
	<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Payee				Date of Payment		Method of Payment:	
Mike Werner				4/15/14		<input checked="" type="checkbox"/> Check # 1311 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
110 Clark Gates Rd			Moodus		CT	06469	
Purpose of Expenditure (by code)	Description			Event #	Amount		
RCW	Reimbursement for parking			—	\$ 10		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought						
	<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Payee				Date of Payment		Method of Payment:	
Kathy Shea				4/15/14		<input checked="" type="checkbox"/> Check # 1312 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
32 Old Daniels Ln			Amston		CT	06231	
Purpose of Expenditure (by code)	Description			Event #	Amount		
RCW	Reimbursement for parking			—	\$ 10		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought						
	<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Name of Payee				Date of Payment		Method of Payment:	
Dave Williams				4/15/14		<input checked="" type="checkbox"/> Check # 1313 <input type="checkbox"/> Debit Card	
Street Address			City		State	Zip Code	
2312 Harbor View Dr.			Rocky Hill		CT	06067	
Purpose of Expenditure (by code)	Description			Event #	Amount		
RCW	Reimbursement for parking			—	\$ 40		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought						
	<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
SUBTOTAL Section P — This Page						\$ 70	

NAME OF COMMITTEE		TYPE OF REPORT	
New Friends PAC		July 10 th	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Shipman and Goodwin LLP		5/14/14	<input checked="" type="checkbox"/> Check # 1322 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
One Constitution Plaza		Hartford	CT 06103
Purpose of Expenditure (by code)	Description	Event #	Amount
Misc	Legal Services rendered for March	—	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$3,208
Name of Payee		Date of Payment	Method of Payment:
Jackie Effren		6/20/14	<input checked="" type="checkbox"/> Check # 1315 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
182 Rowayton Woods Dr.		Norwalk	CT 06854
Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	Reimbursement for Cost of Fundraiser	060514A	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$804.63
Name of Payee		Date of Payment	Method of Payment:
Shipman and Goodwin LLP		6/22/14	<input checked="" type="checkbox"/> Check # 1316 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
One Constitution Plaza		Hartford	CT 06103
Purpose of Expenditure (by code)	Description	Event #	Amount
Misc	Legal Services rendered for April	—	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$1,146
Name of Payee		Date of Payment	Method of Payment:
Christopher Fryxell		6/23/14	<input checked="" type="checkbox"/> Check # 1317 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
1 Sagamore Terrace East		Westbrook	CT 06448
Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	Reimbursement for Cigars for fundraiser	060514A	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <input checked="" type="checkbox"/> Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$156.95
SUBTOTAL Section P — This Page			\$5,315.58

Section P. ADDITIONAL PAGE 21 of 26

NAME OF COMMITTEE		TYPE OF REPORT	
New Friends PAC		July 10 th	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Christopher Fryxell		6/23/14	<input checked="" type="checkbox"/> Check # 1318 <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
1 Sagamore Terrace E		Westbrook	CT 06448
Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	Reimbursement for copying and office supplies -		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		\$ 43.84
Name of Payee		Date of Payment	Method of Payment:
			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			\$ 43.84

NAME OF COMMITTEE <u>New Friends PAC</u>				TYPE OF REPORT <u>July 10th</u>	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant <u>Berner</u>		First <u>Bree</u>	MI	Date of Payment <u>4/19/14</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>1305</u> <input type="checkbox"/> Debit Card
Secondary Payee <u>Propark America</u>					
Street Address <u>Pratt Street Lot</u>			City <u>Hartford</u>	State <u>CT</u>	Zip Code <u>06106</u>
Purpose of Expenditure (by code) <u>Misc</u>	Description <u>Parking Reimbursement</u>		Event # <u>—</u>	Amount	
Expenditure # (if applicable)	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			<u>\$ 30</u>	
Last Name of Worker/Consultant <u>Burger</u>		First <u>Monika</u>	MI	Date of Payment <u>4/15/14</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>1306</u> <input type="checkbox"/> Debit Card
Secondary Payee <u>Propark America</u>					
Street Address <u>Pratt St. Lot.</u>			City <u>Hartford</u>	State <u>CT</u>	Zip Code <u>06106</u>
Purpose of Expenditure (by code) <u>Misc</u>	Description <u>Parking reimbursement</u>		Event # <u>—</u>	Amount	
Expenditure # (if applicable)	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			<u>\$ 20</u>	
Last Name of Worker/Consultant <u>Morrow</u>		First <u>Catherine</u>	MI	Date of Payment <u>4/15/14</u>	Method of Payment: <input checked="" type="checkbox"/> Check # <u>1307</u> <input type="checkbox"/> Debit Card
Secondary Payee <u>Propark America</u>					
Street Address <u>Pratt St. Lot.</u>			City <u>Hartford</u>	State <u>CT</u>	Zip Code <u>06106</u>
Purpose of Expenditure (by code) <u>Misc</u>	Description <u>Parking reimbursement</u>		Event # <u>—</u>	Amount	
Expenditure # (if applicable)	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			<u>\$ 10</u>	
SUBTOTAL Section T — This Page				<u>\$ 60</u>	

NAME OF COMMITTEE				TYPE OF REPORT			
New Friends PAC				July 10 th			
T. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant		First		MI	Date of Payment	Method of Payment:	
Larkins		Casey			4/15/14	<input checked="" type="checkbox"/> Check # 1308 <input type="checkbox"/> Debit Card	
Secondary Payee Propark America							
Street Address			City		State	Zip Code	
Pratt St. Lot			Hartford		CT	06106	
Purpose of Expenditure (by code)	Description			Event #	Amount		
Misc.	Parking Reimbursement			—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required					Amount	
	<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					\$20	
Last Name of Worker/Consultant		First		MI	Date of Payment	Method of Payment:	
Kovacs		David			4/15/14	<input checked="" type="checkbox"/> Check # 1304 <input type="checkbox"/> Debit Card	
Secondary Payee Propark America							
Street Address			City		State	Zip Code	
Pratt St. Lot			Hartford		CT	06106	
Purpose of Expenditure (by code)	Description			Event #	Amount		
Misc.	Parking Reimbursement			—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required					Amount	
	<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					\$10	
Last Name of Worker/Consultant		First		MI	Date of Payment	Method of Payment:	
Malloy		Kerri			4/15/14	<input checked="" type="checkbox"/> Check # 1310 <input type="checkbox"/> Debit Card	
Secondary Payee Propark America							
Street Address			City		State	Zip Code	
Pratt St. Lot.			Hartford		CT	06106	
Purpose of Expenditure (by code)	Description			Event #	Amount		
MISC	Parking Reimbursement			—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required					Amount	
	<input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D					\$10	
SUBTOTAL Section T — This Page						\$40	

NAME OF COMMITTEE New Friends PAC				TYPE OF REPORT July 10th	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant Werner		First Mike	MI	Date of Payment 4/15/14	Method of Payment: <input checked="" type="checkbox"/> Check # 1311 <input type="checkbox"/> Debit Card
Secondary Payee Propark America					
Street Address Pratt Street Lot			City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc.	Description Parking Reimbursement		Event # —	Amount	
Expenditure # (if applicable)	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			\$10	
Last Name of Worker/Consultant Shea		First Kathy	MI	Date of Payment 4/15/14	Method of Payment: <input checked="" type="checkbox"/> Check # 1313 <input type="checkbox"/> Debit Card
Secondary Payee Propark America					
Street Address Pratt Street Lot			City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc.	Description Parking Reimbursement		Event # —	Amount	
Expenditure # (if applicable)	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			\$10	
Last Name of Worker/Consultant Williams		First Dave	MI	Date of Payment 4/15/14	Method of Payment: <input checked="" type="checkbox"/> Check # 1314 <input type="checkbox"/> Debit Card
Secondary Payee Propark America					
Street Address Pratt Street Lot.			City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc.	Description Parking Reimbursement		Event # —	Amount	
Expenditure # (if applicable)	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			\$40	
SUBTOTAL Section T — This Page				\$60	

NAME OF COMMITTEE			TYPE OF REPORT		
New Friends PAC			July 10 th		
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Effren		Jackie		6/20/14	<input checked="" type="checkbox"/> Check # 1315 <input type="checkbox"/> Debit Card
Secondary Payee					
Arch Street Tavern					
Street Address		City		State	Zip Code
85 Arch Street		Hartford		CT	06103
Purpose of Expenditure (by code)	Description		Event #	Amount	
FNDR	Cost of food and beverages for fundraiser #060514A				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required			Amount	
	<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			\$804.63	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Fryxell		Christopher		6/23/14	<input checked="" type="checkbox"/> Check # 1317 <input type="checkbox"/> Debit Card
Secondary Payee					
The Cigar Shop					
Street Address		City		State	Zip Code
89 Pratt St.		Hartford		CT	06103
Purpose of Expenditure (by code)	Description		Event #	Amount	
FNDR	Cigars for Arch Street Fundraiser #060514A				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required			Amount	
	<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			\$156.95	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
Fryxell		Christopher		6/23/14	<input checked="" type="checkbox"/> Check # 1318 <input type="checkbox"/> Debit Card
Secondary Payee					
Staples					
Street Address		City		State	Zip Code
521 Connecticut Blvd		East Hartford		CT	06108
Purpose of Expenditure (by code)	Description		Event #	Amount	
OFFICE	Office Supplies		—		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required			Amount	
	<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			\$35.54	
SUBTOTAL Section T — This Page				\$997.12	

NAME OF COMMITTEE				TYPE OF REPORT			
New Friends PAC				July 10 th			
T. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant		First		MI	Date of Payment		Method of Payment:
Fryxell		Christopher			6/23/14		<input checked="" type="checkbox"/> Check # 1318 <input type="checkbox"/> Debit Card
Secondary Payee							
Fedex Office							
Street Address				City		State	Zip Code
196 Trumbull St.				Hartford		CT	06103
Purpose of Expenditure (by code)	Description			Event #		Amount	
OFFICE	Copying costs reimbursement			—			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought						\$ 8.30
	<input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant		First		MI	Date of Payment		Method of Payment:
							<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee							
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 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="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant		First		MI	Date of Payment		Method of Payment:
							<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee							
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 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="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant		First		MI	Date of Payment		Method of Payment:
							<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee							
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 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="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant		First		MI	Date of Payment		Method of Payment:
							<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee							
SUBTOTAL Section T — This Page						\$ 8.30	

B. Contributions from Individuals

First	Last	Address	City	ZIP	Employer	Occupation	Aggregate	DATE/RCV	Amount	Fundraiser	Type
WILLIAM	AMAN	878 STRONG ROAD	South Windsor	CT 06074	STATE OF CT	LEGISLATOR	\$25	06/06/2014	\$25	060514A	check
SAM	BELISTO	55 LEE LN	TOLLAND	CT 06084	State of Ct	Legislator	\$25	05/28/2014	\$25	060514A	check
BOBBIE	Bergeron	22 WOODING ROAD	WALLINGFORD	CT 06492	HRO	LA	\$25	06/03/2014	\$25	060514A	check
BRE	BERNER	240 Spring Street Ext	GLASTONBURY	CT 06033	STATE OF CT	Outreach	\$50	06/06/2014	\$50	060514A	check
MELISSA	BIGGS	153 RIVERSIDE DR	THOMPSON	CT 06277	DEPINO ASSOCIATES	LOBBYIST	\$100	06/19/2014	\$100	060514A	check
Michael	Brault	74 Barbary Dr.	Burlington	CT 06013	Ultimate Wineforms Inc.	VP of Operations	\$50	6/06/2014	\$50	060514A	check
MONIKA	BURGER	15 HERITAGE DR	DANBURY	CT 06811	CT HOUSE REPUBLICANS	ATTORNEY	\$25	06/04/2014	\$25	060514A	check
BROOKS	CAMPION	42 MACINTOSH LANE	Gastonbury	CT 06033	ROBINSON & COLE, LLP	LOBBYIST	\$100	06/06/2014	\$100	060514A	check
Christine	Cappiello	10 VARIAN DRIVE	DANBURY	CT 06811	Anthem	LOBBYIST	\$200	06/06/2014	\$100	060514A	check
MICHAEL	CHRIST	23 BRIARWOOD ROAD	West Hartford	CT 06107	UHG	Govn't Relations	\$100	06/06/2014	\$100	060514A	check
PETER	CIMINI	71 HUNTERS RIDGE	ROCKY HILL	CT 06067	LOBBYIST	CSG LLC	\$200	06/19/2014	\$100	060514A	check
Thomas	DORSEY	45 BEVERLY ROAD	West Hartford	CT 06119	NU	Govn't Relations	\$300	06/06/2014	\$100	060514A	check
DAVID	EMMEL	28 HENDERSON DRIVE	AVON	CT 06001	SELF-EMPLOYED	PHYSICIAN	\$250	06/06/2014	\$250	060514A	check
ERIC	GEORGE	52 GREGORY HILL DR	Gastonbury	CT 06033	ERIC GEORGE GROUP, LLC	LOBBYIST	\$200	06/06/2014	\$100	060514A	check
Mitchell	GILBERT	396 Old Mountain Rd	Farmington	CT 06032	Consulting Opthamologists	PHYSICIAN	\$200	06/06/2014	\$200	060514A	cash
ERIC	GJEDE	5 CROCUS LANE	AVON	CT 06001	CBIA	LOBBYIST	\$200	06/19/2014	\$100	060514A	check
MOLLY	GRIFFIN	25 WILLOW LN	MADISON	CT 06443	HRO	Aide	\$25	06/04/2014	\$25	060514A	cash
NICOLE	GRIFFIN	110 YALE AVENUE	Middlebury	CT 06762	Levin, Powers, Brennan, Shea	LOBBYIST	\$300	06/06/2014	\$100	060514A	check
SUSAN	HALPIN	249 FOREST LANE	Gastonbury	CT 06033	ROBINSON & COLE	LOBBYIST	\$200	06/06/2014	\$100	060514A	check
ROBERT	HEAGNEY	8 FAWN/BROOK LANE	SIMSBURY	CT 06070	HASSETT & GEORGE ATTYs	ATTORNEY	\$100	06/06/2014	\$100	060514A	check
LAURA	HOYDICK	55 CASTLE DRIVE	STRATFORD	CT 06614	State of Ct	Legislator	\$100	06/06/2014	\$100	060514A	check
JEAN	HUGHES	88 SHEFFIELD ST	Old Saybrook	CT 06475	HUGHES & CRONIN	LOBBYIST	\$200	06/06/2014	\$100	060514A	check
Deborah	HUTTON	20 HILLTOP DRIVE	West Hartford	CT 06107	STATE OF CT	ATTORNEY	\$45	06/04/2014	\$25	060514A	cash
Michael	JOHNSON	11 SHADY LANE	West Hartford	CT 06117	SULLIVAN & LESHANE	LOBBYIST	\$200	06/06/2014	\$100	060514A	check
Stephen	KINNEY	20 CROMWELL PLACE	Old Saybrook	CT 06475	Gaffney Bennett	LOBBYIST	\$100	06/06/2014	\$100	060514A	check
Noreen	Kokoruda	85 LIBERTY ST	MADISON	CT 06443	State of Ct	Legislator	\$100	06/06/2014	\$100	060514A	check
DAVID	LABRIOLA	185 RIGGS STREET	OXFORD	CT 06478	State of Ct	Legislator	\$45	06/06/2014	\$25	060514A	check
JOHN	LARKIN	18 GRIST MILL ROAD	Glastonbury	CT 06033	JOHN C. LARKIN	LOBBYIST	\$200	06/06/2014	\$100	060514A	check
Craig	LEROY	82 WHETTTON RD.	West Hartford	CT 06117	ROY & LEROY LLC	LOBBYIST	\$200	06/06/2014	\$100	060514A	check
JAY	LEVIN	23 WORTHINGTON RD	New London	CT 06320	Levin, Powers, Brennan, Shea	LOBBYIST	\$300	06/06/2014	\$100	060514A	check
JAY	Malczynsky	25 PARKERS POINT LN	CHESTER	CT 06412	Gaffney Bennett	LOBBYIST	\$200	06/04/2014	\$100	060514A	check
KERRI	MALLOY	96 SILO DRIVE	Wethersfield	CT 06109	STATE OF CT	ASSISTANT	\$25	06/06/2014	\$25	060514A	check

C1. Contributions from Other Committees

Organization Name	Address	City	State	Zip	Treasurer Name	Aggregate	Date Received	Amount	Fundraiser
CT Education Assoc. PAC	21 OAK STREET	HARTFORD	CT	06106	Howard Dashetsky	\$2,000	06/06/2014	\$1,000	060514A
CT Assoc. of Optometrists	35 Cold Spring Rd, Suite 211	ROCKY HILL	CT	06067	David Palozel	\$1,250	06/19/2014	\$250	060514A
CT Ophthalmologists Medical Eyecare Comm	26 SALLY BURR ROAD	LITCHFIELD	CT	06759	William Ehlers	\$1,500	06/06/2014	\$1,500	060514A
CT DERM PAC	PO BOX 1079	LITCHFIELD	CT	06759	James Whalen	\$1,500	06/06/2014	\$1,500	060514A
Realtors Political Action Committee	111 FOUNDERS PLAZA	East Hartford	CT	06108	Scott Cooney	\$1,150	06/06/2014	\$400	060514A
Total Received								\$4,650	

