

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 16

COVER PAGE

1. NAME OF COMMITTEE			
AFT Connecticut Political Committee			
2. TREASURER NAME			
First Edward	MI	Last Leavy	Suffix Jr
3. TREASURER ADDRESS			
Street Address 265 Foxon Hill Rd	City East Haven	State CT	Zip Code 06513
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			
7th Day Preceding General Election - Original			
9. PERIOD COVERED			
Beginning Date		Ending Date	
10/01/2012		thru 10/28/2012	
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	Edward Leavy	10/30/2012 4:23:07PM	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
AFT Connecticut Political Committee	7th 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		\$7,872.11
12. Balance on hand at the beginning of Reporting Period	\$2,863.61	
13. Contributions received from Individuals (Section A and B)	\$0.00	\$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$60,000.00	\$117,391.50
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)	\$60,000.00	\$117,391.50
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$62,863.61	\$125,263.61
19. Expenses Paid by Committee (Section P)	\$51,850.00	\$114,250.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$11,013.61	\$11,013.61
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$30.00
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)	\$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	

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE					TYPE OF REPORT			
AFT Connecticut Political Committee					7th Day Preceding General Election - Original			
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 Name		MI			
Residential Street Address			City		State	Zip Code		
Principal Occupation			Name of Employer					
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 associated with have a contract with said municipality valued at more than \$5000?			Yes	No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Yes 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:			Yes	No	
Method of Contribution					Date Received	Aggregate Contributions		
Cash	Personal Check	Credit/Debit Card	Payroll Deduction	Money Order				
Total of Section B								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>								

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE					TYPE OF REPORT			
AFT Connecticut Political Committee					7th Day Preceding General Election - Original			
C1. Contributions from Other Committees								
Name of Committee				Name of Treasurer				
Address			Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #			Yes	No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions				
Total of Section C1								

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
AFT Connecticut Political Committee	7th 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
AFT Connecticut Political Committee	7th 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	
AFT Connecticut Political Committee			7th 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	
AFT Connecticut Political Committee			7th Day Preceding General Election - Original	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)				
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? Yes No If yes, list Event #			Amount
Total of Section F				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE			TYPE OF REPORT	
AFT Connecticut Political Committee			7th Day Preceding General Election - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)				
Date of Receipt	Amount			
10/02/2012	\$60,000.00			
Total of Section G				\$60,000.00

I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE	TYPE OF REPORT	
AFT Connecticut Political Committee	7th 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		
AFT Connecticut Political Committee	7th 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		
AFT Connecticut Political Committee	7th 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		
AFT Connecticut Political Committee		7th 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		
AFT Connecticut Political Committee		7th 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
AFT Connecticut Political Committee	7th 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
AFT Connecticut Political Committee	7th 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
AFT Connecticut Political Committee	7th 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
AFT Connecticut Political Committee	7th 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
AFT Connecticut Political Committee	7th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Protect our Voting Rights		Date of Payment 10/02/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3261 <input type="checkbox"/> Debit Card	
Street Address 1242 Stratford Ave		City Bridgeport		State CT
Zip Code 06610				
Purpose of Expenditure (by code) CNTRB	Description	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			\$10,000.00
Name of Payee Plainville Democratic Town Comm		Date of Payment 10/03/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3263 <input type="checkbox"/> Debit Card	
Street Address 11 Strong St		City Plainville		State CT
Zip Code 06062				
Purpose of Expenditure (by code) CNTRB	Description	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			\$500.00
Name of Payee Protect our Voting Rights		Date of Payment 10/09/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3264 <input type="checkbox"/> Debit Card	
Street Address 1242 Stratford Ave		City Bridgeport		State CT
Zip Code 06610				
Purpose of Expenditure (by code) CNTRB	Description	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			\$10,000.00
Name of Payee Bristol Democratic Town Comm		Date of Payment 10/15/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3265 <input type="checkbox"/> Debit Card	
Street Address 381 Fern Hill Rd		City Bristol		State CT
Zip Code 06010				
Purpose of Expenditure (by code) CNTRB	Description	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			\$750.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
AFT Connecticut Political Committee	7th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee East Granby Democratic Town Comm		Date of Payment 10/15/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3267 <input type="checkbox"/> Debit Card	
Street Address PO Box 1078		City East Granby	State CT	Zip Code 06026
Purpose of Expenditure (by code) CNTRB	Description	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			\$750.00
Name of Payee Grassroots Strategies Inc		Date of Payment 10/15/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3262 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) Misc *	Description Canvassing	Event #		Amount
Expenditure # (if applicable) 115069	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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			\$1,500.00
Name of Payee Friends of Emmett Riley		Date of Payment 10/15/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3268 <input type="checkbox"/> Debit Card	
Street Address 150 Yantic St # 160		City Norwich	State CT	Zip Code 06360
Purpose of Expenditure (by code) CNTRB	Description	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			\$350.00
Name of Payee Norwich Democratic Town Comm		Date of Payment 10/15/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3269 <input type="checkbox"/> Debit Card	
Street Address 10 Carey La		City Norwich	State CT	Zip Code 06360
Purpose of Expenditure (by code) CNTRB	Description	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			\$750.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
AFT Connecticut Political Committee	7th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee New London Democratic Town Comm		Date of Payment 10/15/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3270 <input type="checkbox"/> Debit Card	
Street Address 162 Gardner Ave		City New London		State CT
Zip Code 06320				
Purpose of Expenditure (by code) CNTRB	Description	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			\$1,500.00
Name of Payee Sprague Democratic Town Comm		Date of Payment 10/15/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3271 <input type="checkbox"/> Debit Card	
Street Address 187 Scotland Rd		City Baltic		State CT
Zip Code 06330				
Purpose of Expenditure (by code) CNTRB	Description	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			\$1,500.00
Name of Payee Stratford Democratic Town Comm		Date of Payment 10/15/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3272 <input type="checkbox"/> Debit Card	
Street Address 275 Luanne Rd		City Stratford		State CT
Zip Code 06614				
Purpose of Expenditure (by code) CNTRB	Description	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			\$500.00
Name of Payee Protect our Voting Rights		Date of Payment 10/22/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3273 <input type="checkbox"/> Debit Card	
Street Address 1242 Stratford Ave		City Bridgeport		State CT
Zip Code 06610				
Purpose of Expenditure (by code) CNTRB	Description	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
AFT Connecticut Political Committee	7th Day Preceding General Election - Original

P. Expenses Paid By Committee

Name of Payee Columbia Democratic Town Comm		Date of Payment 10/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3274 <input type="checkbox"/> Debit Card	
Street Address 156 Pine St		City Columbia	State CT	Zip Code 06237
Purpose of Expenditure (by code) CNTRB	Description	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			\$1,250.00
Name of Payee Ledyard Democratic Town Comm		Date of Payment 10/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3275 <input type="checkbox"/> Debit Card	
Street Address PO Box 461		City Ledyard	State CT	Zip Code 06339
Purpose of Expenditure (by code) CNTRB	Description	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			\$750.00
Name of Payee Middlefield Democratic Town Comm		Date of Payment 10/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3276 <input type="checkbox"/> Debit Card	
Street Address PO Box 367		City Middlefield	State CT	Zip Code 06455
Purpose of Expenditure (by code) CNTRB	Description	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			\$1,500.00
Name of Payee Tolland Democratic Town Comm		Date of Payment 10/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # 3277 <input type="checkbox"/> Debit Card	
Street Address 351 Gehring Rd		City Tolland	State CT	Zip Code 06084
Purpose of Expenditure (by code) CNTRB	Description	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			\$250.00

Total of Section P	\$51,850.00
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IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE		TYPE OF REPORT	
		7th 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	
AFT Connecticut Political Committee		7th Day Preceding General Election - Original	
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: Visa Master Card Discover American Express Other	
Name of Vendor		Date of Transaction	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required Coordinated without reimbursement sought Independent Organization A B C D E		Coordinated with reimbursement sought
Total of Section R			

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
AFT Connecticut Political Committee	7th 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 #	
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
			Amount Incurred (Estimate or Actual)

Total of Section S	
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IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
AFT Connecticut Political Committee	7th 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	
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Section P. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT	
AFT Connecticut Political Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee - Addendum			
Expenditure #	115069	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,500.00
Name of Candidate Leo Canty	Office Sought State Representative	Cost Allocated to Candidate \$1,500.00	