

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT

REVISION January 2012



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 25

COVER PAGE

1. NAME OF COMMITTEE			
Connecticut Education Association Political Action Committee			
2. TREASURER NAME			
First Howard	MI M	Last Dashefsky	Suffix
3. TREASURER ADDRESS			
Street Address 49 E Maxwell Dr	City West Hartford	State CT	Zip Code 06107
4. ELECTION/REFERENDUM DATE	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			
7th Day Preceding General Election - Original			
9. PERIOD COVERED			
Beginning Date 10/01/2013		Ending Date 10/27/2013	
thru			
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 SIGNATURE	Howard Dashefsky PRINT NAME OF THE SIGNER	10/29/2013 3:59:41PM 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	
Connecticut Education Association Political Action 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		\$40,301.45
12. Balance on hand at the beginning of Reporting Period	\$39,759.20	
13. Contributions received from Individuals (Section A and B)	\$0.00	\$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$15,649.22
15. Other Monetary Receipts (Section D through K)	\$0.00	\$105,000.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3) Municipal and Town Committees Only	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$0.00	\$120,649.22
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$39,759.20	\$160,950.67
19. Expenses Paid by Committee (Section P)	\$17,306.98	\$138,498.45
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both column)	\$22,452.22	\$22,452.22
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$28,297.26
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 Connecticut Education Association Political Action Committee			TYPE OF REPORT 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	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	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 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order			Date Received	Aggregate Contributions			
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 Connecticut Education Association Political Action Committee			TYPE OF REPORT 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
Connecticut Education Association Political Action 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
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Original

D. Loans Received this Period

Name of Lender	Source of Loan:				Date of Receipt
Street Address	City	Bank	Candidate	Individual	Other
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		
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Original		
E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)			
Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	
Total of Section E			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT		
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Original		
F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)			
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		
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Original		
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)			
Date of Receipt	Amount		
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action 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	Cash	Personal Check	Credit/Debit Card	Amount
Total of Section E					

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action 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	Amount
Total of Section J				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action 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	Amount Received
Description				
Total of Section K				

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action 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	(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.)	
		No		
<i>Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?</i>				
		Yes	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
		No		
<i>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?</i>				
		Yes	(If yes, enter Total Receipts here.)	
		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	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
		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	(If yes, enter Total Receipts here.)	
		No		
Total of Section L1				

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action 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
Connecticut Education Association Political Action 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: Business Entity Individual Sole Proprietorship	Description of Donation		
	Date Received	Event #	Fair Market Value of Donation
	Aggregate value for this event		
Total of Section L4			

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT		
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Original		
M. In-Kind Contributions			
Name			
Street Address		City	State Zip Code
Type of Contributor: Committee Individual / Sole Proprietorship	Date Received	Aggregate contributions	Description of In-Kind Contribution
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? If yes, indicate which branch or branches of government the contract is with:	Yes No
If yes, list Event#		Executive Legislative	
Total of Section M			

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE		TYPE OF REPORT		
Connecticut Education Association Political Action 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	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
				Total of Section N

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE		TYPE OF REPRT			
Connecticut Education Association Political Action 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		Aggregate Donations
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	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee Katherine Traber		Date of Payment 10/03/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2726 <input type="checkbox"/> Debit Card
Street Address 110 Hale Ter		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 133493	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 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		\$4,255.52
Name of Payee Beneta Gill		Date of Payment 10/05/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2727 <input type="checkbox"/> Debit Card
Street Address 174 Dover St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 133494	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 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		\$60.00
Name of Payee Connecticut Working Families Party		Date of Payment 10/05/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2871 <input type="checkbox"/> Debit Card
Street Address 30 Arbor St		City Hartford	State CT Zip Code
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 with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$2,000.00
Name of Payee Thomas Coble		Date of Payment 10/15/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2875 <input type="checkbox"/> Debit Card
Street Address 63 Larkey Rd		City Oxford	State CT Zip Code 06478
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 133496	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 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		\$2,500.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee Charles Coviello		Date of Payment 10/15/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2875 <input type="checkbox"/> Debit Card
Street Address 73 Willow St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 133497	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 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		\$1,500.00
Name of Payee Mary Louise Bruce		Date of Payment 10/17/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2870 <input type="checkbox"/> Debit Card
Street Address 115 Washington Ave Apt 4L		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) RCW	Description Postage Stamp Reimbursement	Event #	Amount
Expenditure # (if applicable) 133828	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 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		\$46.00
Name of Payee Federal Express		Date of Payment 10/17/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2902 <input type="checkbox"/> Debit Card
Street Address 175 Glastonbury Blvd		City Glastonbury	State CT Zip Code
Purpose of Expenditure (by code) PRNT	Description	Event #	Amount
Expenditure # (if applicable) 133829	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 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		\$14.36
Name of Payee Massive Productions, LLC		Date of Payment 10/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2712 <input type="checkbox"/> Debit Card
Street Address 2360 Main St		City Rocky Hill	State CT Zip Code
Purpose of Expenditure (by code) A-RAD	Description Radio Ad Production	Event #	Amount
Expenditure # (if applicable) 133763	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 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		\$1,975.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee NinetyNine (99) PAC		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2906 <input type="checkbox"/> Debit Card
Street Address 69 Rockledge Loop		City Torrington	State CT Zip Code 06790
Purpose of Expenditure (by code) CNTRB	Description Treasurer - Paul Summers	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	\$250.00	
Name of Payee MATT PAC		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2904 <input type="checkbox"/> Debit Card
Street Address 62 Grove St		City West Hartford	State CT Zip Code 06119
Purpose of Expenditure (by code) CNTRB	Description Treasurer - Matt Macunas	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	\$250.00	
Name of Payee Debra Hendricks		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2885 <input type="checkbox"/> Debit Card
Street Address 687 Madison Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134954	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	\$105.00	
Name of Payee Betty Chapell		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2879 <input type="checkbox"/> Debit Card
Street Address 1845 Central Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134951	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	\$129.60	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee Troy Chapell		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2880 <input type="checkbox"/> Debit Card
Street Address 1845 Central Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134952	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 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		\$76.50
Name of Payee Yahya Malik		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2869 <input type="checkbox"/> Debit Card
Street Address 1845 Central Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134966	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 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		\$30.00
Name of Payee Cynthia Frazier		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2901 <input type="checkbox"/> Debit Card
Street Address 254 Alex St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134962	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 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		\$30.00
Name of Payee Denise Chappell		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2878 <input type="checkbox"/> Debit Card
Street Address 85 Livingston Pl		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134949	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 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		\$108.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee David Goodchild		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2884 <input type="checkbox"/> Debit Card
Street Address 180 Alpine St Apt 1		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134953	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 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		\$115.00
Name of Payee Hilton Hill		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2886 <input type="checkbox"/> Debit Card
Street Address 648 Newfield Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134957	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 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		\$140.00
Name of Payee Louise Gregory		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2900 <input type="checkbox"/> Debit Card
Street Address 238 Alex St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134960	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 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		\$50.00
Name of Payee Connecticut Progressive Leadership Fund		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2905 <input type="checkbox"/> Debit Card
Street Address 6 Elm St		City New Haven	State CT Zip Code
Purpose of Expenditure (by code) CNTRB	Description Treasurer - Roland Lemar	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$250.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee Theodore Miller		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2889 <input type="checkbox"/> Debit Card
Street Address 63 Larkey Rd		City Oxford	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135036	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 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		\$100.00
Name of Payee Thomas Yachymczyk		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2894 <input type="checkbox"/> Debit Card
Street Address 1030 Main St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$45.00
Name of Payee Nicole Patterson		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2891 <input type="checkbox"/> Debit Card
Street Address 736 Brooks St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135006	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 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		\$75.00
Name of Payee Lorenzo Jordan		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2887 <input type="checkbox"/> Debit Card
Street Address 300 Jefferson St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135032	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 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		\$120.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee Lacora Spell		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2892 <input type="checkbox"/> Debit Card
Street Address 1434 Iranistan Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135012	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 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		\$80.00
Name of Payee Tiffany Harris		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2896 <input type="checkbox"/> Debit Card
Street Address 133 Prince St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135028	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 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		\$31.50
Name of Payee Steven Suggs		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2893 <input type="checkbox"/> Debit Card
Street Address 705 Laurel Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134968	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 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		\$120.00
Name of Payee Kim Timmons		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2897 <input type="checkbox"/> Debit Card
Street Address 81 Bell St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135029	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 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		\$31.50

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee Kairee Walker		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2898 <input type="checkbox"/> Debit Card
Street Address 81 Bell St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135031	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 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		\$31.50
Name of Payee Traci Barnell-Miller		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2890 <input type="checkbox"/> Debit Card
Street Address 664 Sedgewick Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135004	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 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		\$150.00
Name of Payee Katherine Traber		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2722 <input type="checkbox"/> Debit Card
Street Address 110 Hale Ter		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 134979	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 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		\$2,000.00
Name of Payee Twana Johnson		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2888 <input type="checkbox"/> Debit Card
Street Address 169 Calhoun Ave Fl 3		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135033	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 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		\$216.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee			
Name of Payee Robert Davis		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2882 <input type="checkbox"/> Debit Card
Street Address 720 Chopsey Hill Rd		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135016	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 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		\$41.50
Name of Payee David Rodriguez		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2883 <input type="checkbox"/> Debit Card
Street Address 730 Palisade Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135057	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 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		\$30.00
Name of Payee Lawrence Daddario		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2881 <input type="checkbox"/> Debit Card
Street Address 772 Brewster St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 135058	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 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		\$100.00
Name of Payee PROPEL PAC		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2903 <input type="checkbox"/> Debit Card
Street Address 139 Sterling St		City New Britain	State CT Zip Code 06053
Purpose of Expenditure (by code) CNTRB	Description Treasurer - Katie Breslin	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		\$250.00

Total of Section P	\$17,306.98
---------------------------	--------------------

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?	
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
Connecticut Education Association Political Action 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		Coordinated with reimbursement sought Independent Organization A B C D E	
Total of Section R				

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action 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 #	Amount Incurred (Estimate or Actual)
Expenditure# (if applicable)	Type of Expenditure (<i>if applicable</i>) Itemization in Addendum S Required Coordinated without reimbursement sought	Independent Organization : A B C D E	Coordinated with reimbursement sought

Total of Section S

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action 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 (<i>if applicable</i>) Itemization in Addendum T Required Coordinated without reimbursement sought		Independent Organization: A B C D E	Coordinated with reimbursement sought

Total of Section T

Section P. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Original	
P. Expenses Paid By Committee - Addendum			
Expenditure #	133493	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$4,255.52
Name of Candidate Howard Gardner, Andre Baker, Dave Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$4,255.52
Expenditure #		133494	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate Howard Gardner, Andre Baker, Dave Hennessey		Office Sought Other Municipal Office	Amount of Expenditure \$60.00 Cost Allocated to Candidate \$60.00
Expenditure #		133496	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate Howard Gardner, Andre Baker, Dave Hennessey		Office Sought Other Municipal Office	Amount of Expenditure \$2,500.00 Cost Allocated to Candidate \$2,500.00
Expenditure #		133497	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate Howard Gardner, Andre Baker, Dave Hennessey		Office Sought Other Municipal Office	Amount of Expenditure \$1,500.00 Cost Allocated to Candidate \$1,500.00
Expenditure #		133763	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate Andre Baker, Howard Gardner and David Hennessey		Office Sought Other Municipal Office	Amount of Expenditure \$1,975.00 Cost Allocated to Candidate \$1,975.00
Expenditure #		133828	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey		Office Sought Other Municipal Office	Amount of Expenditure \$46.00 Cost Allocated to Candidate \$46.00

Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
133829			\$14.36
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$14.36
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
134949			\$108.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$108.00
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
134951			\$129.60
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$129.60
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
134952			\$76.50
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$76.50
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
134953			\$115.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$115.00
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
134954			\$105.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$105.00
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
134957			\$140.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$140.00

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
134960		\$50.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$50.00
Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
134962		\$30.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$30.00
Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
134966		\$30.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$30.00
Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
134968		\$120.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$120.00
Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
134979		\$2,000.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$2,000.00
Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
135004		\$150.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$150.00
Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
135006		\$75.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$75.00

Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135012			\$80.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$80.00
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135016			\$41.50
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$41.50
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135028			\$31.50
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$31.50
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135029			\$31.50
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$31.50
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135031			\$31.50
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$31.50
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135032			\$120.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$120.00
Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135033			\$216.00
Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office		Cost Allocated to Candidate \$216.00

Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135036			\$100.00

Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$100.00
--	---	---

Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135057			\$30.00

Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$30.00
--	---	--

Expenditure #	<input checked="" type="checkbox"/> Supported	<input type="checkbox"/> Opposed	Amount of Expenditure
135058			\$100.00

Name of Candidate Andre Baker, Howard Gardner, Dave Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$100.00
--	---	---