

**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 35

**COVER PAGE**

<b>1. NAME OF COMMITTEE</b>			
<b>Connecticut Education Association Political Action Committee</b>			
<b>2. TREASURER NAME</b>			
First <b>Howard</b>	MI <b>M</b>	Last <b>Dashefsky</b>	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address <b>49 E Maxwell Dr</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>
<b>4. ELECTION/REFERENDUM DATE</b>	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i>		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
<b>8. TYPE OF REPORT</b>			
<b>7th Day Preceding General Election - Amendment</b>			
<b>9. PERIOD COVERED</b>			
	Beginning Date	Ending Date	
	<b>10/01/2013</b>	thru <b>10/27/2013</b>	
<b>10. CERTIFICATION</b>			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Howard Dashefsky</b>	<b>11/04/2013 9:00:03AM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>			

**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	
<b>Connecticut Education Association Political Action Committee</b>	<b>7th Day Preceding General Election - Amendment</b>	
	<b>COLUMN A</b> This Period	<b>COLUMN B</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		<b>\$40,301.45</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$39,759.20</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$0.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$15,649.22</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$105,000.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3) <b>Municipal and Town Committees Only</b>	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$0.00</b>	<b>\$120,649.22</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$39,759.20</b>	<b>\$160,950.67</b>
19. Expenses Paid by Committee (Section P)	<b>\$17,306.98</b>	<b>\$138,498.45</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$22,452.22</b>	<b>\$22,452.22</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Contributions Received (Section M)	<b>\$0.00</b>	<b>\$28,297.26</b>
23. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
24. Receipts of Organization Expenditures (Section O) OPTIONAL	<b>\$0.00</b>	<b>\$0.00</b>
25. Beginning Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

<b>I. MONETARY RECEIPTS (Section A-K)</b>							
NAME OF COMMITTEE						TYPE OF REPORT	
Connecticut Education Association Political Action Committee						7th Day Preceding General Election - Amendment	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>							
<b>Subtotal Section A</b>							
<b>B. Itemized Contributions from Individuals</b>							
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?				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: Executive Legislative				
Method of Contribution				Date Received	Aggregate Contributions		
Cash      Personal Check      Credit/Debit Card      Payroll Deduction      Money Order							
<b>Total of Section B</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>						<i>(Sections A &amp; B) (Total on Line 14 of Summary Page)</i>	

<b>I. MONETARY RECEIPTS (Section A-K)</b>							
NAME OF COMMITTEE						TYPE OF REPORT	
Connecticut Education Association Political Action Committee						7th Day Preceding General Election - Amendment	
<b>C1. Contributions from Other Committees</b>							
Name of Committee					Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #				Amount of Contribution
City			State	Zip Code	Date Received	Aggregate Contributions	
<b>Total of Section C1</b>							

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**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		
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**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)					<b>Amount Received</b>	
Street Address		City	State	Zip Code		
<b>Total of Section D</b>						

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			7th Day Preceding General Election - Amendment	
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>				
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
<b>Total of Section E</b>				

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			7th Day Preceding General Election - Amendment	
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>				
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? Yes      No      If yes, list Event #			Amount
<b>Total of Section F</b>				

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			7th Day Preceding General Election - Amendment	
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>				
Date of Receipt	Amount			
<b>Total of Section G</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**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
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**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
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**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	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Amendment	
<b>L1. Fundraiser Event Information</b>			
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 No	<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>
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 No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No	<i>(If yes, enter Total Receipts here.)</i>
<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 No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>
<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 No	<i>(If yes, enter Total Receipts here.)</i>
<b>Total of Section L1</b>			

## II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Amendment	
<b>L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)</b>			
Name of Purchaser		Purchase Made By: <b>Business Entity</b> <b>Individual</b> <b>Sole Proprietorship</b>	
Street Address		City	State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase Amount of Sign Purchase
<b>Total of Section L3</b>			

**II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment
<b>L4. In-Kind Donations Not Considered Contributions</b>	

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					
<b>Total of Section L4</b>					

**III. NONMONETARY RECEIPTS (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment
<b>M. In-Kind Contributions</b>	

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	
<b>Total of Section M</b>				



**III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**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			
Street Address	City	State	Zip Code
<b>Total of Section N</b>			Amount of Deposit

**III. NONMONETARY RECEIPTS (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPFRONT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**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
City	State
	Zip Code
Description of Donation	Purpose of Expenditure
	A      B      C      D      E
<b>Total of Section O</b>	
	Fair Market Value of Donation
	Aggregate Donations

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**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
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 133493	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			Amount \$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
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 133494	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			Amount \$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
Purpose of Expenditure (by code) CNTRB		Description		Event #
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			Amount \$2,000.00
Name of Payee <del>Thomas Coble</del>		Date of Payment <del>10/15/2013</del>	Method of Payment <input checked="" type="checkbox"/> Check # 2875 <input type="checkbox"/> Debit Card	
Street Address <del>63 Larkey Rd</del>		City <del>Oxford</del>		State <del>CT</del>
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) <del>133496</del>	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			Amount <del>\$2,500.00</del>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Thomas Coble</b>		Date of Payment <b>10/15/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2875</b> <input type="checkbox"/> Debit Card	
Street Address <b>63 Larkey Rd</b>		City <b>Oxford</b>	State <b>CT</b>	Zip Code <b>06478</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>135590</b>	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			<b>\$2,500.00</b>
Name of Payee <del>Charles Coviello</del>		Date of Payment <del>10/15/2013</del>	Method of Payment <input checked="" type="checkbox"/> Check # <del>2875</del> <input type="checkbox"/> Debit Card	
Street Address <del>73 Willow St</del>		City <del>Bridgeport</del>	State <del>CT</del>	Zip Code
Purpose of Expenditure (by code) <del>WAGE</del>	Description	Event #		Amount
Expenditure # (if applicable) <del>133497</del>	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			<del>\$1,500.00</del>
Name of Payee <b>Charles Coviello</b>		Date of Payment <b>10/15/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2875</b> <input type="checkbox"/> Debit Card	
Street Address <b>73 Willow St</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>135591</b>	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			<b>\$1,500.00</b>
Name of Payee <b>Mary Louise Bruce</b>		Date of Payment <b>10/17/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2870</b> <input type="checkbox"/> Debit Card	
Street Address <b>115 Washington Ave Apt 4L</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code
Purpose of Expenditure (by code) <b>RCW</b>	Description <b>Postage Stamp Reimbursement</b>	Event #		Amount
Expenditure # (if applicable) <b>133828</b>	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			<b>\$46.00</b>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Federal Express</b>		Date of Payment <b>10/17/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2902 <input type="checkbox"/> Debit Card	
Street Address <b>175 Glastonbury Blvd</b>		City <b>Glastonbury</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>PRNT</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>133829</b>	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			<b>\$14.36</b>
Name of Payee <b>Federal Express</b>		Date of Payment <b>10/17/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2902 <input type="checkbox"/> Debit Card	
Street Address <b>175 Glastonbury Blvd</b>		City <b>Glastonbury</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>PRNT</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>135592</b>	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			<b>\$14.36</b>
Name of Payee <b>Massive Productions, LLC</b>		Date of Payment <b>10/22/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2712 <input type="checkbox"/> Debit Card	
Street Address <b>2360 Main St</b>		City <b>Rocky Hill</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>A-RAD</b>	Description <b>Radio Ad Production</b>	Event #		Amount
Expenditure # (if applicable) <b>133763</b>	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			<b>\$1,975.00</b>
Name of Payee <b>NinetyNine (99) PAC</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2906 <input type="checkbox"/> Debit Card	
Street Address <b>69 Rockledge Loop</b>		City <b>Torrington</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>CNTRB</b>	Description <b>Treasurer - Paul Summers</b>	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			<b>\$250.00</b>

### IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

#### P. Expenses Paid By Committee

Name of Payee <b>MATT PAC</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2904 <input type="checkbox"/> Debit Card	
Street Address <b>62 Grove St</b>		City <b>West Hartford</b>		State <b>CT</b>
Zip Code <b>06119</b>				
Purpose of Expenditure (by code) <b>CNTRB</b>	Description <b>Treasurer - Matt Macunas</b>	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
Name of Payee <b>Debra Hendricks</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2885 <input type="checkbox"/> Debit Card	
Street Address <b>687 Madison Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Zip Code				
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-134954</b>	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			\$105.00
Name of Payee <b>Betty Chapell</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2879 <input type="checkbox"/> Debit Card	
Street Address <b>1845 Central Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Zip Code				
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-134954</b>	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			\$129.60
Name of Payee <b>Troy Chapell</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2880 <input type="checkbox"/> Debit Card	
Street Address <b>1845 Central Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Zip Code				
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-134952</b>	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			\$76.50

## IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		7th Day Preceding General Election - Amendment	
P. Expenses Paid By Committee			
Name of Payee <del>Yahya Malik</del>		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2869 <input type="checkbox"/> Debit Card
Street Address <del>1845 Central Ave</del>		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 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		\$30.00-
Name of Payee <del>Cynthia Frazier</del>		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2901 <input type="checkbox"/> Debit Card
Street Address <del>254 Alex St</del>		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 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		\$30.00-
Name of Payee <del>Denise Chappell</del>		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2878 <input type="checkbox"/> Debit Card
Street Address <del>85 Livingston Pl</del>		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 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		\$108.00-
Name of Payee <del>David Goodchild</del>		Date of Payment 10/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2884 <input type="checkbox"/> Debit Card
Street Address <del>180 Alpine St Apt 1</del>		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 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		\$115.00-

### IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

#### P. Expenses Paid By Committee

Name of Payee <b>Hilton Hill</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2886</b> <input type="checkbox"/> Debit Card	
Street Address <b>648 Newfield Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-134957</b>	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			<b>\$140.00-</b>
Name of Payee <b>Louise Gregory</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2900</b> <input type="checkbox"/> Debit Card	
Street Address <b>238 Alex St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-134960</b>	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			<b>\$50.00-</b>
Name of Payee <b>Connecticut Progressive Leadership Fund</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2905</b> <input type="checkbox"/> Debit Card	
Street Address <b>6 Elm St</b>		City <b>New Haven</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>CNTRB</b>	Description <b>Treasurer - Roland Lemar</b>	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			<b>\$250.00</b>
Name of Payee <b>Theodore Miller</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2889</b> <input type="checkbox"/> Debit Card	
Street Address <b>63 Larkey Rd</b>		City <b>Oxford</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-135036</b>	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			<b>\$100.00-</b>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>PROPEL PAC</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2903 <input type="checkbox"/> Debit Card	
Street Address <b>139 Sterling St</b>		City <b>New Britain</b>		State <b>CT</b>
Zip Code <b>06053</b>				
Purpose of Expenditure (by code) <b>CNTRB</b>	Description <b>Treasurer - Katie Breslin</b>	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
Name of Payee <del>Thomas Yachymczyk</del>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2894 <input type="checkbox"/> Debit Card	
Street Address <del>1030 Main St</del>		City <b>Bridgeport</b>		State <b>CT</b>
Zip Code				
Purpose of Expenditure (by code) <b>WAGE</b>	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			\$45.00
Name of Payee <del>Nicole Patterson</del>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2894 <input type="checkbox"/> Debit Card	
Street Address <del>736 Brooks St</del>		City <b>Bridgeport</b>		State <b>CT</b>
Zip Code				
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-135006</b>	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			\$75.00
Name of Payee <b>Betty Chapell</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2879 <input type="checkbox"/> Debit Card	
Street Address <b>1845 Central Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Zip Code				
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>135594</b>	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			\$129.60



### IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

#### P. Expenses Paid By Committee

Name of Payee <b>Troy Chapell</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2880</b> <input type="checkbox"/> Debit Card	
Street Address <b>1845 Central Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135595</b>	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			<b>\$76.50</b>
Name of Payee <del>Lorenzo Jordan</del>		Date of Payment <del>10/23/2013</del>	Method of Payment <input checked="" type="checkbox"/> Check # <del>2887</del> <input type="checkbox"/> Debit Card	
Street Address <del>300 Jefferson St</del>		City <del>Bridgeport</del>		State <del>CT</del>
Purpose of Expenditure (by code) <del>WAGE</del>		Description		Event #
Expenditure # (if applicable) <del>-135032</del>	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			<del>\$120.00</del>
Name of Payee <del>Lacora Spell</del>		Date of Payment <del>10/23/2013</del>	Method of Payment <input checked="" type="checkbox"/> Check # <del>2892</del> <input type="checkbox"/> Debit Card	
Street Address <del>1434 Iranistan Ave</del>		City <del>Bridgeport</del>		State <del>CT</del>
Purpose of Expenditure (by code) <del>WAGE</del>		Description		Event #
Expenditure # (if applicable) <del>-135012</del>	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			<del>\$80.00</del>
Name of Payee <del>Tiffany Harris</del>		Date of Payment <del>10/23/2013</del>	Method of Payment <input checked="" type="checkbox"/> Check # <del>2896</del> <input type="checkbox"/> Debit Card	
Street Address <del>133 Prince St</del>		City <del>Bridgeport</del>		State <del>CT</del>
Purpose of Expenditure (by code) <del>WAGE</del>		Description		Event #
Expenditure # (if applicable) <del>-135028</del>	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			<del>\$31.50</del>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Steven Suggs</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2893 <input type="checkbox"/> Debit Card	
Street Address <b>705 Laurel Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-134968</b>	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 <b>\$120.00-</b>	
Name of Payee <b>Kim Timmons</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2897 <input type="checkbox"/> Debit Card	
Street Address <b>81 Bell St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-135029</b>	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 <b>\$31.50-</b>	
Name of Payee <b>Kairee Walker</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2898 <input type="checkbox"/> Debit Card	
Street Address <b>81 Bell St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-135034</b>	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 <b>\$31.50-</b>	
Name of Payee <b>Traci Barnell Miller</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # 2890 <input type="checkbox"/> Debit Card	
Street Address <b>664 Sedgewick Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>-135004</b>	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 <b>\$150.00-</b>	

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Katherine Traber</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2722</b> <input type="checkbox"/> Debit Card	
Street Address <b>110 Hale Ter</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>134979</b>	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 <b>\$2,000.00-</b>	
Name of Payee <b>Twana Johnson</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2888</b> <input type="checkbox"/> Debit Card	
Street Address <b>169 Calhoun Ave Fl 3</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>135033</b>	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 <b>\$216.00-</b>	
Name of Payee <b>Denise Chappell</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2878</b> <input type="checkbox"/> Debit Card	
Street Address <b>85 Livingston Pl</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>135593</b>	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 <b>\$108.00</b>	
Name of Payee <b>David Goodchild</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2884</b> <input type="checkbox"/> Debit Card	
Street Address <b>180 Alpine St Apt 1</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>135596</b>	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 <b>\$115.00</b>	

### IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

#### P. Expenses Paid By Committee

Name of Payee <b>Robert Davis</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2882</b> <input type="checkbox"/> Debit Card	
Street Address <b>720 Chopsey Hill Rd</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>-135016</b>	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			Amount <b>\$41.50-</b>
Name of Payee <b>David Rodriguez</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2883</b> <input type="checkbox"/> Debit Card	
Street Address <b>730 Palisade Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>-135057</b>	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			Amount <b>\$30.00-</b>
Name of Payee <b>Lawrence Daddario</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2884</b> <input type="checkbox"/> Debit Card	
Street Address <b>772 Brewster St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>-135058</b>	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			Amount <b>\$100.00-</b>
Name of Payee <b>Lawrence Daddario</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2884</b> <input type="checkbox"/> Debit Card	
Street Address <b>39 Bunnell St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>-135432</b>	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			Amount <b>\$100.00-</b>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>David Rodriguez</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2883</b> <input type="checkbox"/> Debit Card	
Street Address <b>225 Spring St Fl 2</b>		City <b>Bridgeport</b>		State <b>CT</b>
Zip Code <b>06608</b>				
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>435433</b>	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		<b>\$30.00-</b>
Name of Payee <b>NinetyNine (99) PAC</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2906</b> <input type="checkbox"/> Debit Card	
Street Address <b>69 Rockledge Loop</b>		City <b>Torrington</b>		State <b>CT</b>
Zip Code <b>06790</b>				
Purpose of Expenditure (by code) <b>CNTRB</b>	Description <b>Treasurer - Paul Summers</b>	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		<b>\$250.00</b>
Name of Payee <b>Theodore Miller</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2889</b> <input type="checkbox"/> Debit Card	
Street Address <b>63 Larkey Rd</b>		City <b>Oxford</b>		State <b>CT</b>
Zip Code				
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>135615</b>	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		<b>\$100.00</b>
Name of Payee <b>Thomas Yachymczyk</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2894</b> <input type="checkbox"/> Debit Card	
Street Address <b>1030 Main St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Zip Code				
Purpose of Expenditure (by code) <b>WAGE</b>	Description	Event #		Amount
Expenditure # (if applicable) <b>135602</b>	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		<b>\$45.00</b>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Nicole Patterson</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2891</b> <input type="checkbox"/> Debit Card	
Street Address <b>736 Brooks St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135606</b>	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			Amount <b>\$75.00</b>
Name of Payee <b>Debra Hendricks</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2885</b> <input type="checkbox"/> Debit Card	
Street Address <b>687 Madison Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135597</b>	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			Amount <b>\$105.00</b>
Name of Payee <b>Yahya Malik</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2869</b> <input type="checkbox"/> Debit Card	
Street Address <b>1845 Central Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135601</b>	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			Amount <b>\$30.00</b>
Name of Payee <b>Lorenzo Jordan</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2887</b> <input type="checkbox"/> Debit Card	
Street Address <b>300 Jefferson St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135613</b>	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			Amount <b>\$120.00</b>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Lacora Spell</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2892</b> <input type="checkbox"/> Debit Card	
Street Address <b>1434 Iranistan Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135607</b>	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			Amount <b>\$80.00</b>
Name of Payee <b>Tiffany Harris</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2896</b> <input type="checkbox"/> Debit Card	
Street Address <b>133 Prince St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135609</b>	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			Amount <b>\$31.50</b>
Name of Payee <b>Steven Suggs</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2893</b> <input type="checkbox"/> Debit Card	
Street Address <b>705 Laurel Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135603</b>	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			Amount <b>\$120.00</b>
Name of Payee <b>Kim Timmons</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2897</b> <input type="checkbox"/> Debit Card	
Street Address <b>81 Bell St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135610</b>	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			Amount <b>\$31.50</b>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Kairee Walker</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2898</b> <input type="checkbox"/> Debit Card	
Street Address <b>81 Bell St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135611</b>	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			Amount <b>\$31.50</b>
Name of Payee <b>Traci Barnell-Miller</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2890</b> <input type="checkbox"/> Debit Card	
Street Address <b>664 Sedgewick Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135605</b>	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			Amount <b>\$150.00</b>
Name of Payee <b>Katherine Traber</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2722</b> <input type="checkbox"/> Debit Card	
Street Address <b>110 Hale Ter</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135604</b>	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			Amount <b>\$2,000.00</b>
Name of Payee <b>Twana Johnson</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2888</b> <input type="checkbox"/> Debit Card	
Street Address <b>169 Calhoun Ave Fl 3</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135614</b>	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			Amount <b>\$216.00</b>



**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Cynthia Frazier</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2901</b> <input type="checkbox"/> Debit Card	
Street Address <b>254 Alex St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135600</b>	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			Amount <b>\$30.00</b>
Name of Payee <b>Robert Davis</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2882</b> <input type="checkbox"/> Debit Card	
Street Address <b>720 Chopsey Hill Rd</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135608</b>	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			Amount <b>\$41.50</b>
Name of Payee <b>Hilton Hill</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2886</b> <input type="checkbox"/> Debit Card	
Street Address <b>648 Newfield Ave</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135598</b>	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			Amount <b>\$140.00</b>
Name of Payee <b>Louise Gregory</b>		Date of Payment <b>10/23/2013</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>2900</b> <input type="checkbox"/> Debit Card	
Street Address <b>238 Alex St</b>		City <b>Bridgeport</b>		State <b>CT</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description		Event #
Expenditure # (if applicable) <b>135599</b>	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			Amount <b>\$50.00</b>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE				TYPE OF REPORT			
Connecticut Education Association Political Action Committee				7th Day Preceding General Election - Amendment			
<b>P. Expenses Paid By Committee</b>							
Name of Payee <b>Lawrence Daddario</b>				Date of Payment <b>10/23/2013</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>2881</b> <input type="checkbox"/> Debit Card	
Street Address <b>39 Bunnell St</b>			City <b>Bridgeport</b>			State <b>CT</b>	Zip Code <b>06607</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description			Event #		Amount
Expenditure # (if applicable) <b>135616</b>	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						<b>\$100.00</b>
Name of Payee <b>David Rodriguez</b>				Date of Payment <b>10/23/2013</b>		Method of Payment <input checked="" type="checkbox"/> Check # <b>2883</b> <input type="checkbox"/> Debit Card	
Street Address <b>225 Spring St Fl 2</b>			City <b>Bridgeport</b>			State <b>CT</b>	Zip Code <b>06608</b>
Purpose of Expenditure (by code) <b>WAGE</b>		Description			Event #		Amount
Expenditure # (if applicable) <b>135617</b>	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						<b>\$30.00</b>
<b>Total of Section P</b>						<b>\$17,306.98</b>	

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE				TYPE OF REPORT			
				7th Day Preceding General Election - Amendment			
<b>Q. Campaign Expenses Paid By Candidate</b>							
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
<b>Total of Section Q</b>							

IV. EXPENDITURES							
NAME OF COMMITTEE					TYPE OF REPORT		
Connecticut Education Association Political Action Committee					7th Day Preceding General Election - Amendment		
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 without reimbursement sought <input type="checkbox"/> Independent			Coordinated with reimbursement sought Organization      A      B      C      D      E		
<b>Total of Section R</b>							

IV. EXPENDITURES							
NAME OF COMMITTEE					TYPE OF REPORT		
Connecticut Education Association Political Action Committee					7th Day Preceding General Election - Amendment		
S. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor						Date Incurred	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount Incurred (Estimate or Actual)
Expenditure# (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent			Coordinated with reimbursement sought Organization :      A      B      C      D      E		
<b>Total of Section S</b>							

IV. EXPENDITURES					
NAME OF COMMITTEE				TYPE OF REPORT	
Connecticut Education Association Political Action Committee				7th Day Preceding General Election - Amendment	
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 without reimbursement sought      Independent      Organization:			Coordinated with reimbursement sought A      B      C      D      E	
<b>Total of Section T</b>					

## Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	7th Day Preceding General Election - Amendment

## P. Expenses Paid By Committee - Addendum

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
133493		\$4,255.52

Name of Candidate	Office Sought	Cost Allocated to Candidate
Howard Gardner, Andre Baker, Dave Hennessey	Other Municipal Office	\$4,255.52

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
133494		\$60.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Howard Gardner, Andre Baker, Dave Hennessey	Other Municipal Office	\$60.00

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
133763		\$1,975.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner and David Hennessey	Other Municipal Office	\$1,975.00

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
133828		\$46.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, Dave Hennessey	Other Municipal Office	\$46.00

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
135590		\$2,500.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
<del>Howard Gardner, Andre Baker, Dave Hennessey</del>	<del>Other Municipal Office</del>	<del>\$2,500.00</del>

Name of Candidate	Office Sought	Cost Allocated to Candidate
Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart	Other Municipal Office	\$2,500.00

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
135591		\$1,500.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
<del>Howard Gardner, Andre Baker, Dave Hennessey</del>	<del>Other Municipal Office</del>	<del>\$1,500.00</del>

Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$1,500.00</b>
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<b>Expenditure #</b>  <b>135592</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$14.36</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$14.36</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$14.36</b>
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<b>Expenditure #</b>  <b>135593</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$108.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$108.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$108.00</b>
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<b>Expenditure #</b>  <b>135594</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$129.60</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$129.60</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$129.60</b>
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<b>Expenditure #</b>  <b>135595</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$76.50</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$76.50</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$76.50</b>
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<b>Expenditure #</b>  <b>135596</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$115.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$115.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$115.00</b>
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<b>Expenditure #</b>  <b>135597</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$105.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$105.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$105.00</b>
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<b>Expenditure #</b>  <b>135598</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$140.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$140.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$140.00</b>
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<b>Expenditure #</b>  <b>135599</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$50.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$50.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$50.00</b>
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<b>Expenditure #</b>  <b>135600</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$30.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$30.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$30.00</b>
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<b>Expenditure #</b>  <b>135601</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$30.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$30.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewal</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$30.00</b>
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<b>Expenditure #</b>  <b>135602</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$45.00</b>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewal</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$45.00</b>
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<b>Expenditure #</b>  <b>135603</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$120.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$120.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewal</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$120.00</b>
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<b>Expenditure #</b>  <b>135604</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$2,000.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$2,000.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewal</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$2,000.00</b>
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<b>Expenditure #</b>  <b>135605</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$150.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$150.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewal</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$150.00</b>
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<b>Expenditure #</b>  <b>135606</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$75.00</b>
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Name of Candidate <del>Andre Baker, Howard Gardner, Dave Hennessey</del>	Office Sought <del>Other Municipal Office</del>	Cost Allocated to Candidate <del>\$75.00</del>
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Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewal</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$75.00</b>
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<b>Expenditure #</b>	<b>135607</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
			<b>\$80.00</b>
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<del>Andre Baker, Howard Gardner, Dave Hennessey</del>	<del>Other Municipal Office</del>	<del>\$80.00</del>	
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	<b>Other Municipal Office</b>	<b>\$80.00</b>	

<b>Expenditure #</b>	<b>135608</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
			<b>\$41.50</b>
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<del>Andre Baker, Howard Gardner, Dave Hennessey</del>	<del>Other Municipal Office</del>	<del>\$41.50</del>	
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	<b>Other Municipal Office</b>	<b>\$41.50</b>	

<b>Expenditure #</b>	<b>135609</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
			<b>\$31.50</b>
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<del>Andre Baker, Howard Gardner, Dave Hennessey</del>	<del>Other Municipal Office</del>	<del>\$31.50</del>	
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	<b>Other Municipal Office</b>	<b>\$31.50</b>	

<b>Expenditure #</b>	<b>135610</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
			<b>\$31.50</b>
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<del>Andre Baker, Howard Gardner, Dave Hennessey</del>	<del>Other Municipal Office</del>	<del>\$31.50</del>	
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	<b>Other Municipal Office</b>	<b>\$31.50</b>	

<b>Expenditure #</b>	<b>135611</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>
			<b>\$31.50</b>
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<del>Andre Baker, Howard Gardner, Dave Hennessey</del>	<del>Other Municipal Office</del>	<del>\$31.50</del>	
Name of Candidate	Office Sought	Cost Allocated to Candidate	
<b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	<b>Other Municipal Office</b>	<b>\$31.50</b>	

<b>Expenditure #</b>  <b>135613</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$120.00</b>
Name of Candidate <b><del>Andre Baker, Howard Gardner, Dave Hennessey</del></b>	Office Sought <b><del>Other Municipal Office</del></b>	Cost Allocated to Candidate <b><del>\$120.00</del></b>
Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$120.00</b>

<b>Expenditure #</b>  <b>135614</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$216.00</b>
Name of Candidate <b><del>Andre Baker, Howard Gardner, Dave Hennessey</del></b>	Office Sought <b><del>Other Municipal Office</del></b>	Cost Allocated to Candidate <b><del>\$216.00</del></b>
Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$216.00</b>

<b>Expenditure #</b>  <b>135615</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$100.00</b>
Name of Candidate <b><del>Andre Baker, Howard Gardner, Dave Hennessey</del></b>	Office Sought <b><del>Other Municipal Office</del></b>	Cost Allocated to Candidate <b><del>\$100.00</del></b>
Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$100.00</b>

<b>Expenditure #</b>  <b>135616</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$100.00</b>
Name of Candidate <b><del>Andre Baker, Howard Gardner, Dave Hennessey</del></b>	Office Sought <b><del>Other Municipal Office</del></b>	Cost Allocated to Candidate <b><del>\$100.00</del></b>
Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$100.00</b>

<b>Expenditure #</b>  <b>135617</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$30.00</b>
Name of Candidate <b><del>Andre Baker, Howard Gardner, Dave Hennessey</del></b>	Office Sought <b><del>Other Municipal Office</del></b>	Cost Allocated to Candidate <b><del>\$30.00</del></b>
Name of Candidate <b>Howard Gardner, Andre Baker, Dave Hennessey, Eric Stewart</b>	Office Sought <b>Other Municipal Office</b>	Cost Allocated to Candidate <b>\$30.00</b>

