

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 36

COVER PAGE

1. NAME OF COMMITTEE			
Connecticut Education Association Political Action Committee			
2. TREASURER NAME			
First Howard	MI M	Last Dashefsky	Suffix
3. TREASURER ADDRESS			
Street Address 49 E Maxwell Dr	City West Hartford	State CT	Zip Code 06107
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
Independent Expenditure Candidate Primary - Original			
9. PERIOD COVERED			
Beginning Date		Ending Date	
07/01/2013		thru 09/02/2013	
10. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing	Howard Dashefsky	09/03/2013 7:11:54AM	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$40,301.45
12. Balance on hand at the beginning of Reporting Period	\$35,370.09	
13. Contributions received from Individuals (Section A and B)	\$0.00	\$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$15,649.22
15. Other Monetary Receipts (Section D through K)	\$105,000.00	\$105,000.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3) Municipal and Town Committees Only	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$105,000.00	\$120,649.22
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$140,370.09	\$160,950.67
19. Expenses Paid by Committee (Section P)	\$39,053.19	\$59,633.77
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$101,316.90	\$101,316.90
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O) OPTIONAL	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE						TYPE OF REPORT	
Connecticut Education Association Political Action Committee						Independent Expenditure Candidate Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>							
Subtotal Section A							
B. Itemized Contributions from Individuals							
Last Name				First Name		MI	
Residential Street Address			City		State	Zip Code	
Principal Occupation				Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?			Yes No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Yes No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Yes No	
			Executive Legislative				
Method of Contribution				Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order							
Total of Section B							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS						<i>(Sections A & B) (Total on Line 14 of Summary Page)</i>	

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services Surplus Distribution		
Total of Section C2					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

D. Loans Received this Period

Name of Lender		Source of Loan:				Date of Receipt
		Bank	Candidate	Individual	Other	
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
					Yes No	
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address		City	State	Zip Code		
Total of Section D						

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)				
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Total of Section E				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)				
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1?			Amount
	Yes	No	If yes, list Event #	
Total of Section F				

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)				
Date of Receipt	Amount			
08/14/2013	\$105,000.00			
Total of Section G				\$105,000.00

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			TYPE OF REPORT
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section E			

I. Monetary Receipts (Section A-K)			
NAME OF COMMITTEE			TYPE OF REPORT
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
K. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section K				

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE		TYPE OF REPORT		
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original		
L1. Fundraiser Event Information				
Fundraising Event # Date of Fundraiser	Letter	Description		
Location: Street Address		City	State	Zip Code
<i>Subpart 1: (All Committees)</i>				
Was this fundraising event hosted at a personal residence?		Yes	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)</i>	
		No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		Yes	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
		No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	<i>(If yes, enter Total Receipts here.)</i>	
		No		
<i>Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
		No		
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes	<i>(If yes, enter Total Receipts here.)</i>	
		No		
Total of Section L1				

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

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

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original
L4. In-Kind Donations Not Considered Contributions	

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation	
Business Entity				
Individual	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				
Total of Section L4				

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original
M. In-Kind Contributions	

Name				
Street Address		City	State	Zip Code
Type of Contributor:	Date Received	Aggregate contributions	Description of In-Kind Contribution	
Committee				
Individual / Sole Proprietorship	Other			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?	Yes No	Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section J1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No	
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive	Legislative
Total of Section M				

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

N. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

Total of Section N

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPFRONT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer				
Street Address	Date Notice Received	Fair Market Value of Donation			
City	State	Zip Code	Aggregate Donations		
Description of Donation	Purpose of Expenditure				
	A	B	C	D	E

Total of Section O

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Axsie Worrell		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2686 <input type="checkbox"/> Debit Card	
Street Address 555 Trumbull Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130420	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 \$55.00
Name of Payee John Staley		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2687 <input type="checkbox"/> Debit Card	
Street Address 80 University Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130421	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 \$100.00
Name of Payee Tawana Johnson		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2656 <input type="checkbox"/> Debit Card	
Street Address 169 Calhoun Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130423	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 \$265.00
Name of Payee Nicole Patterson		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2657 <input type="checkbox"/> Debit Card	
Street Address 736 Brooks St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130424	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 \$270.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Randy Wade		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2658 <input type="checkbox"/> Debit Card	
Street Address 74 Anson St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description		Event #	
Expenditure # (if applicable) 130425	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 \$220.00
Name of Payee Barbara Williams		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2659 <input type="checkbox"/> Debit Card	
Street Address 76 Judson Pl		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description		Event #	
Expenditure # (if applicable) 130426	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 \$220.00
Name of Payee Gloria Schoolfield		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2660 <input type="checkbox"/> Debit Card	
Street Address 73 Louisiana Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description		Event #	
Expenditure # (if applicable) 130427	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 \$150.00
Name of Payee Willine Gibson		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2661 <input type="checkbox"/> Debit Card	
Street Address 355 Carroll Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description		Event #	
Expenditure # (if applicable) 130428	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 \$125.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Jeanette Torres		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2662 <input type="checkbox"/> Debit Card	
Street Address 355 Carroll Ave		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130429	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		\$70.00	
Name of Payee Lennea Dawson		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2663 <input type="checkbox"/> Debit Card	
Street Address 76 Valley Cir		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130430	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		\$120.00	
Name of Payee Ruth Vines		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2664 <input type="checkbox"/> Debit Card	
Street Address 385 Platt St		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130431	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		\$120.00	
Name of Payee Michael Williams		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2665 <input type="checkbox"/> Debit Card	
Street Address 76 Judson Pl		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130432	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		\$80.00	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Tomeekha Gee		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2666 <input type="checkbox"/> Debit Card	
Street Address 125 Hillcrest Rd		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130433	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 \$80.00
Name of Payee Darlene Bohannon		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2667 <input type="checkbox"/> Debit Card	
Street Address 106 Platt St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130434	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 Melvin Portee		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2668 <input type="checkbox"/> Debit Card	
Street Address 97 Yaremich Dr		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130435	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 Kiyshon McAllaster		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2669 <input type="checkbox"/> Debit Card	
Street Address 180 Yaremich Dr		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130437	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

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Metropolitan Business Association		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2665 <input type="checkbox"/> Debit Card	
Street Address 1214 Stratford Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) OVHD	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with reimbursement sought			\$1,000.00
Name of Payee Staples		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2670 <input type="checkbox"/> Debit Card	
Street Address 4543 Main St		City Bridgeport		State CT
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # (if applicable) 130412	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			\$163.15
Name of Payee Grassroots Strategies Inc.		Date of Payment 08/15/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2674 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford		State CT
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable) 130413	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			\$4,000.00
Name of Payee Momentum Communications		Date of Payment 08/19/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2676 <input type="checkbox"/> Debit Card	
Street Address 22 Hopewell Woods Rd		City Redding		State CT
Purpose of Expenditure (by code) A-WEB	Description	Event #		Amount
Expenditure # (if applicable) 130410	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			\$750.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Staples		Date of Payment 08/19/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2675 <input type="checkbox"/> Debit Card	
Street Address 49 Putnam Blvd		City Glastonbury	State CT	Zip Code
Purpose of Expenditure (by code) OFFICE	Description	Event #		Amount
Expenditure # (if applicable) 130411	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		\$72.70
Name of Payee Charles Coviello		Date of Payment 08/20/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2678 <input type="checkbox"/> Debit Card	
Street Address 73 Willow St		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #		Amount
Expenditure # (if applicable) 130409	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	<input type="checkbox"/> Coordinated with reimbursement sought		\$1,500.00
Name of Payee Katherine Traber		Date of Payment 08/20/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2701 <input type="checkbox"/> Debit Card	
Street Address 110 Hale Ter		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (by code) RCW	Description Office supplies	Event #		Amount
Expenditure # (if applicable) 130468	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		\$506.17
Name of Payee Deborah Hendricks		Date of Payment 08/20/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2677 <input type="checkbox"/> Debit Card	
Street Address 687 Madison Ave		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #		Amount
Expenditure # (if applicable) 130438	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		\$50.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Federal Express		Date of Payment 08/21/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2681 <input type="checkbox"/> Debit Card	
Street Address 175 Glastonbury Blvd		City Glastonbury		State CT
Purpose of Expenditure (by code) PRNT		Description		Event #
Expenditure # (if applicable) 130416	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 \$1,084.77
Name of Payee Thomas Coble		Date of Payment 08/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2679 <input type="checkbox"/> Debit Card	
Street Address 63 Larkey Rd		City Oxford		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130407	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 \$2,500.00
Name of Payee Katherine Traber		Date of Payment 08/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2673 <input type="checkbox"/> Debit Card	
Street Address 110 Hale Ter		City Bridgeport		State CT
Purpose of Expenditure (by code) RCW		Description Cell phone top ups		Event #
Expenditure # (if applicable) 130466	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 \$269.40
Name of Payee Katherine Traber		Date of Payment 08/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2672 <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) 130467	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 \$2,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee The Hardy Press Incorporated		Date of Payment 08/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2680 <input type="checkbox"/> Debit Card	
Street Address 25 James St		City New Haven	State CT	Zip Code
Purpose of Expenditure (by code) PRNT	Description	Event #		Amount
Expenditure # (if applicable) 130469	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		\$2,987.00	
Name of Payee Thomas Yachymczyk		Date of Payment 08/26/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2682 <input type="checkbox"/> Debit Card	
Street Address 1030 Main St		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (by code) WAGE	Description	Event #		Amount
Expenditure # (if applicable) 130419	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		\$65.00	
Name of Payee Grassroots Strategies Inc.		Date of Payment 08/27/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2683 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) CNSLT	Description	Event #		Amount
Expenditure # (if applicable) 130414	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		\$2,800.00	
Name of Payee United States Postal Service		Date of Payment 08/28/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2684 <input type="checkbox"/> Debit Card	
Street Address 141 Weston St		City Hartford	State CT	Zip Code
Purpose of Expenditure (by code) POST	Description	Event #		Amount
Expenditure # (if applicable)	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		\$6,000.00	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Thomas Yachymczyk		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2689 <input type="checkbox"/> Debit Card	
Street Address 1030 Main St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130439	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 \$355.00
Name of Payee Jeanette Torres		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2690 <input type="checkbox"/> Debit Card	
Street Address 355 Carroll Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130440	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 \$385.00
Name of Payee Randy Wade		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2691 <input type="checkbox"/> Debit Card	
Street Address 74 Anson St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130441	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 \$350.00
Name of Payee Kenneth Beasle		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2692 <input type="checkbox"/> Debit Card	
Street Address 157 Eagle St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130442	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 \$350.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Donald Peterson		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2693 <input type="checkbox"/> Debit Card	
Street Address 415 Kent Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130443	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 \$295.00
Name of Payee Nicole Patterson		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2694 <input type="checkbox"/> Debit Card	
Street Address 736 Brooks St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130444	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 \$311.00
Name of Payee Deborah Hendricks		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2695 <input type="checkbox"/> Debit Card	
Street Address 687 Madison Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130445	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 \$335.00
Name of Payee Tawana Johnson		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2696 <input type="checkbox"/> Debit Card	
Street Address 169 Calhoun Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130446	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 \$560.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Lorraine Montes		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2697 <input type="checkbox"/> Debit Card	
Street Address 361 Ridgefield Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130447	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 \$240.00
Name of Payee Shanta Williams		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2698 <input type="checkbox"/> Debit Card	
Street Address 76 Judson Pl		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130448	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 \$240.00
Name of Payee Barbara Williams		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2699 <input type="checkbox"/> Debit Card	
Street Address 76 Judson Pl		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130449	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 \$240.00
Name of Payee Joshua James		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2700 <input type="checkbox"/> Debit Card	
Street Address 76 Valley Cir		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130450	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 \$230.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Jabari Alford		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2749 <input type="checkbox"/> Debit Card	
Street Address 105 Price St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130451	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 \$155.00
Name of Payee Betty Chapell		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2750 <input type="checkbox"/> Debit Card	
Street Address 1845 Central Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130452	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 \$190.00
Name of Payee Troy Chapell		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2751 <input type="checkbox"/> Debit Card	
Street Address 1845 Central Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130453	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 \$175.00
Name of Payee Lennea Dawson		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2746 <input type="checkbox"/> Debit Card	
Street Address 76 Valley Cir		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130454	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 \$120.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Lorenzo Jordan		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2747 <input type="checkbox"/> Debit Card	
Street Address 300 Jefferson St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #		Amount
Expenditure # (if applicable) 130455	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			\$200.00
Name of Payee Yahya Malik		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2748 <input type="checkbox"/> Debit Card	
Street Address 1845 Central Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #		Amount
Expenditure # (if applicable) 130456	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			\$120.00
Name of Payee Lacora Spell		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2743 <input type="checkbox"/> Debit Card	
Street Address 1434 Iranistan Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #		Amount
Expenditure # (if applicable) 130457	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			\$175.00
Name of Payee Tiffany Harris		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2744 <input type="checkbox"/> Debit Card	
Street Address 133 Prince St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #		Amount
Expenditure # (if applicable) 130458	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			\$180.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Steven Suggs		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2745 <input type="checkbox"/> Debit Card	
Street Address 705 Laurel Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130459	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 \$125.00
Name of Payee Kim Timmons		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2740 <input type="checkbox"/> Debit Card	
Street Address 81 Bell St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130460	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 \$180.00
Name of Payee Stanisha Younger		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2741 <input type="checkbox"/> Debit Card	
Street Address 66 Wordin Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130461	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 \$125.00
Name of Payee Zjhane Younger		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2742 <input type="checkbox"/> Debit Card	
Street Address 66 Wordin Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130462	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 \$125.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Kairee Walker		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2737 <input type="checkbox"/> Debit Card	
Street Address 81 Bell St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description		Event #	
Expenditure # (if applicable) 130463	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 \$190.00
Name of Payee Traci Barnell-Miller		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2738 <input type="checkbox"/> Debit Card	
Street Address 664 Sedgewick Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description		Event #	
Expenditure # (if applicable) 130464	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 \$96.00
Name of Payee Louis Younger		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2739 <input type="checkbox"/> Debit Card	
Street Address 153 Cowles St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description		Event #	
Expenditure # (if applicable) 130465	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 \$190.00
Name of Payee Maria Kogan		Date of Payment 08/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2685 <input type="checkbox"/> Debit Card	
Street Address 29 Robin Rd		City West Hartford		State CT
Purpose of Expenditure (by code) Misc *	Description Graphic Design		Event #	
Expenditure # (if applicable) 130418	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 \$450.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Marketing Solutions		Date of Payment 08/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2736 <input type="checkbox"/> Debit Card	
Street Address 109 Talcott Rd		City West Hartford		State CT
Zip Code		Amount		
Purpose of Expenditure (by code) PRNT	Description	Event #		
Expenditure # (if applicable) 130470	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Coordinated with reimbursement sought			\$1,063.00
Name of Payee Toni Harp 2013		Date of Payment 08/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2735 <input type="checkbox"/> Debit Card	
Street Address PO Box 3816		City New Haven		State CT
Zip Code		Amount		
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			\$1,500.00
Name of Payee Connecticut Working Families Party		Date of Payment 08/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2734 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford		State CT
Zip Code		Amount		
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			\$2,000.00
Total of Section P			\$39,053.19	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
		Independent Expenditure Candidate Primary - Original	
Q. Campaign Expenses Paid By Candidate			
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
			Total of Section Q

IV. EXPENDITURES

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
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 Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
			Total of Section R

IV. EXPENDITURES				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
S. Expenses Incurred By Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred (Estimate or Actual)
Expenditure# (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required		Coordinated with reimbursement sought	
	Coordinated without reimbursement sought	Independent	Organization :	A B C D E
Total of Section S				

IV. EXPENDITURES				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
T. Itemization of Reimbursements to Committee Workers and Consultants				
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment Check # Debit Card
Secondary Payee				
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required		Coordinated with reimbursement sought	
	Coordinated without reimbursement sought	Independent	Organization:	A B C D E
Total of Section T				

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee - Addendum

Expenditure # 130407	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$2,500.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$2,500.00

Expenditure # 130409	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,500.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,500.00

Expenditure # 130410	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$750.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$750.00

Expenditure # 130411	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$72.70
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$72.70

Expenditure # 130412	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$163.15
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$163.15

Expenditure # 130413	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$4,000.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$4,000.00

Expenditure #	130414	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$2,800.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$2,800.00

Expenditure #	130416	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,084.77
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,084.77

Expenditure #	130418	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$450.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$450.00

Expenditure #	130419	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$65.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$65.00

Expenditure #	130420	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$55.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$55.00

Expenditure #	130421	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$100.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$100.00

Expenditure #	130423	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$265.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$265.00

Expenditure # 130424	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$270.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$270.00

Expenditure # 130425	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$220.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$220.00

Expenditure # 130426	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$220.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$220.00

Expenditure # 130427	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$150.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$150.00

Expenditure # 130428	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$125.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$125.00

Expenditure # 130429	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$70.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$70.00

Expenditure # 130430	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$120.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$120.00

Expenditure #	130431	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$120.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$120.00

Expenditure #	130432	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$80.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$80.00

Expenditure #	130433	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$80.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$80.00

Expenditure #	130434	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$60.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$60.00

Expenditure #	130435	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$60.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$60.00

Expenditure #	130437	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$60.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$60.00

Expenditure #	130438	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$50.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$50.00

Expenditure # 130439	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$355.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$355.00

Expenditure # 130440	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$385.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$385.00

Expenditure # 130441	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$350.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$350.00

Expenditure # 130442	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$350.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$350.00

Expenditure # 130443	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$295.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$295.00

Expenditure # 130444	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$311.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$311.00

Expenditure # 130445	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$335.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$335.00

Expenditure # 130446	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$560.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$560.00

Expenditure # 130447	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$240.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$240.00

Expenditure # 130448	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$240.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$240.00

Expenditure # 130449	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$240.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$240.00

Expenditure # 130450	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$230.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$230.00

Expenditure # 130451	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$155.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$155.00

Expenditure # 130452	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$190.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$190.00

Expenditure # 130453	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$175.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$175.00

Expenditure # 130454	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$120.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$120.00

Expenditure # 130455	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$200.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$200.00

Expenditure # 130456	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$120.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$120.00

Expenditure # 130457	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$175.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$175.00

Expenditure # 130458	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$180.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$180.00

Expenditure # 130459	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$125.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$125.00

Expenditure #	130460	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$180.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$180.00

Expenditure #	130461	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$125.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$125.00

Expenditure #	130462	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$125.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$125.00

Expenditure #	130463	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$190.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$190.00

Expenditure #	130464	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$96.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$96.00

Expenditure #	130465	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$190.00
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$190.00

Expenditure #	130466	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$269.40
Name of Candidate	Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$269.40

Expenditure # 130467	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$2,000.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$2,000.00

Expenditure # 130468	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$506.17
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$506.17

Expenditure # 130469	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$2,987.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$2,987.00

Expenditure # 130470	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,063.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,063.00