

**SEEC FORM 20**

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



<b>Electronic Filing</b>
Do Not Mark in This Space For Official Use Only.

**COVER PAGE**

<b>1. NAME OF COMMITTEE</b>			
<b>Democratic State Central Committee</b>			
<b>2. TREASURER NAME</b>			
First <b>Emma</b>	MI <b>W.</b>	Last <b>Pierce</b>	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address <b>543 Church St</b>	City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06051</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>January 10 Filing - Original</b>			
<b>9. PERIOD COVERED</b>			
Beginning Date	thru	Ending Date	
<b>10/18/2013</b>		<b>12/31/2013</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>Arnold Skretta</b>	<b>01/10/2014 5:38:41PM</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>Democratic State Central Committee</b>	January 10 Filing - 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		<b>\$72,089.90</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$127,300.12</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$94,060.00</b>	<b>\$242,671.05</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$13,300.00</b>	<b>\$85,675.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$7,460.42</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>\$0.00</b>	<b>\$0.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$107,360.00</b>	<b>\$335,806.47</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$234,660.12</b>	<b>\$407,896.37</b>
19. Expenses Paid by Committee (Section P)	<b>\$122,053.81</b>	<b>\$295,290.06</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$112,606.31</b>	<b>\$112,606.31</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>\$0.00</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>\$4,735.72</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>	

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**A. Total Contributions from Small Contributors-Received this Period ONLY***(See instructions for definition of Small Contributor)***Subtotal Section A****\$10.00****B. Itemized Contributions from Individuals**

Last Name Silberstein		First Name Stephen		MI M
Residential Street Address 29 Eucalyptus Rd		City Belvedere	State CA	Zip Code 94920-2435
Principal Occupation Retired		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/21/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Burgos		First Name Tonio		MI
Residential Street Address 115 Broadway Ste 1504		City New York	State NY	Zip Code 10006
Principal Occupation CEO		Name of Employer Tonio Burgos and Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2013	Aggregate Contributions \$12,500.00	\$10,000.00

Last Name Nussbaum		First Name Bernard		MI
Residential Street Address 51 W 52nd St		City New York	State NY	Zip Code 10019
Principal Occupation Attorney		Name of Employer Wachtell, Lipton, Rosen and Katz		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/28/2013	Aggregate Contributions \$2,500.00	\$2,500.00

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Chase		First Name Cheryl		MI
Residential Street Address 84 High Ridge Rd		City West Hartford	State CT	Zip Code 06117-1813
Principal Occupation Executive VP/ Attorney		Name of Employer Chase Enterprises		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/29/2013	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Gabrieli		First Name Christopher		MI F
Residential Street Address 8 Louisburg Sq		City Boston	State MA	Zip Code 02108-1203
Principal Occupation Venture Capitalist		Name of Employer Bessemer Venture Partners		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/29/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Burgos		First Name Tonio		MI
Residential Street Address 115 Broadway Ste 1504		City New York	State NY	Zip Code 10006
Principal Occupation CEO		Name of Employer Tonio Burgos and Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/30/2013	Aggregate Contributions \$10,000.00	\$7,500.00

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Kruger		First Name Thomas		MI E	
Residential Street Address 77 Havemeyer Ln # 67		City Stamford		State CT	Zip Code 06902
Principal Occupation attorney			Name of Employer Paul Hastings LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 11/04/2013	Aggregate Contributions \$5,000.00	\$5,000.00
Last Name Lord		First Name Henry		MI D	
Residential Street Address 313 Audubon Ct		City New Haven		State CT	Zip Code 06510
Principal Occupation Investor			Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 11/07/2013	Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Weisfelner		First Name Edward		MI	
Residential Street Address 555 W 59th St		City New York		State NY	Zip Code 10019
Principal Occupation Attorney			Name of Employer Brown Rudnick, LLP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 11/15/2013	Aggregate Contributions \$500.00	\$500.00

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Heckler		First Name Alexander		MI P
Residential Street Address 435 W 51st St		City Miami Beach	State FL	Zip Code 33140
Principal Occupation Consultant		Name of Employer LSN Partners		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/03/2013	Aggregate Contributions \$1,250.00	\$1,250.00

Last Name Peelle		First Name William		MI R
Residential Street Address 32 Orchard Rd		City West Hartford	State CT	Zip Code 06117-2912
Principal Occupation Wealth Management		Name of Employer Bradley Foster and Sargent		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/04/2013	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Segal		First Name Richard		MI
Residential Street Address 707 Westchester Ave Ste 401		City White Plains	State NY	Zip Code 10604
Principal Occupation Chairman/CEO		Name of Employer Seavest, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/04/2013	Aggregate Contributions \$2,500.00	\$2,500.00

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name O'Donnell		First Name Amy		MI
Residential Street Address 801 Pennsylvania Ave NW # 1026		City Washington	State DC	Zip Code 20004
Principal Occupation Government Relations		Name of Employer Procter & Gamble		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/05/2013	Aggregate Contributions \$5,000.00	\$5,000.00

Last Name Pollara		First Name Benjamin		MI
Residential Street Address 801 W 41st St Ste 401		City Miami Beach	State FL	Zip Code 33140
Principal Occupation Consultant		Name of Employer LSN Partners, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/13/2013	Aggregate Contributions \$1,250.00	\$1,250.00

Last Name Perricone		First Name Nicholas		MI V
Residential Street Address 49 Ridgewood Ave		City Madison	State CT	Zip Code 06443-2713
Principal Occupation Executive Chairman of the Board		Name of Employer Perricone MD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/18/2013	Aggregate Contributions \$10,000.00	\$5,000.00

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Scheffler		First Name William		MI L
Residential Street Address 17 Stony Point Rd		City Westport	State CT	Zip Code 06880-5923
Principal Occupation Retired		Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2013	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Sheffer		First Name Ann		MI E
Residential Street Address 17 Stony Point Rd		City Westport	State CT	Zip Code 06880-5923
Principal Occupation Volunteer		Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2013	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Brownstein		First Name Donald		MI I
Residential Street Address 359 Merriebrook Ln		City Stamford	State CT	Zip Code 06902
Principal Occupation Investment Management		Name of Employer Structured Portfolio Management, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/19/2013	Aggregate Contributions \$10,000.00	\$10,000.00

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Carter		First Name James		MI S
Residential Street Address 203 Tunxis Rd		City West Hartford	State CT	Zip Code 06107-3201
Principal Occupation Real Estate		Name of Employer Carter Realty		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/20/2013	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Seelig		First Name Charles		MI B
Residential Street Address 66 Leonard St		City New York	State NY	Zip Code 10013-3455
Principal Occupation Managing Member		Name of Employer Seelig Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/23/2013	Aggregate Contributions \$10,000.00	\$10,000.00

Last Name Knapp		First Name Pamela		MI M
Residential Street Address 95 Beckett Ave		City Branford	State CT	Zip Code 06405
Principal Occupation None		Name of Employer None		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/30/2013	Aggregate Contributions \$250.00	\$250.00

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Zachs		First Name Henry		MI M
Residential Street Address 181 Mountain Spring Rd		City Farmington	State CT	Zip Code 06032-1614
Principal Occupation Partner		Name of Employer ZipLink		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/31/2013	Aggregate Contributions \$1,800.00	

Last Name Vogel		First Name Susan		MI M
Residential Street Address 10 Linda Ln		City Darien	State CT	Zip Code 06820
Principal Occupation marketing consultant - part time		Name of Employer Wilmark Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/31/2013	Aggregate Contributions \$1,500.00	

**Total of Section B** **\$94,050.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A & B) (Total on Line 14 of Summary Page) **\$94,060.00**

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**C1. Contributions from Other Committees**

Name of Committee				Name of Treasurer	
Trumbull Democratic Town Committee				Mary C. Markham	
Address		Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
11 Barry Pl		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	
Trumbull	CT	06611	10/29/2013	\$5,000.00	\$5,000.00

Name of Committee				Name of Treasurer	
Trumbull Democratic Town Committee				Mary C. Markham	
Address		Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
11 Barry Pl		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	
Trumbull	CT	06611	10/30/2013	\$8,300.00	\$8,300.00

**Total of Section C1****\$13,300.00****I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - 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
Democratic State Central Committee	January 10 Filing - 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		
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - 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	
<b>Total of Section E</b>				

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1?	Yes	No	If yes, list Event #	Amount
<b>Total of Section F</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Amount
-----------------	--------

**Total of Section G**

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - 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
Democratic State Central Committee	January 10 Filing - 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
Democratic State Central Committee	January 10 Filing - Original

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
<b>Total of Section K</b>			

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - 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 No	(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.)	
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	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes No	(If yes, enter Total Receipts here.)	
<i>Subpart 2:</i>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
<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	(If yes, enter Total Receipts here.)	
<b>Total of Section L1</b>			

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

### L3. Purchases of Advertising in a Program Book or on a Sign

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
Democratic State Central Committee	January 10 Filing - 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  Sole Proprietorship	Date Received	Event #	Aggregate value for this event	
<b>Total of Section L4</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - 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
Democratic State Central Committee	January 10 Filing - 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 REPFFORT
Democratic State Central Committee	January 10 Filing - Original
<b>O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48</b>	

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		
<b>Total of Section O</b>				

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Tonio Burgos		Date of Payment 10/22/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 115 Broadway Ste 1504		City New York	State NY	Zip Code 10006
Purpose of Expenditure (by code) REF	Description Refund of Contribution	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"/> Coordinated with reimbursement sought			\$10,000.00
Name of Payee Blue State Digital		Date of Payment 10/27/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 62187 Collections Center Dr		City Chicago	State IL	Zip Code 60693-0621
Purpose of Expenditure (by code) WEB	Description Website design	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"/> Coordinated with reimbursement sought			\$731.25
Name of Payee Authorize.net		Date of Payment 11/04/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco	State CA	Zip Code 94128-8999
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought			\$65.82
Name of Payee Bridge Communications		Date of Payment 11/04/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 50 Progress Cir Ste 7A		City Newington	State CT	Zip Code 06111-5547
Purpose of Expenditure (by code) CNSLT	Description Consulting	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"/> Coordinated with reimbursement sought			\$3,745.95

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Bridge Communications		Date of Payment 11/04/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 50 Progress Cir Ste 7A		City Newington		State CT
Zip Code 06111-5547				
Purpose of Expenditure (by code) CNSLT	Description Consulting	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"/> Coordinated with reimbursement sought			\$3,877.90
Name of Payee Bridge Communications		Date of Payment 11/04/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 50 Progress Cir Ste 7A		City Newington		State CT
Zip Code 06111-5547				
Purpose of Expenditure (by code) CNSLT	Description Consulting	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"/> Coordinated with reimbursement sought			\$1,760.20
Name of Payee Bridge Communications		Date of Payment 11/04/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 50 Progress Cir Ste 7A		City Newington		State CT
Zip Code 06111-5547				
Purpose of Expenditure (by code) CNSLT	Description Consulting	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"/> Coordinated with reimbursement sought			\$3,874.65
Name of Payee SignaPay		Date of Payment 11/04/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 105 Decker Ct Ste 650		City Irving		State TX
Zip Code 75062				
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought			\$949.50

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Toni Harp 2013		Date of Payment 11/04/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 560 Whalley Ave		City New Haven	State CT	Zip Code 06515
Purpose of Expenditure (by code) CNTRB	Description Contribution to Candidate	Event #		Amount
Expenditure # (if applicable) 1	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" 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"/> Coordinated with reimbursement sought			\$2,500.00
Name of Payee Swift-CPA		Date of Payment 11/05/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2452 Vale Way		City Erie	State CO	Zip Code 80516
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought			\$50.00
Name of Payee SignaPay		Date of Payment 12/02/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 105 Decker Ct Ste 650		City Irving	State TX	Zip Code 75062
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought			\$203.10
Name of Payee Authorize.net		Date of Payment 12/03/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8999		City San Francisco	State CA	Zip Code 94128-8999
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought			\$39.90

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Swift-CPA		Date of Payment 12/03/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2452 Vale Way		City Erie	State CO	Zip Code 80516
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought			\$50.00
Name of Payee American Express		Date of Payment 12/05/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 53852		City Phoenix	State AZ	Zip Code 85072
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought			\$217.05
Name of Payee Global Strategies, Inc.		Date of Payment 12/06/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Consulting	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"/> Coordinated with reimbursement sought			\$10,000.00
Name of Payee Christian Murray Design		Date of Payment 12/06/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1028 Boulevard		City West Hartford	State CT	Zip Code 06119-1801
Purpose of Expenditure (by code) CNSLT	Description Design and printing	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"/> Coordinated with reimbursement sought			\$6,300.00

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee DNA Campaigns LLC		Date of Payment 12/12/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 24 Dixwell Ave # 220		City New Haven		State CT
Zip Code 06511				
Purpose of Expenditure (by code) CNSLT	Description Consulting	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"/> Coordinated with reimbursement sought			\$1,942.00
Name of Payee Edward Snider		Date of Payment 12/13/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1825 Aloha Ln		City Gladwyne		State PA
Zip Code 19035				
Purpose of Expenditure (by code) REF	Description Refund of Contribution	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"/> Coordinated with reimbursement sought			\$10,000.00
Name of Payee Mr. R. Bradford Evans		Date of Payment 12/18/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 791 Park Ave # 7B		City New York		State NY
Zip Code 10021				
Purpose of Expenditure (by code) REF	Description Refund of contribution	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"/> Coordinated with reimbursement sought			\$10,000.00
Name of Payee John Fish		Date of Payment 12/18/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 77 Corey Ln		City Milton		State MA
Zip Code 02186				
Purpose of Expenditure (by code) REF	Description Refund of contribution	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"/> Coordinated with reimbursement sought			\$10,000.00

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee American Express		Date of Payment 12/19/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 53852		City Phoenix	State AZ	Zip Code 85072
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought			\$491.90
Name of Payee Winning Connections, Inc		Date of Payment 12/23/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 317 Pennsylvania Ave SE Ste 200		City Washington	State DC	Zip Code 20003-1148
Purpose of Expenditure (by code) CNSLT	Description Consulting	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"/> Coordinated with reimbursement sought			\$4,884.75
Name of Payee Global Strategies, Inc.		Date of Payment 12/23/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Consulting	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"/> Coordinated with reimbursement sought			\$35,311.01
Name of Payee Global Strategies, Inc.		Date of Payment 12/23/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 895 Broadway		City New York	State NY	Zip Code 10003
Purpose of Expenditure (by code) CNSLT	Description Consulting	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"/> Coordinated with reimbursement sought			\$5,000.00

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

NAME OF COMMITTEE		TYPE OF REPORT	
Democratic State Central Committee		January 10 Filing - Original	
<b>P. Expenses Paid By Committee</b>			
Name of Payee American Express		Date of Payment 12/30/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address PO Box 53852		City Phoenix	State AZ      Zip Code 85072
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought		\$7.38
Name of Payee American Express		Date of Payment 12/31/2013	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address PO Box 53852		City Phoenix	State AZ      Zip Code 85072
Purpose of Expenditure (by code) WEB	Description Credit Card Processing Fees	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"/> Coordinated with reimbursement sought		\$51.45
<b>Total of Section P</b>			<b>\$122,053.81</b>

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

NAME OF COMMITTEE		TYPE OF REPORT	
		January 10 Filing - Original	
<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
Democratic State Central Committee	January 10 Filing - Original

**R. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution	Type of Credit Card: Visa      Master Card      Discover      American Express Other
-----------------------------	--

Name of Vendor	Date of Transaction
----------------	---------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required Coordinated without reimbursement sought      Independent	Coordinated with reimbursement sought Organization      A      B      C      D	

<b>Total of Section R</b>			
---------------------------	--	--	--

**IV. EXPENDITURES**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - 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 without reimbursement sought      Independent	Coordinated with reimbursement sought Organization :      A      B      C      D	

<b>Total of Section S</b>			
---------------------------	--	--	--

**IV. EXPENDITURES**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - 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 without reimbursement sought      Independent	Coordinated with reimbursement sought Organization:      A      B      C      D	Amount
---------------	---	--	--------

**Total of Section T**

**Section P. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	January 10 Filing - Original

**P. Expenses Paid By Committee - Addendum**

<b>Expenditure #</b>  1	<input checked="" type="checkbox"/> <b>Supported</b> <input type="checkbox"/> <b>Opposed</b>	<b>Amount of Expenditure</b>  \$2,500.00
-------------------------------	--	--

Name of Candidate Toni Harp 2013	Office Sought Mayor	Cost Allocated to Candidate \$2,500.00
-------------------------------------	------------------------	---

