SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE

Connecticut Education Association Political Action Committee

2. TREASURER NAME

First	MI	Last	Suffix
Howard	**M**	**Dashefsky**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
49 E Maxwell Dr	**West Hartford**	**CT**	**06107**

4. ELECTION/REFERENDUM DATE   5. OFFICE SOUGHT (Complete only if Candidate Committee)   6. DISTRICT NUMBER (if applicable)

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix

8. TYPE OF REPORT

October 10 Filing - Original

9. PERIOD COVERED

Beginning Date		Ending Date
09/03/2013	thru	**09/30/2013**

10. CERTIFICATION

☑ 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**	**10/10/2013 5:04:35PM**
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	**October 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		**$40,301.45**
12. Balance on hand at the beginning of Reporting Period	**$101,316.90**	
13. Contributions received from Individuals (Section A and B)	**$0.00**	**$0.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$15,649.22**
15. Other Monetary Receipts (Section D through K)	**$0.00**	**$105,000.00**
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	**$0.00**	**$0.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3) **Municipal and Town Committees Only**	**$0.00**	**$0.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$0.00**	**$120,649.22**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$101,316.90**	**$160,950.67**
19. Expenses Paid by Committee (Section P)	**$61,557.70**	**$121,191.47**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	**$39,759.20**	**$39,759.20**
21. In-Kind Donations not Considered Contributions Received (Section L4)	**$0.00**	**$0.00**
22. In-Kind Contributions Received (Section M)	**$16,103.57**	**$28,297.26**
23. Refundable Deposit to Telephone Company (Section N)	**$0.00**	**$0.00**
24. Receipts of Organization Expenditures (Section O) OPTIONAL	**$0.00**	**$0.00**
25. Beginning Loan Balance	**$0.00**	
25a. + Loans Received (Section D)	**$0.00**	**$0.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)	**$0.00**	**$0.00**
27. Expenses Incurred on Committee Credit Card (Section R)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor) **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? Yes / No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? Yes   No
If yes, indicate which branch or branches of government the contract is with: Executive   Legislative

Method of Contribution Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Date Received	Aggregate Contributions	

Total of Section B

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS   (Sections A & B)   *(Total on Line 14 of Summary Page)*

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - 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? Yes No If yes, list Event #	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	October 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
Connecticut Education Association Political Action Committee	October 10 Filing - Original

D. Loans Received this Period

Name of Lender		Source of Loan: Bank Candidate Individual Other			Date of Receipt
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	October 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	

	Total of Section E	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 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

	Total of Section F	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 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
Connecticut Education Association Political Action Committee	October 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
Connecticut Education Association Political Action Committee	October 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
Connecticut Education Association Political Action Committee	October 10 Filing - 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	October 10 Filing - Original

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser Letter	Description

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees) 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 puchases 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 puchases from an individual of up to $100?	Yes No	*(If yes*, enter Total Receipts here.)
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY) 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.)
Subpart 3: (Town Committees ONLY) 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.)

	Total of Section L1	

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - 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	October 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	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	October 10 Filing - Original

M. In-Kind Contributions

Name

Connecticut Education Association Political Action Committee

Street Address	City	State	Zip Code
21 Oak St Ste 500	Hartford	CT	06106

Type of Contributor: [x] Committee
[ ] Individual / Sole Proprietorship   [ ] Other

Date Received: 09/10/2013

Aggregate contributions: $14,879.51

Description of In-Kind Contribution: Mileage & Salary for CEA PAC (Susan Williams)

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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 [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [x] Yes [ ] No

If yes, indicate which branch or branches of government the contract is with: [x] Executive [ ] Legislative

$1,235.36

Name

Connecticut Education Association Political Action Committee

Street Address	City	State	Zip Code
21 Oak St Ste 500	Hartford	CT	06106

Type of Contributor: [x] Committee
[ ] Individual / Sole Proprietorship   [ ] Other

Date Received: 09/10/2013

Aggregate contributions: $14,879.51

Description of In-Kind Contribution: Mileage & Salary for CEA PAC (Ray Rossomando)

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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 [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [x] Yes [ ] No

If yes, indicate which branch or branches of government the contract is with: [x] Executive [ ] Legislative

$1,450.46

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

M. In-Kind Contributions

Name

Connecticut Education Association Political Action Committee

Street Address	City	State	Zip Code
21 Oak St Ste 500	Hartford	CT	06106

Type of Contributor: [x] Committee [ ] Individual / Sole Proprietorship [ ] Other	Date Received 09/12/2013	Aggregate contributions $28,297.26	Description of In-Kind Contribution Mileage & Salary for CEA PAC (Conor Casey)

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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 [x] No If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? [x] Yes [ ] No If yes, indicate which branch or branches of government the contract is with: [x] Executive [ ] Legislative	$13,417.75

	Total of Section M	$16,103.57

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 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	Amount of Deposit

Name of Telephone company

Street Address	City	State	Zip Code

	Total of Section N	

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPFORT
Connecticut Education Association Political Action Committee	October 10 Filing - 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	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Federal Express	09/03/2013	[X] Check # 2732 / [ ] Debit Card

Street Address	City	State	Zip Code
175 Glastonbury Blvd	Glastonbury	CT	

Purpose of Expenditure (by code) PRNT	Description	Event #	Amount

Expenditure # (if applicable) 130658

Type of Expenditure (if applicable) Itemization in Addendum P Required

[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$239.29

Name of Payee	Date of Payment	Method of Payment
Radio Cumbre Broadcasting	09/03/2013	[X] Check # 2733 / [ ] Debit Card

Street Address	City	State	Zip Code
240 Fairfield Ave	Bridgeport	CT	

Purpose of Expenditure (by code) A-RAD	Description	Event #	Amount

Expenditure # (if applicable) 130659

Type of Expenditure (if applicable) Itemization in Addendum P Required

[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$2,000.00

Name of Payee	Date of Payment	Method of Payment
Troy Stevenson	09/04/2013	[X] Check # 2703 / [ ] Debit Card

Street Address	City	State	Zip Code
1845 Central Ave Fl 2	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133064

Type of Expenditure (if applicable) Itemization in Addendum P Required

[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$40.00

Name of Payee	Date of Payment	Method of Payment
Harty Press Incorporated	09/04/2013	[X] Check # 2752 / [ ] Debit Card

Street Address	City	State	Zip Code
25 James St , PO Box 324	New Haven	CT	06513

Purpose of Expenditure (by code) PRNT	Description	Event #	Amount

Expenditure # (if applicable) 130661

Type of Expenditure (if applicable) Itemization in Addendum P Required

[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$2,763.41

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Harty Press Incorporated	09/05/2013	[X] Check # 2730 [ ] Debit Card

Street Address	City	State	Zip Code
25 James St , PO Box 324	New Haven	CT	06513

Purpose of Expenditure (by code) PRNT	Description	Event #	Amount

Expenditure # (if applicable) 130662

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $2,731.00

Name of Payee	Date of Payment	Method of Payment
Marketing Solutions Unlimited, LLC	09/05/2013	[X] Check # 2729 [ ] Debit Card

Street Address	City	State	Zip Code
109 Talcott Rd	West Hartford	CT	06110

Purpose of Expenditure (by code) PRNT	Description	Event #	Amount

Expenditure # (if applicable) 130660

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $929.50

Name of Payee	Date of Payment	Method of Payment
Grassroots Strategies Inc.	09/06/2013	[X] Check # 2719 [ ] Debit Card

Street Address	City	State	Zip Code
30 Arbor St	Hartford	CT	06106

Purpose of Expenditure (by code) CNSLT	Description	Event #	Amount

Expenditure # (if applicable) 130663

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $2,975.00

Name of Payee	Date of Payment	Method of Payment
Staples	09/06/2013	[X] Check # 2728 [ ] Debit Card

Street Address	City	State	Zip Code
49 Putnam Blvd	Glastonbury	CT	

Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount

Expenditure # (if applicable) 130667

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $98.43

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jabari Alford	09/09/2013	X Check # 2753 / Debit Card

Street Address	City	State	Zip Code
105 Price St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130676

Type of Expenditure (if applicable) Itemization in Addendum P Required

Coordinated with reimbursement sought

Coordinated without reimbursement sough — X Independent — Organization — A B C D E

$140.00

Name of Payee	Date of Payment	Method of Payment
Betty Chapell	09/09/2013	X Check # 2754 / Debit Card

Street Address	City	State	Zip Code
1845 Central Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130677

Type of Expenditure (if applicable) Itemization in Addendum P Required

Coordinated with reimbursement sought

Coordinated without reimbursement sough — X Independent — Organization — A B C D E

$170.00

Name of Payee	Date of Payment	Method of Payment
Troy Chapell	09/09/2013	X Check # 2755 / Debit Card

Street Address	City	State	Zip Code
1845 Central Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130678

Type of Expenditure (if applicable) Itemization in Addendum P Required

Coordinated with reimbursement sought

Coordinated without reimbursement sough — X Independent — Organization — A B C D E

$180.00

Name of Payee	Date of Payment	Method of Payment
Lennea Dawson	09/09/2013	X Check # 2756 / Debit Card

Street Address	City	State	Zip Code
76 Valley Cir	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130679

Type of Expenditure (if applicable) Itemization in Addendum P Required

Coordinated with reimbursement sought

Coordinated without reimbursement sough — X Independent — Organization — A B C D E

$60.00

IV. EXPENDITURES (Sections P - T)	
NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lorenzo Jordan	09/09/2013	X Check # 2757 / Debit Card

Street Address	City	State	Zip Code
300 Jefferson St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		Coordinated with reimbursement sought	Amount
130680	☐ Coordinated without reimbursement sough ☒ Independent ☐ Organization	☐A ☐B ☐C ☐D ☐E		$110.00

Name of Payee	Date of Payment	Method of Payment
Yahya Malik	09/09/2013	X Check # 2758 / Debit Card

Street Address	City	State	Zip Code
1845 Central Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		Coordinated with reimbursement sought	Amount
130681	☐ Coordinated without reimbursement sough ☒ Independent ☐ Organization	☐A ☐B ☐C ☐D ☐E		$180.00

Name of Payee	Date of Payment	Method of Payment
Lacora Spell	09/09/2013	X Check # 2759 / Debit Card

Street Address	City	State	Zip Code
1434 Iranistan Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		Coordinated with reimbursement sought	Amount
130682	☐ Coordinated without reimbursement sough ☒ Independent ☐ Organization	☐A ☐B ☐C ☐D ☐E		$180.00

Name of Payee	Date of Payment	Method of Payment
Tiffany Harris	09/09/2013	X Check # 2760 / Debit Card

Street Address	City	State	Zip Code
133 Prince St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		Coordinated with reimbursement sought	Amount
130683	☐ Coordinated without reimbursement sough ☒ Independent ☐ Organization	☐A ☐B ☐C ☐D ☐E		$80.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Steven Suggs

Date of Payment
09/09/2013

Method of Payment
X Check #   2761
☐ Debit Card

Street Address
705 Laurel Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130684

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$140.00

Name of Payee
Kim Timmons

Date of Payment
09/09/2013

Method of Payment
X Check #   2763
☐ Debit Card

Street Address
81 Bell St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130685

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$75.00

Name of Payee
Stanisha Younger

Date of Payment
09/09/2013

Method of Payment
X Check #   2764
☐ Debit Card

Street Address
66 Wordin Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130686

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$80.00

Name of Payee
Zjhane Younger

Date of Payment
09/09/2013

Method of Payment
X Check #   2765
☐ Debit Card

Street Address
66 Wordin Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130687

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$100.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lois Younger	09/09/2013	[X] Check # 2766 [ ] Debit Card

Street Address	City	State	Zip Code
153 Cowles St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130688

Type of Expenditure *(if applicable)* Itemization in Addendum P Required

[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$100.00

Name of Payee	Date of Payment	Method of Payment
Kairee Walker	09/09/2013	[X] Check # 2767 [ ] Debit Card

Street Address	City	State	Zip Code
81 Bell St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130689

Type of Expenditure *(if applicable)* Itemization in Addendum P Required

[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$75.00

Name of Payee	Date of Payment	Method of Payment
Thomas Yachymczyk	09/09/2013	[X] Check # 2768 [ ] Debit Card

Street Address	City	State	Zip Code
1030 Main St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130690

Type of Expenditure *(if applicable)* Itemization in Addendum P Required

[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$160.00

Name of Payee	Date of Payment	Method of Payment
Jeanette Torres	09/09/2013	[X] Check # 2769 [ ] Debit Card

Street Address	City	State	Zip Code
355 Carroll Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130691

Type of Expenditure *(if applicable)* Itemization in Addendum P Required

[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$195.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Randy Wade	09/09/2013	[X] Check # 2770 / [ ] Debit Card

Street Address	City	State	Zip Code
74 Anson St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130692	Type of Expenditure (if applicable) Itemization in Addendum P Required [ ] Coordinated with reimbursement sought [ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E	Amount $120.00

Name of Payee	Date of Payment	Method of Payment
Kenneth Beasle	09/09/2013	[X] Check # 2771 / [ ] Debit Card

Street Address	City	State	Zip Code
157 Eagle St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130693	Type of Expenditure (if applicable) Itemization in Addendum P Required [ ] Coordinated with reimbursement sought [ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E	Amount $180.00

Name of Payee	Date of Payment	Method of Payment
Donald Peterson	09/09/2013	[X] Check # 2772 / [ ] Debit Card

Street Address	City	State	Zip Code
415 Kent Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130694	Type of Expenditure (if applicable) Itemization in Addendum P Required [ ] Coordinated with reimbursement sought [ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E	Amount $200.00

Name of Payee	Date of Payment	Method of Payment
Deborah Hendricks	09/09/2013	[X] Check # 2773 / [ ] Debit Card

Street Address	City	State	Zip Code
687 Madison Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130695	Type of Expenditure (if applicable) Itemization in Addendum P Required [ ] Coordinated with reimbursement sought [ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E	Amount $80.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Nicole Patterson	09/09/2013	X Check # 2774 / Debit Card

Street Address	City	State	Zip Code
736 Brooks St	Bridgeport	CT	

Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE			

Expenditure # (if applicable): 130696

Type of Expenditure (if applicable) Itemization in Addendum P Required

[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ] Coordinated with reimbursement sought [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $180.00

Name of Payee	Date of Payment	Method of Payment
Lorraine Montes	09/09/2013	X Check # 2776 / Debit Card

Street Address	City	State	Zip Code
361 Ridgefield Ave	Bridgeport	CT	

Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE			

Expenditure # (if applicable): 130698

Type of Expenditure (if applicable) Itemization in Addendum P Required

[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ] Coordinated with reimbursement sought [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $160.00

Name of Payee	Date of Payment	Method of Payment
Shanta Williams	09/09/2013	X Check # 2777 / Debit Card

Street Address	City	State	Zip Code
76 Judson Pl	Bridgeport	CT	

Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE			

Expenditure # (if applicable): 130699

Type of Expenditure (if applicable) Itemization in Addendum P Required

[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ] Coordinated with reimbursement sought [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $160.00

Name of Payee	Date of Payment	Method of Payment
Barbara Williams	09/09/2013	X Check # 2778 / Debit Card

Street Address	City	State	Zip Code
76 Judson Pl	Bridgeport	CT	

Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE			

Expenditure # (if applicable): 130700

Type of Expenditure (if applicable) Itemization in Addendum P Required

[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ] Coordinated with reimbursement sought [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $160.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Traci Barnell-Miller	09/09/2013	X Check # 2780 / ☐ Debit Card

Street Address	City	State	Zip Code
664 Sedgewick Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130701

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐ A ☐ B ☐ C ☐ D ☐ E

$94.20

Name of Payee	Date of Payment	Method of Payment
Willine Gibson	09/09/2013	X Check # 2790 / ☐ Debit Card

Street Address	City	State	Zip Code
355 Carroll Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130702

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐ A ☐ B ☐ C ☐ D ☐ E

$180.00

Name of Payee	Date of Payment	Method of Payment
Troy Stevenson	09/09/2013	X Check # 2781 / ☐ Debit Card

Street Address	City	State	Zip Code
1845 Central Ave Fl 2	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133069

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐ A ☐ B ☐ C ☐ D ☐ E

$90.00

Name of Payee	Date of Payment	Method of Payment
Ann Barnes	09/09/2013	X Check # 2782 / ☐ Debit Card

Street Address	City	State	Zip Code
80 Bunnell St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133086

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐ A ☐ B ☐ C ☐ D ☐ E

$31.50

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee: Denise Chappell
Date of Payment: 09/09/2013
Method of Payment: X Check # 2784 / Debit Card
Street Address: 85 Livingston Pl
City: Bridgeport
State: CT
Zip Code:
Purpose of Expenditure (by code): WAGE
Description:
Event #:
Expenditure #: 133087
Type of Expenditure: X Independent
Amount: $80.00

Name of Payee: Evan Sheffield
Date of Payment: 09/09/2013
Method of Payment: X Check # 2785 / Debit Card
Street Address: 100 Poplar St
City: Bridgeport
State: CT
Zip Code:
Purpose of Expenditure (by code): WAGE
Description:
Event #:
Expenditure #: 133088
Type of Expenditure: X Independent
Amount: $180.00

Name of Payee: Justin Sheffield
Date of Payment: 09/09/2013
Method of Payment: X Check # 2787 / Debit Card
Street Address: 98 Poplar St # 1
City: Bridgeport
State: CT
Zip Code:
Purpose of Expenditure (by code): WAGE
Description:
Event #:
Expenditure #: 133089
Type of Expenditure: X Independent
Amount: $160.00

Name of Payee: Freda Peterson
Date of Payment: 09/09/2013
Method of Payment: X Check # 2788 / Debit Card
Street Address: 415 Kent Ave # 1
City: Bridgeport
State: CT
Zip Code:
Purpose of Expenditure (by code): WAGE
Description:
Event #:
Expenditure #: 133090
Type of Expenditure: X Independent
Amount: $165.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Lisa Woodson

Date of Payment
09/09/2013

Method of Payment
X Check # 2789
☐ Debit Card

Street Address
15 Ridgewood Pl

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133092

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$110.00

Name of Payee
Tammy Boyle

Date of Payment
09/09/2013

Method of Payment
X Check # 2791
☐ Debit Card

Street Address
324 Lyon Ter

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133093

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$50.00

Name of Payee
John Freeman

Date of Payment
09/09/2013

Method of Payment
X Check # 2783
☐ Debit Card

Street Address
170 Prince St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133153

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$80.00

Name of Payee
David Goodchild

Date of Payment
09/09/2013

Method of Payment
X Check # 2786
☐ Debit Card

Street Address
180 Alpine St Apt 1

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133160

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$160.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Joshua James	09/09/2013	[X] Check # 2779 [ ] Debit Card

Street Address	City	State	Zip Code
76 Valley Cir	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133211	Type of Expenditure *(if applicable)* Itemization in Addendum P Required [ ] Coordinated without reimbursement sough [X] Independent	[ ] Coordinated with reimbursement sought [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E	$70.00

Name of Payee	Date of Payment	Method of Payment
Robert Davis	09/10/2013	[X] Check # 2843 [ ] Debit Card

Street Address	City	State	Zip Code
720 Chopsey Hill Rd	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133212	Type of Expenditure *(if applicable)* Itemization in Addendum P Required [ ] Coordinated without reimbursement sough [X] Independent	[ ] Coordinated with reimbursement sought [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E	$100.00

Name of Payee	Date of Payment	Method of Payment
David Goodchild	09/10/2013	[X] Check # 2825 [ ] Debit Card

Street Address	City	State	Zip Code
180 Alpine St Apt 1	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133161	Type of Expenditure *(if applicable)* Itemization in Addendum P Required [ ] Coordinated without reimbursement sough [X] Independent	[ ] Coordinated with reimbursement sought [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E	$150.00

Name of Payee	Date of Payment	Method of Payment
Jerome Ortiz	09/10/2013	[X] Check # 2852 [ ] Debit Card

Street Address	City	State	Zip Code
300 Wilmont Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133167	Type of Expenditure *(if applicable)* Itemization in Addendum P Required [ ] Coordinated without reimbursement sough [X] Independent	[ ] Coordinated with reimbursement sought [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E	$120.00

IV. EXPENDITURES (Sections P - T)	
NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee: Theodore Miller
Date of Payment: 09/10/2013
Method of Payment: [X] Check # 2848 [ ] Debit Card

Street Address: 63 Larkey Rd
City: Oxford
State: CT
Zip Code:

Purpose of Expenditure (by code): WAGE
Description:
Event #:
Amount: $30.00

Expenditure # (if applicable): 133172
Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Name of Payee: Everett Taylor
Date of Payment: 09/10/2013
Method of Payment: [X] Check # 2857 [ ] Debit Card

Street Address: 1810 Stratford Ave
City: Bridgeport
State: CT
Zip Code:

Purpose of Expenditure (by code): WAGE
Description:
Event #:
Amount: $100.00

Expenditure # (if applicable): 133173
Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Name of Payee: Hilton Hill
Date of Payment: 09/10/2013
Method of Payment: [X] Check # 2835 [ ] Debit Card

Street Address: 648 Newfield Ave
City: Bridgeport
State: CT
Zip Code:

Purpose of Expenditure (by code): WAGE
Description:
Event #:
Amount: $165.00

Expenditure # (if applicable): 133184
Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Name of Payee: Hilda Hairston
Date of Payment: 09/10/2013
Method of Payment: [X] Check # 2704 [ ] Debit Card

Street Address: 183 Dekalb Ave
City: Bridgeport
State: CT
Zip Code:

Purpose of Expenditure (by code): WAGE
Description:
Event #:
Amount: $140.00

Expenditure # (if applicable): 133185
Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
John Freeman

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2822
[ ] Debit Card

Street Address
170 Prince St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
133154

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization
[ ] Coordinated with reimbursement sought
[ ]A [ ]B [ ]C [ ]D [ ]E

$60.00

Name of Payee
Desmond Reid

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2724
[ ] Debit Card

Street Address
646 Laurel Ave # 2

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
133141

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization
[ ] Coordinated with reimbursement sought
[ ]A [ ]B [ ]C [ ]D [ ]E

$200.00

Name of Payee
Ken Twon Watson

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2705
[ ] Debit Card

Street Address
180 Alpine St # 1FLR

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
133147

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization
[ ] Coordinated with reimbursement sought
[ ]A [ ]B [ ]C [ ]D [ ]E

$140.00

Name of Payee
Kenneth Beasle

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2715
[ ] Debit Card

Street Address
157 Eagle St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
133061

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization
[ ] Coordinated with reimbursement sought
[ ]A [ ]B [ ]C [ ]D [ ]E

$150.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Troy Stevenson

Date of Payment 09/10/2013

Method of Payment
X Check # 2820
☐ Debit Card

Street Address 1845 Central Ave Fl 2

City Bridgeport

State CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133094

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated without reimbursement sough
☐ Coordinated with reimbursement sought
X Independent
☐ Organization ☐ A ☐ B ☐ C ☐ D ☐ E

$130.00

Name of Payee
Ann Barnes

Date of Payment 09/10/2013

Method of Payment
X Check # 2821
☐ Debit Card

Street Address 80 Bunnell St

City Bridgeport

State CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133095

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated without reimbursement sough
☐ Coordinated with reimbursement sought
X Independent
☐ Organization ☐ A ☐ B ☐ C ☐ D ☐ E

$30.00

Name of Payee
Evan Sheffield

Date of Payment 09/10/2013

Method of Payment
X Check # 2824
☐ Debit Card

Street Address 100 Poplar St

City Bridgeport

State CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133096

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated without reimbursement sough
☐ Coordinated with reimbursement sought
X Independent
☐ Organization ☐ A ☐ B ☐ C ☐ D ☐ E

$100.00

Name of Payee
Freda Peterson

Date of Payment 09/10/2013

Method of Payment
X Check # 2827
☐ Debit Card

Street Address 415 Kent Ave # 1

City Bridgeport

State CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133097

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated without reimbursement sough
☐ Coordinated with reimbursement sought
X Independent
☐ Organization ☐ A ☐ B ☐ C ☐ D ☐ E

$235.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Lisa Woodson

Date of Payment
09/10/2013

Method of Payment
X Check # 2828
☐ Debit Card

Street Address
15 Ridgewood Pl

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133098

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization
☐ Coordinated with reimbursement sought
☐ A ☐ B ☐ C ☐ D ☐ E

$163.00

Name of Payee
Tammy Boyle

Date of Payment
09/10/2013

Method of Payment
X Check # 2830
☐ Debit Card

Street Address
324 Lyon Ter

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133099

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization
☐ Coordinated with reimbursement sought
☐ A ☐ B ☐ C ☐ D ☐ E

$351.50

Name of Payee
Lillian Negron

Date of Payment
09/10/2013

Method of Payment
X Check # 2831
☐ Debit Card

Street Address
1491 Central Ave Apt 1002

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133100

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization
☐ Coordinated with reimbursement sought
☐ A ☐ B ☐ C ☐ D ☐ E

$50.00

Name of Payee
Harold Hill

Date of Payment
09/10/2013

Method of Payment
X Check # 2836
☐ Debit Card

Street Address
648 Newfield Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133101

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   X Independent   ☐ Organization
☐ Coordinated with reimbursement sought
☐ A ☐ B ☐ C ☐ D ☐ E

$235.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Henry Webb	09/10/2013	X Check # 2837 — Debit Card

Street Address	City	State	Zip Code
105 Sherwood Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE
Description:
Event #:
Amount:

Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required	Coordinated with reimbursement sought	Amount
133102	☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐A ☐B ☐C ☐D ☐E		$100.00

Name of Payee	Date of Payment	Method of Payment
Yolanda Johnson	09/10/2013	X Check # 2839 — Debit Card

Street Address	City	State	Zip Code
90 Kent Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE
Description:
Event #:
Amount:

Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required	Coordinated with reimbursement sought	Amount
133103	☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐A ☐B ☐C ☐D ☐E		$115.00

Name of Payee	Date of Payment	Method of Payment
Cynthia Frazier	09/10/2013	X Check # 2840 — Debit Card

Street Address	City	State	Zip Code
254 Alex St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE
Description:
Event #:
Amount:

Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required	Coordinated with reimbursement sought	Amount
133104	☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐A ☐B ☐C ☐D ☐E		$150.00

Name of Payee	Date of Payment	Method of Payment
Louise Gregory	09/10/2013	X Check # 2841 — Debit Card

Street Address	City	State	Zip Code
238 Alex St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE
Description:
Event #:
Amount:

Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required	Coordinated with reimbursement sought	Amount
133106	☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐A ☐B ☐C ☐D ☐E		$150.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Mary Estaba

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2842
[ ] Debit Card

Street Address
20 Read St Apt 12

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
133107

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$140.00

Name of Payee
Ronald Bruce

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2844
[ ] Debit Card

Street Address
870 Connecticut Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
133109

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$140.00

Name of Payee
Samantha Cheatham

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2846
[ ] Debit Card

Street Address
175 Newfield Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
133111

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$100.00

Name of Payee
Latoya Sims

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2847
[ ] Debit Card

Street Address
68 Park St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
133114

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$100.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Mamie Mayes

Date of Payment 09/10/2013

Method of Payment
[X] Check # 2849
[ ] Debit Card

Street Address
1535 Central Ave Apt 208

City
Bridgeport

State CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133115

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ] A [ ] B [ ] C [ ] D [ ] E

$120.00

Name of Payee
Joyce Carter

Date of Payment 09/10/2013

Method of Payment
[X] Check # 2850
[ ] Debit Card

Street Address
46 Nob Hill Cir Unit B

City
Bridgeport

State CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133117

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ] A [ ] B [ ] C [ ] D [ ] E

$120.00

Name of Payee
Diane Moales

Date of Payment 09/10/2013

Method of Payment
[X] Check # 2855
[ ] 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) 133118

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ] A [ ] B [ ] C [ ] D [ ] E

$90.00

Name of Payee
Shamone Fitzgerald

Date of Payment 09/10/2013

Method of Payment
[X] Check # 2856
[ ] Debit Card

Street Address
220 Beardsley St

City
Bridgeport

State CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133119

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ] A [ ] B [ ] C [ ] D [ ] E

$90.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Ann Barnes

Date of Payment
09/10/2013

Method of Payment
X Check # 2859
☐ Debit Card

Street Address
80 Bunnell St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
133120

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   ☐ Coordinated with reimbursement sought
X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$80.00

Name of Payee
Jabari Alford

Date of Payment
09/10/2013

Method of Payment
X Check # 2792
☐ Debit Card

Street Address
105 Price St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130703

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   ☐ Coordinated with reimbursement sought
X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$225.00

Name of Payee
Betty Chapell

Date of Payment
09/10/2013

Method of Payment
X Check # 2793
☐ Debit Card

Street Address
1845 Central Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130704

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   ☐ Coordinated with reimbursement sought
X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$240.00

Name of Payee
Troy Chapell

Date of Payment
09/10/2013

Method of Payment
X Check # 2794
☐ Debit Card

Street Address
1845 Central Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130705

Type of Expenditure (if applicable) Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   ☐ Coordinated with reimbursement sought
X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$215.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Lennea Dawson

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2795
[ ] 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) 130706

[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ]A [ ]B [ ]C [ ]D [ ]E

$155.00

Name of Payee
Yahya Malik

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2797
[ ] Debit Card

Street Address
1845 Central Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 130707

[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ]A [ ]B [ ]C [ ]D [ ]E

$150.00

Name of Payee
Lacora Spell

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2798
[ ] Debit Card

Street Address
1434 Iranistan Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 130708

[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ]A [ ]B [ ]C [ ]D [ ]E

$215.00

Name of Payee
Tiffany Harris

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2799
[ ] Debit Card

Street Address
133 Prince St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 130709

[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ]A [ ]B [ ]C [ ]D [ ]E

$90.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Zjhane Younger

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2803
[ ] Debit Card

Street Address
66 Wordin Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130710

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$100.00

Name of Payee
Lois Younger

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2804
[ ] Debit Card

Street Address
153 Cowles St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130711

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$200.00

Name of Payee
Kairee Walker

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2805
[ ] Debit Card

Street Address
81 Bell St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130712

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$200.00

Name of Payee
Thomas Yachymczyk

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2806
[ ] 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)
130713

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$100.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Jeanette Torres

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2807
[ ] 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)
130714

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$220.00

Name of Payee
Randy Wade

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2808
[ ] Debit Card

Street Address
74 Anson St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130715

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$185.00

Name of Payee
Donald Peterson

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2810
[ ] Debit Card

Street Address
415 Kent Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130716

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$240.00

Name of Payee
Nicole Patterson

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2811
[ ] Debit Card

Street Address
736 Brooks St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130717

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Coordinated with reimbursement sought
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$190.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Deborah Hendricks

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2812
[ ] 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)
130718

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization
[ ] Coordinated with reimbursement sought
[ ] A [ ] B [ ] C [ ] D [ ] E

$190.00

Name of Payee
Twana Johnson

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2813
[ ] Debit Card

Street Address
169 Calhoun Ave Fl 3

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130719

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization
[ ] Coordinated with reimbursement sought
[ ] A [ ] B [ ] C [ ] D [ ] E

$330.00

Name of Payee
Lorraine Montes

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2814
[ ] Debit Card

Street Address
361 Ridgefield Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130720

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization
[ ] Coordinated with reimbursement sought
[ ] A [ ] B [ ] C [ ] D [ ] E

$160.00

Name of Payee
Shanta Williams

Date of Payment
09/10/2013

Method of Payment
[X] Check #   2816
[ ] 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)
130721

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization
[ ] Coordinated with reimbursement sought
[ ] A [ ] B [ ] C [ ] D [ ] E

$120.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Barbara Williams

Date of Payment
09/10/2013

Method of Payment
X Check #   2817
☐ 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)
130722

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   ☐ Coordinated with reimbursement sought
X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$160.00

Name of Payee
Joshua James

Date of Payment
09/10/2013

Method of Payment
X Check #   2818
☐ 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)
130723

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   ☐ Coordinated with reimbursement sought
X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$140.00

Name of Payee
Traci Barnell-Miller

Date of Payment
09/10/2013

Method of Payment
X Check #   2819
☐ Debit Card

Street Address
664 Sedgewick Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130724

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   ☐ Coordinated with reimbursement sought
X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$186.00

Name of Payee
Willine Gibson

Date of Payment
09/10/2013

Method of Payment
X Check #   2829
☐ 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)
130725

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
☐ Coordinated without reimbursement sough   ☐ Coordinated with reimbursement sought
X Independent   ☐ Organization   ☐A ☐B ☐C ☐D ☐E

$275.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Steven Suggs	09/10/2013	X Check # 2833 / ☐ Debit Card

Street Address	City	State	Zip Code
705 Laurel Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130726	Type of Expenditure (if applicable) Itemization in Addendum P Required	☐ Coordinated with reimbursement sought	Amount
	☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐A ☐B ☐C ☐D ☐E		$195.00

Name of Payee	Date of Payment	Method of Payment
Kim Timmons	09/10/2013	X Check # 2834 / ☐ Debit Card

Street Address	City	State	Zip Code
81 Bell St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130727	Type of Expenditure (if applicable) Itemization in Addendum P Required	☐ Coordinated with reimbursement sought	Amount
	☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐A ☐B ☐C ☐D ☐E		$200.00

Name of Payee	Date of Payment	Method of Payment
Lorenzo Jordan	09/10/2013	X Check # 2845 / ☐ Debit Card

Street Address	City	State	Zip Code
300 Jefferson St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130728	Type of Expenditure (if applicable) Itemization in Addendum P Required	☐ Coordinated with reimbursement sought	Amount
	☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐A ☐B ☐C ☐D ☐E		$230.00

Name of Payee	Date of Payment	Method of Payment
Gloria Schofield	09/10/2013	X Check # 2851 / ☐ Debit Card

Street Address	City	State	Zip Code
73 Louisiana Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130729	Type of Expenditure (if applicable) Itemization in Addendum P Required	☐ Coordinated with reimbursement sought	Amount
	☐ Coordinated without reimbursement sough X Independent ☐ Organization ☐A ☐B ☐C ☐D ☐E		$120.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Barnum Hardware	09/10/2013	[X] Check # 2720 [ ] Debit Card

Street Address	City	State	Zip Code
1788 Barnum Ave	Bridgeport	CT	06610

Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount

Expenditure # (if applicable) 130668

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent [ ] Coordinated with reimbursement sought [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $38.20

Name of Payee	Date of Payment	Method of Payment
Nomani, Inc - Shell	09/10/2013	[X] Check # 2721 [ ] Debit Card

Street Address	City	State	Zip Code
145 Lordhip Blvd	Stratford	CT	06615

Purpose of Expenditure (by code) Misc *	Description: Gas Cards	Event #	Amount

Expenditure # (if applicable) 130669

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent [ ] Coordinated with reimbursement sought [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $200.00

Name of Payee	Date of Payment	Method of Payment
Charles Coviello	09/10/2013	[X] Check # 2713 [ ] Debit Card

Street Address	City	State	Zip Code
73 Willow St	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130664

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent [ ] Coordinated with reimbursement sought [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $1,500.00

Name of Payee	Date of Payment	Method of Payment
Thomas Coble	09/10/2013	[X] Check # 2710 [ ] Debit Card

Street Address	City	State	Zip Code
63 Larkey Rd	Oxford	CT	06478

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 130665

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough [X] Independent [ ] Coordinated with reimbursement sought [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $2,500.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Katherine Traber

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2711
[ ] Debit Card

Street Address
110 Hale Ter

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130666

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[ ] Coordinated with reimbursement sought
[X] Independent
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$2,000.00

Name of Payee
Red Rooster Deli

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2815
[ ] Debit Card

Street Address
256 Oak St

City
Bridgeport

State
CT

Zip Code
06604

Purpose of Expenditure (by code) FOOD

Description

Event #

Amount

Expenditure # (if applicable)
130673

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[ ] Coordinated with reimbursement sought
[X] Independent
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$1,855.00

Name of Payee
Yahya Malik

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2706
[ ] Debit Card

Street Address
1845 Central Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130674

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[ ] Coordinated with reimbursement sought
[X] Independent
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$30.00

Name of Payee
Nicole Patterson

Date of Payment
09/10/2013

Method of Payment
[X] Check # 2714
[ ] Debit Card

Street Address
736 Brooks St

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable)
130675

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated without reimbursement sough
[ ] Coordinated with reimbursement sought
[X] Independent
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$50.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Janet Walker	09/10/2013	X Check # 2716 ☐ Debit Card

Street Address	City	State	Zip Code
376 E Washington Ave Apt A15	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133065	Type of Expenditure (if applicable) Itemization in Addendum P Required: ☐ Coordinated without reimbursement sough ☒ Independent ☐ Coordinated with reimbursement sought ☐ Organization ☐A ☐B ☐C ☐D ☐E	$300.00

Name of Payee	Date of Payment	Method of Payment
Beverly Cox	09/10/2013	X Check # 2717 ☐ Debit Card

Street Address	City	State	Zip Code
376 E Washington Ave Apt C65	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133067	Type of Expenditure (if applicable) Itemization in Addendum P Required: ☐ Coordinated without reimbursement sough ☒ Independent ☐ Coordinated with reimbursement sought ☐ Organization ☐A ☐B ☐C ☐D ☐E	$300.00

Name of Payee	Date of Payment	Method of Payment
Donald Frazier	09/10/2013	X Check # 2718 ☐ Debit Card

Street Address	City	State	Zip Code
376 E Washington Ave	Bridgeport	CT	

Purpose of Expenditure (by code) WAGE	Description	Event #	Amount

Expenditure # (if applicable) 133068	Type of Expenditure (if applicable) Itemization in Addendum P Required: ☐ Coordinated without reimbursement sough ☒ Independent ☐ Coordinated with reimbursement sought ☐ Organization ☐A ☐B ☐C ☐D ☐E	$300.00

Name of Payee	Date of Payment	Method of Payment
Conor Casey	09/11/2013	X Check # 2707 ☐ Debit Card

Street Address	City	State	Zip Code
46 Madison Rd	Glastonbury	CT	

Purpose of Expenditure (by code) RCW	Description Refreshments Reimbursement	Event #	Amount

Expenditure # (if applicable) 130670	Type of Expenditure (if applicable) Itemization in Addendum P Required: ☐ Coordinated without reimbursement sough ☒ Independent ☐ Coordinated with reimbursement sought ☐ Organization ☐A ☐B ☐C ☐D ☐E	$427.56

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Conor Casey

Date of Payment 09/11/2013

Method of Payment
[X] Check # 2708
[ ] Debit Card

Street Address 46 Madison Rd

City Glastonbury

State CT

Zip Code

Purpose of Expenditure (by code) RCW

Description Automated Dialer Reimbursement

Event #

Amount

Expenditure # (if applicable) 130671

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$225.00

Name of Payee
Conor Casey

Date of Payment 09/11/2013

Method of Payment
[X] Check # 2709
[ ] Debit Card

Street Address 46 Madison Rd

City Glastonbury

State CT

Zip Code

Purpose of Expenditure (by code) RCW

Description Office Supplies Reimbursement

Event #

Amount

Expenditure # (if applicable) 130672

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$165.34

Name of Payee
Anna Gonzalez

Date of Payment 09/12/2013

Method of Payment
[X] Check # 2723
[ ] Debit Card

Street Address 525 Palisades Ave

City Bridgeport

State CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133137

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$80.00

Name of Payee
Twana Johnson

Date of Payment 09/13/2013

Method of Payment
[X] Check # 2775
[ ] Debit Card

Street Address 169 Calhoun Ave Fl 3

City Bridgeport

State CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 130697

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough
[X] Independent
[ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$324.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Grassroots Strategies Inc.	09/23/2013	[X] Check # 2863 / [ ] Debit Card

Street Address	City	State	Zip Code
30 Arbor St	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT			

Expenditure # (if applicable): 130868

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $2,975.00

Name of Payee	Date of Payment	Method of Payment
Senate Republican Campaign Committee	09/23/2013	[X] Check # 2868 / [ ] Debit Card

Street Address	City	State	Zip Code
204 Essex Ct	Torrington	CT	

Purpose of Expenditure (by code)	Description	Event #	Amount
CNTRB			

Expenditure # (if applicable):

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [ ] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $2,000.00

Name of Payee	Date of Payment	Method of Payment
Senate Democrats Victory PAC	09/23/2013	[X] Check # 2864 / [ ] Debit Card

Street Address	City	State	Zip Code
65 Milton St Apt 2	West Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #	Amount
CNTRB			

Expenditure # (if applicable):

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [ ] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $2,000.00

Name of Payee	Date of Payment	Method of Payment
Democratic Senate Majority PAC	09/23/2013	[X] Check # 2865 / [ ] Debit Card

Street Address	City	State	Zip Code
PO Box 1518	New Haven	CT	

Purpose of Expenditure (by code)	Description	Event #	Amount
CNTRB			

Expenditure # (if applicable):

Type of Expenditure (if applicable) Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [ ] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

Amount: $2,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
House Democrats Campaign Committee

Date of Payment
09/23/2013

Method of Payment
[X] Check # 2866
[ ] Debit Card

Street Address
111 Apple Hl

City
Newington

State
CT

Zip Code

Purpose of Expenditure (by code) CNTRB

Description

Event #

Amount

Expenditure # (if applicable)

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [ ] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$2,000.00

Name of Payee
Connecticut Majority Team PAC

Date of Payment
09/23/2013

Method of Payment
[X] Check # 2867
[ ] Debit Card

Street Address
149 Walden St

City
West Hartford

State
CT

Zip Code
06107

Purpose of Expenditure (by code) CNTRB

Description

Event #

Amount

Expenditure # (if applicable)

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [ ] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$2,000.00

Name of Payee
Metropolitan Business Association

Date of Payment
09/23/2013

Method of Payment
[X] Check # 2725
[ ] Debit Card

Street Address
1214 Stratford Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) OVHD

Description
Rent

Event #

Amount

Expenditure # (if applicable)
131236

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$1,000.00

Name of Payee
Willine Gibson

Date of Payment
09/23/2013

Method of Payment
[X] Check # 2860
[ ] Debit Card

Street Address
355 Carroll Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) RCW

Description

Event #

Amount

Expenditure # (if applicable)
131238

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough   [X] Independent   [ ] Organization   [ ]A [ ]B [ ]C [ ]D [ ]E

$88.95

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee
Dave Gordon

Date of Payment
09/23/2013

Method of Payment
[X] Check # 2861
[ ] Debit Card

Street Address
2612 North Ave

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133121

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$500.00

Name of Payee
Mary Louise Bruce

Date of Payment
09/23/2013

Method of Payment
[X] Check # 2862
[ ] Debit Card

Street Address
115 Washington Ave Apt 4L

City
Bridgeport

State
CT

Zip Code

Purpose of Expenditure (by code) WAGE

Description

Event #

Amount

Expenditure # (if applicable) 133122

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$300.00

Name of Payee
Christian Murray Design

Date of Payment
09/24/2013

Method of Payment
[X] Check # 2872
[ ] Debit Card

Street Address
1028 Boulevard PMB 329

City
West Hartford

State
CT

Zip Code

Purpose of Expenditure (by code) PRNT

Description

Event #

Amount

Expenditure # (if applicable) 130891

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$8,500.00

Name of Payee
Databasics

Date of Payment
09/24/2013

Method of Payment
[X] Check # 2873
[ ] Debit Card

Street Address
72 Oxford St

City
Hartford

State
CT

Zip Code
06105

Purpose of Expenditure (by code) WEB

Description

Event #

Amount

Expenditure # (if applicable) 130892

Type of Expenditure *(if applicable)* Itemization in Addendum P Required
[ ] Coordinated with reimbursement sought
[ ] Coordinated without reimbursement sough [X] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E

$1,550.00

IV. EXPENDITURES (Sections P - T)	
NAME OF COMMITTEE	**TYPE OF REPORT**
Connecticut Education Association Political Action Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bridgeport Caribe Youth Leaders, Inc	09/24/2013	[X] Check # 2874 [ ] Debit Card

Street Address	City	State	Zip Code
1067 Park Ave	Bridgeport	CT	06604

Purpose of Expenditure (by code) CHAR	Description	Event #	Amount

Expenditure # (if applicable)	Type of Expenditure *(if applicable)* Itemization in Addendum P Required	[ ] Coordinated with reimbursement sought	Amount
	[ ] Coordinated without reimbursement sough [ ] Independent [ ] Organization [ ]A [ ]B [ ]C [ ]D [ ]E		$680.82

	Total of Section P	**$61,557.70**

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
	October 10 Filing - 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	October 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 with reimbursement sought
	Coordinated without reimbursement sough Independent Organization A B C D E

	Total of Section R	

IV. EXPENDITURES

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	October 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 with reimbursement sought
	Coordinated without reimbursement sough 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	October 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 Addendem T Required	Coordinated with reimbursement sought
	Coordinated without reimbursement sough 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	October 10 Filing - Original

P. Expenses Paid By Committee - Addendum

Expenditure # 130658	[x] Supported [ ] Opposed	Amount of Expenditure $239.29

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$239.29

Expenditure # 130659	[x] Supported [ ] Opposed	Amount of Expenditure $2,000.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$2,000.00

Expenditure # 130660	[x] Supported [ ] Opposed	Amount of Expenditure $929.50

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$929.50

Expenditure # 130661	[x] Supported [ ] Opposed	Amount of Expenditure $2,763.41

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$2,763.41

Expenditure # 130662	[x] Supported [ ] Opposed	Amount of Expenditure $2,731.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$2,731.00

Expenditure # 130663	[x] Supported [ ] Opposed	Amount of Expenditure $2,975.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$2,975.00

Expenditure # 130664	☒ Supported ☐ 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 # 130665	☒ Supported ☐ 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 # 130666	☒ Supported ☐ 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 # 130667	☒ Supported ☐ Opposed	Amount of Expenditure **$98.43**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $98.43

Expenditure # 130668	☒ Supported ☐ Opposed	Amount of Expenditure **$38.20**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $38.20

Expenditure # 130669	☒ Supported ☐ 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 # 130670	☒ Supported ☐ Opposed	Amount of Expenditure **$427.56**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $427.56

Expenditure # 130671	**x** Supported ☐ Opposed	Amount of Expenditure $225.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $225.00

Expenditure # 130672	**x** Supported ☐ Opposed	Amount of Expenditure $165.34
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $165.34

Expenditure # 130673	**x** Supported ☐ Opposed	Amount of Expenditure $1,855.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $1,855.00

Expenditure # 130674	**x** Supported ☐ Opposed	Amount of Expenditure $30.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $30.00

Expenditure # 130675	**x** Supported ☐ 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 # 130676	**x** Supported ☐ Opposed	Amount of Expenditure $140.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $140.00

Expenditure # 130677	**x** Supported ☐ Opposed	Amount of Expenditure $170.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $170.00

Expenditure # 130678	☒ Supported ☐ 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 # 130679	☒ Supported ☐ 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 # 130680	☒ Supported ☐ Opposed	Amount of Expenditure **$110.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $110.00

Expenditure # 130681	☒ Supported ☐ 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 # 130682	☒ Supported ☐ 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 # 130683	☒ Supported ☐ 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 # 130684	☒ Supported ☐ Opposed	Amount of Expenditure **$140.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $140.00

Expenditure # 130685	☒ Supported ☐ Opposed	Amount of Expenditure
		$75.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$75.00

Expenditure # 130686	☒ Supported ☐ Opposed	Amount of Expenditure
		$80.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$80.00

Expenditure # 130687	☒ Supported ☐ Opposed	Amount of Expenditure
		$100.00

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

Expenditure # 130688	☒ Supported ☐ Opposed	Amount of Expenditure
		$100.00

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

Expenditure # 130689	☒ Supported ☐ Opposed	Amount of Expenditure
		$75.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$75.00

Expenditure # 130690	☒ Supported ☐ Opposed	Amount of Expenditure
		$160.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$160.00

Expenditure # 130691	☒ Supported ☐ Opposed	Amount of Expenditure
		$195.00

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$195.00

Expenditure # 130692	☒ Supported ☐ 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 # 130693	☒ Supported ☐ 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 # 130694	☒ Supported ☐ 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 # 130695	☒ Supported ☐ 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 # 130696	☒ Supported ☐ 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 # 130697	☒ Supported ☐ Opposed	Amount of Expenditure $324.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $324.00

Expenditure # 130698	☒ Supported ☐ Opposed	Amount of Expenditure $160.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $160.00

Expenditure # 130699	☒ Supported ☐ Opposed	Amount of Expenditure $160.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $160.00

Expenditure # 130700	☒ Supported ☐ Opposed	Amount of Expenditure $160.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $160.00

Expenditure # 130701	☒ Supported ☐ Opposed	Amount of Expenditure $94.20
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $94.20

Expenditure # 130702	☒ Supported ☐ 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 # 130703	☒ Supported ☐ Opposed	Amount of Expenditure $225.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $225.00

Expenditure # 130704	☒ Supported ☐ 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 # 130705	☒ Supported ☐ Opposed	Amount of Expenditure $215.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $215.00

Expenditure #	☒ **Supported** ☐ **Opposed**	**Amount of Expenditure**
130706		**$155.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$155.00

Expenditure #	☒ **Supported** ☐ **Opposed**	**Amount of Expenditure**
130707		**$150.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$150.00

Expenditure #	☒ **Supported** ☐ **Opposed**	**Amount of Expenditure**
130708		**$215.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$215.00

Expenditure #	☒ **Supported** ☐ **Opposed**	**Amount of Expenditure**
130709		**$90.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$90.00

Expenditure #	☒ **Supported** ☐ **Opposed**	**Amount of Expenditure**
130710		**$100.00**

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

Expenditure #	☒ **Supported** ☐ **Opposed**	**Amount of Expenditure**
130711		**$200.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$200.00

Expenditure #	☒ **Supported** ☐ **Opposed**	**Amount of Expenditure**
130712		**$200.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$200.00

Expenditure # 130713	☒ Supported ☐ 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 # 130714	☒ Supported ☐ 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 # 130715	☒ Supported ☐ Opposed	Amount of Expenditure $185.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $185.00

Expenditure # 130716	☒ Supported ☐ 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 # 130717	☒ Supported ☐ 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 # 130718	☒ Supported ☐ 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 # 130719	☒ Supported ☐ Opposed	Amount of Expenditure $330.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $330.00

Expenditure # 130720	☒ Supported ☐ Opposed	Amount of Expenditure $160.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $160.00

Expenditure # 130721	☒ Supported ☐ 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 # 130722	☒ Supported ☐ Opposed	Amount of Expenditure $160.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $160.00

Expenditure # 130723	☒ Supported ☐ Opposed	Amount of Expenditure $140.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $140.00

Expenditure # 130724	☒ Supported ☐ Opposed	Amount of Expenditure $186.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $186.00

Expenditure # 130725	☒ Supported ☐ Opposed	Amount of Expenditure $275.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $275.00

Expenditure # 130726	☒ Supported ☐ Opposed	Amount of Expenditure $195.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $195.00

Expenditure # 130727	☒ Supported ☐ 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 # 130728	☒ Supported ☐ 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 # 130729	☒ Supported ☐ 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 # 130868	☒ Supported ☐ Opposed	Amount of Expenditure **$2,975.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $2,975.00

Expenditure # 130891	☒ Supported ☐ Opposed	Amount of Expenditure **$8,500.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $8,500.00

Expenditure # 130892	☒ Supported ☐ Opposed	Amount of Expenditure **$1,550.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $1,550.00

Expenditure # 131236	☒ Supported ☐ Opposed	Amount of Expenditure **$1,000.00**
Name of Candidate Andre Baker, Howard Gardner & David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $1,000.00

Expenditure # 131238	☒ Supported ☐ Opposed	Amount of Expenditure $88.95
Name of Candidate Andre Baker, Howard Gardner & David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $88.95

Expenditure # 133061	☒ Supported ☐ 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 # 133064	☒ Supported ☐ Opposed	Amount of Expenditure $40.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $40.00

Expenditure # 133065	☒ Supported ☐ Opposed	Amount of Expenditure $300.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $300.00

Expenditure # 133067	☒ Supported ☐ Opposed	Amount of Expenditure $300.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $300.00

Expenditure # 133068	☒ Supported ☐ Opposed	Amount of Expenditure $300.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $300.00

Expenditure # 133069	☒ Supported ☐ Opposed	Amount of Expenditure $90.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $90.00

Expenditure #	**x** Supported ☐ Opposed	Amount of Expenditure
133086		**$31.50**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$31.50

Expenditure #	**x** Supported ☐ Opposed	Amount of Expenditure
133087		**$80.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$80.00

Expenditure #	**x** Supported ☐ Opposed	Amount of Expenditure
133088		**$180.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$180.00

Expenditure #	**x** Supported ☐ Opposed	Amount of Expenditure
133089		**$160.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$160.00

Expenditure #	**x** Supported ☐ Opposed	Amount of Expenditure
133090		**$165.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$165.00

Expenditure #	**x** Supported ☐ Opposed	Amount of Expenditure
133092		**$110.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$110.00

Expenditure #	**x** Supported ☐ Opposed	Amount of Expenditure
133093		**$50.00**

Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	$50.00

Expenditure # 133094	☒ Supported ☐ Opposed	Amount of Expenditure $130.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $130.00

Expenditure # 133095	☒ Supported ☐ Opposed	Amount of Expenditure $30.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $30.00

Expenditure # 133096	☒ Supported ☐ 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 # 133097	☒ Supported ☐ Opposed	Amount of Expenditure $235.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $235.00

Expenditure # 133098	☒ Supported ☐ Opposed	Amount of Expenditure $163.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $163.00

Expenditure # 133099	☒ Supported ☐ Opposed	Amount of Expenditure $351.50
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $351.50

Expenditure # 133100	☒ Supported ☐ 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 # 133101	☒ Supported　☐ Opposed	Amount of Expenditure **$235.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $235.00

Expenditure # 133102	☒ Supported　☐ 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 # 133103	☒ Supported　☐ Opposed	Amount of Expenditure **$115.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $115.00

Expenditure # 133104	☒ Supported　☐ 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 # 133106	☒ Supported　☐ 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 # 133107	☒ Supported　☐ Opposed	Amount of Expenditure **$140.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $140.00

Expenditure # 133109	☒ Supported　☐ Opposed	Amount of Expenditure **$140.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $140.00

Expenditure # 133111	**x** Supported ☐ 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 # 133114	x Supported ☐ 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 # 133115	x Supported ☐ 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 # 133117	x Supported ☐ 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 # 133118	x Supported ☐ Opposed	Amount of Expenditure $90.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $90.00

Expenditure # 133119	x Supported ☐ Opposed	Amount of Expenditure $90.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $90.00

Expenditure # 133120	x Supported ☐ 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 # 133121	☒ Supported ☐ Opposed	Amount of Expenditure $500.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $500.00

Expenditure # 133122	☒ Supported ☐ Opposed	Amount of Expenditure $300.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $300.00

Expenditure # 133137	☒ Supported ☐ 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 # 133141	☒ Supported ☐ 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 # 133147	☒ Supported ☐ Opposed	Amount of Expenditure $140.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $140.00

Expenditure # 133153	☒ Supported ☐ 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 # 133154	☒ Supported ☐ 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 # 133160	☒ Supported ☐ Opposed	Amount of Expenditure **$160.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $160.00

Expenditure # 133161	☒ Supported ☐ 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 # 133167	☒ Supported ☐ 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 # 133172	☒ Supported ☐ Opposed	Amount of Expenditure **$30.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $30.00

Expenditure # 133173	☒ Supported ☐ 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 # 133184	☒ Supported ☐ Opposed	Amount of Expenditure **$165.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $165.00

Expenditure # 133185	☒ Supported ☐ Opposed	Amount of Expenditure **$140.00**
Name of Candidate Andre Baker, Howard Gardner, David Hennessey	Office Sought Other Municipal Office	Cost Allocated to Candidate $140.00

Expenditure # 133211	☒ Supported ☐ 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 # 133212	☒ Supported ☐ 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