

SEEC FORM 26

Independent Expenditure Statement for an Entity
(NOT Individuals or Committees)

Rev. 8/10



129002
Fri 9/28/2012 8:24 PM
Official Use Only

Original
 Amendment

Page 1 of 6

1. NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)		2. TAX EXEMPT STATUS	
Great New England Public Schools Alliance		<input checked="" type="checkbox"/> 501(c) <input type="checkbox"/> 527 <input type="checkbox"/> N/A	
3. MAILING ADDRESS OF ENTITY			
Street Address	City	State	Zip Code
151 New Park Avenue	Hartford	CT	06106
4. PRINCIPAL BUSINESS ADDRESS OF ENTITY			
Street Address	City	State	Zip Code
151 New Park Avenue	Hartford	CT	06106
5. CEO OR FUNCTIONAL EQUIVALENT OF ENTITY			
First Name	MI	Last Name	Suffix
Dmitri		Mehlhorn	
Title Chairman			
6. TELEPHONE & EMAIL ADDRESS OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY			
(Include Area Code)	Email Address		
(916) 287-9204	compliance@gnepsa.org		
7. NAME OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS			
First Name	MI	Last Name	Suffix
Angelia		Dickens	
Title General Counsel			
8. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO FILE			
(Include Area Code)	Email Address		
(916) 287-9204	compliance@gnepsa.org		
9. AGENT FOR SERVICE OF PROCESS IN CONNECTICUT			
Dmitri Mehlhorn			
10. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT			
Street Address	City	State	Zip Code
151 New Park Avenue	Hartford	CT	06106
11. TELEPHONE & EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT			
(Include Area Code)	Email Address		
(916) 287-9204	compliance@gnepsa.org		
12. DATE		13. BRIEF DESCRIPTION OF REFERENDUM QUESTION (If applicable)	14. POSITION
<input checked="" type="checkbox"/> Primary 10/2/12 <input type="checkbox"/> Election _____ <input type="checkbox"/> Referendum _____			(If applicable) <input type="checkbox"/> Support <input type="checkbox"/> Oppose
15. STATE OR POLITICAL SUBDIVISION			
<input type="checkbox"/> State <input type="checkbox"/> Political Subdivision(s): (Please list)			

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INDEPENDENT EXPENDITURES

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)

Great New England Public Schools Alliance

16. TYPE OF REPORT (Check One Box)

- January 10
- April 10
- July 10
- October 10
- 7th day preceding primary
- 30 days following primary
- 7th day preceding election
- 7th day preceding special election
- 45 days following special election
- 7th day preceding referendum
- 45 days following referendum
- 48/24 hour Independent Expenditure Statement for Primary
- 48/24 hour Independent Expenditure Statement for Election
- 48/24 hour Independent Expenditure Statement for Special Election
- Amendment to (Type of Report)

17. PERIOD COVERED

Beginning Date 9/27/12 through Ending Date 9/28/12

18. CERTIFICATION OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this Independent Expenditure Statement are true, accurate and complete to the best of my knowledge and belief, and further that any individual designated herein to file Independent Expenditure Statements on behalf of the Entity has indicated to me his/her acceptance of my appointment of them to that position.


SIGNATURE

Dmitri Mehlhorn
PRINT NAME OF SIGNER

9/28/12
DATE (mm/dd/yyyy)

19. CERTIFICATION OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file Independent Expenditure Statements on behalf of the Entity. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the Entity, for the period covered, and that these expenditures and obligations were made independent of any other individual, entity, candidate, committee or their agents, and that the entity has not been reimbursed nor does it have an expectation of reimbursement for these expenditures from any such source; and that I understand that the acceptance of any such reimbursement at any time in the future may constitute a serious and punishable violation of Connecticut's Campaign Finance Laws.


SIGNATURE

Angelia Dickens
PRINT NAME OF SIGNER

9/28/12
DATE (mm/dd/yyyy)

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
20. Expenditures Made by Entity (A - Page 3)	\$5,606.18	\$5,606.18
21. Expenditures Obligated by Entity During this Period but Not Paid (B - Page 4)	\$0	
22. Total Outstanding Expenditures Obligated by Entity still Unpaid (B - Page 4)	\$0	

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)							
Great New England Public Schools Alliance							
TYPE OF REPORT					DOCUMENT TYPE (Check One Box)		
48/24 hour Independent Expenditure Statement for Primary					<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		
A. Independent Expenditures Made by Entity							
Name of Payee							Amount
SKD Knickerbocker							\$5,606.18
Street Address				City	State	Zip Code	
1818 N Street, NW, Suite 450				Washington	DC	20036	
Date of Expenditure	Purpose of Expenditure (by code)	Description				Associated with Referendum?	
9/27/12	A-DM					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Candidate Name (if applicable)				Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		Independent Expenditure on behalf of more than 2 Candidates?
Brandon McGee				HD 5			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
Candidate Name (if applicable)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
Candidate Name (if applicable)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
Name of Payee							Amount
Street Address							Zip Code
Date of Expenditure							Associated with Referendum?
Purpose of Expenditure (by code)							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Candidate Name (if applicable)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		Independent Expenditure on behalf of more than 2 Candidates?
Candidate Name (if applicable)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
Name of Payee							Amount
Street Address							Zip Code
Date of Expenditure							Associated with Referendum?
Purpose of Expenditure (by code)							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Candidate Name (if applicable)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		Independent Expenditure on behalf of more than 2 Candidates?
Candidate Name (if applicable)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum
SUBTOTAL Section A - This Page						\$5,606.18	
TOTAL of additional Section A Pages						\$0	
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY THE ENTITY THIS PERIOD <small>(Enter total on Line 20)</small>						\$5,606.18	

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INDEPENDENT EXPENDITURES

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)			
TYPE OF REPORT		DOCUMENT TYPE (Check One Box)	
		<input type="checkbox"/> Original <input type="checkbox"/> Amendment	
B. Independent Expenditures Obligated to be Made but Not Paid by the Entity During this Period			
Name of Creditor			Amount Incurred
Street Address		City	State Zip Code
Date Incurred	Purpose of Expenditure <small>(by code)</small>	Description	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Independent Expenditure on behalf of more than 2 Candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Candidate Name (if applicable)		Office Sought	
Name of Creditor			Amount Incurred
Street Address		City	State Zip Code
Date Incurred	Purpose of Expenditure <small>(by code)</small>	Description	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Independent Expenditure on behalf of more than 2 Candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Candidate Name (if applicable)		Office Sought	
Name of Creditor			Amount Incurred
Street Address		City	State Zip Code
Date Incurred	Purpose of Expenditure <small>(by code)</small>	Description	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Independent Expenditure on behalf of more than 2 Candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Candidate Name (if applicable)		Office Sought	
SUBTOTAL Section B - This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED TO BE MADE BUT NOT PAID BY THE ENTITY THIS PERIOD (Enter total on Line 21)			
Previous Reported Expenditures Unpaid and Still Outstanding			
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED TO BE MADE BUT NOT PAID (Enter total on Line 22)			

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NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)				
TYPE OF REPORT			DOCUMENT TYPE (Check One Box)	
			<input type="checkbox"/> Original <input type="checkbox"/> Amendment	
C. Itemization of Reimbursements				
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount
SUBTOTAL Section C - This Page				
TOTAL of additional Section C Pages				
TOTAL OF ALL REIMBURSEMENTS				

NAME OF ENTITY <i>(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)</i>				
Great New England Public Schools Alliance				
TYPE OF REPORT			DOCUMENT TYPE <i>(Check One Box)</i>	
48/24 hour Independent Expenditure Statement for Primary			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
D. Top Five Contributors				
If the Entity has IRC §§ 501(c) or 527 tax exempt status and has made or obligated to make independent expenditures during this filing period for any written, typed or other printed communication or any web-based, written communication covered in this report. Please identify the name(s) of the five contributors making the largest contributions to the entity during this filing period.				
Name of Contributor				
StudentsFirst				
Street Address of Contributor		City	State	Zip Code
N/A		Sacramento	CA	95814
Telephone Number <i>(Include Area Code)</i>		Email Address		
N/A		N/A		
Name of Contributor				
ConnAD				
Street Address of Contributor		City	State	Zip Code
N/A		Stamford	CT	06901
Telephone Number <i>(Include Area Code)</i>		Email Address		
N/A		N/A		
Name of Contributor				
Michael R. Bloomberg				
Street Address of Contributor		City	State	Zip Code
N/A		New York	NY	10075
Telephone Number <i>(Include Area Code)</i>		Email Address		
N/A		N/A		
Name of Contributor				
Nick Beim				
Street Address of Contributor		City	State	Zip Code
N/A		New York	NY	10014
Telephone Number <i>(Include Area Code)</i>		Email Address		
N/A		N/A		
Name of Contributor				
Dr. Steve Perry				
Street Address of Contributor		City	State	Zip Code
N/A		Hartford	CT	06103
Telephone Number <i>(Include Area Code)</i>		Email Address		
N/A		N/A		
Name of Contributor				
Street Address of Contributor		City	State	Zip Code
Telephone Number <i>(Include Area Code)</i>		Email Address		

See Additional Page(s)