SEEC FORM 30

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



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COVER PAGE

1.NAME OF COMMITTEE						2. TYI	2. TYPE OF COMMITTEE		
Andre Baker For State Representative						x	x Candidate CommitteeExploratory Committee		
3. TREASURER NAME							_		
First Robyn			MI	Last Melvin-Waller			Suffix		
4. TREASURER ADDRESS	<u> </u>								
Street Address 2019 Old Town Rd		City Bridge	eport		- 1	Zip Code 06606			
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	omplete oi	nly if Candidate	Committee)	•	7. DISTR	RICT NUMBER (if applicable		
11/04/2014	State Representativ	/e				R124			
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommitte	e)						
First Andre			MI	Last Baker			Suffix		
9. TYPE OF REPORT									
Itemized Statement accompanying	g application for Publ	lic Grai	nt - Origina			_			
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	07/01/2014	thru	ı	07/14/2014					
11 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	Maria Valentin			07/:	15/2014 1:	2:26:03Pi	м		
SIGNATURE		Maria Valentin07/15/2014 12:PRINT NAME OF THE SIGNERDATE CERTIFIED							
PENA	LITY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$:	1,000, OR IM	PRISONME	ENT		

SEEC FORM 30
Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT						
Andre Baker For State Representative	Itemized Statement accompanying application	Itemized Statement accompanying application for Public Grant - Original					
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$2,342.80						
14. Contributions received from Individuals (Section A and B)	\$2,117.00	\$5,752.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$0.00	\$500.00					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$2,117.00	\$6,252.00					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$4,459.80	\$6,252.00					
20. Expenses Paid by Committee (Section N)	\$838.28	\$2,630.48					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$3,621.52	\$3,621.52					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00						

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I. MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT			
Andre Baker For State Representative			Itemized Statement accompanying application for Public Grant - Original				
A. Total Contributions from Small Contributors-Received this Perio	od O	NLY		For Nonpartic	ipating Cand	idates ONLY	
	- T 1			\$0.00			
B. Itemized Contributions from		ividuals				1	
Last Name	First				MI	Contribution ID #	
Bish	<u> </u>	Lucille			Е	0139	
Residential Street Address	City				State	Zip Code	
2060 North Ave	Щ,	Bridgeport			СТ	06604	
Principal Occupation		Name of Employer	ŗ				
Retired			11 14				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a lo dependent child of		Voc	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•		x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1? Yes X Cash Personal Check							
No I Cash I resonat check	07/0	01/2014		\$5.00		\$5.00	
If yes, list Event #							
Last Name	Last Name First				MI	Contribution ID #	
Greenfield		Jeffrey				0144	
Residential Street Address	City				State	Zip Code	
111 Apple HI		Newington			СТ	06111	
Principal Occupation		Name of Employer	r				
Legislative Staff		St of CT					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Yes					
If yes, indicate which branch or branches of government the contract is with:			,	x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1? Yes Cash Regresonal Check							
X No	07/0	01/2014		\$50.00		\$50.00	
If yes, list Event #	<u></u>						
Last Name	First				MI	Contribution ID #	
Lawson		Kena				0145	
Residential Street Address	City				State	Zip Code	
86A Yaremich Dr	Щ,	Bridgeport			СТ	06606	
Principal Occupation		Name of Employer	r				
Funeral Director Asst							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a lo dependent child of		Voc	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		-	•	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1		
fundraising event listed in Section J1?			-				
X No X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	07/0	01/2014		\$5.00		\$5.00	

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Andre Baker For State Representative Itemized Statement accompanying application for Public					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Lamar		Pringle			0151			
Residential Street Address	City			State	Zip Code			
3837 Main St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	•	•			
Barber		Good	Looking Barber Shop					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child (
government the contract is with:	D-4-	D i 4						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check	07/	01/2014	\$5.00		\$5.00			
If yes, list Event #	077	01/2014	\$5.00		45.00			
Last Name	First			MI	Contribution ID #			
Brown		Crystal		L	0188			
Residential Street Address	City	<u> </u>		State	Zip Code			
195 Pond St		Bridgeport		СТ	06606			
Principal Occupation	•	Name of Employ	er					
Student								
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	01/2014	\$5.00		\$5.00			
T. AV	F: .			\ <i>a</i>	C C C D			
Last Name Brown	First			MI E	Contribution ID # 0189			
Residential Street Address	City	Shantequa		State	Zip Code			
65 Houston Ave	City	Bridgeport		CT	06606			
Principal Occupation	<u> </u>	Name of Employ	er	C.	00000			
Student		1 ,						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	-					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tulidasing event instead in Section 71:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	01/2014	\$5.00		\$5.00			
[la di Bu			
Last Name Finney	First			MI D	Contribution ID # 0193			
Residential Street Address	City	Lamont		State	Zip Code			
240 Adams St	City	Bridgeport		CT	06607			
Principal Occupation		Name of Employ	er	<u> </u>				
			employed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
	υ	dependent child of	or a robbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	01/2014	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Andre Baker For State Representative Itemized Statement accompanying application for Public Grant - Original					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Christy		Frances			0213			
Residential Street Address	City			State	Zip Code			
1302 Stratford Ave		Bridgeport		CT	06607			
Principal Occupation		Name of Employ						
Landscaping			mployed	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	01/2014	\$5.00		\$5.00			
In you, and I want of the control of								
Last Name	First			MI	Contribution ID #			
Forman		Samuel		W	0214			
Residential Street Address	City	B : 1		State	Zip Code			
1302 Stratford Ave	<u> </u>	Bridgeport Name of Employ	or .	СТ	06607			
Principal Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	07/	01/2014	\$5.00		\$5.00			
I w	First			\ <i>a</i>	Louis B"			
Last Name Fisher	FIISt	Shanoya		MI T	Contribution ID # 0194			
Residential Street Address	City	Shanoya		State	Zip Code			
99 Grant St		Bridgeport		CT	06610			
Principal Occupation		Name of Employ	er					
Student								
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	O	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Resonal Check	07.0	04/2044	+5.00		+5.00			
If yes, list Event # No Money Order Credit/Debit Card	0//	01/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Gordon		Gena		Α	0195			
Residential Street Address	City			State	Zip Code			
226 Ruth St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	•	•			
Student								
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		pem emid c	x _{No}					
Is this contribution associated with a Mathed of contribution:	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	ACCUIVEU	regregate Continuations					
X No Cash Personal Check	07/	01/2014	\$5.00		\$5.00			
If yes, list Event #	l í		•	Ī				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Andre Baker For State Representative Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lawrence		Tonie		Р	0198				
Residential Street Address	City			State	Zip Code				
521 Connecticut Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employe	er						
		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x No						
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	Trecer rea	11gg.egate Continuations						
x No Zash Personal Check	07/	01/2014	\$5.00		\$5.00				
If yes, list Event #		,							
Last Name	First			MI	Contribution ID #				
Lawrence		Nicole			0199				
Residential Street Address	City			State	Zip Code				
521 Connecticut Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employe	er						
		Disabl	ed	-					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Gallabraida Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child o	<u> </u>						
government the contract is with:			X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash Personal Check	07/	01/2014	#F.00		* F 00				
If yes, list Event # Money Order Credit/Debit Card	0//	01/2014	\$5.00		\$5.00				
Last Name	First	-		MI	Contribution ID #				
Monk	1 1130	Avery		L	0201				
Residential Street Address	City	,		State	Zip Code				
521 Connecticut Ave		Bridgeport		СТ	06607				
Principal Occupation	•	Name of Employe	er	!					
Deli Worker		Stop 8	& Shop						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child o	i u lobbylst:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraicing event licted in Section II2	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check	l								
If yes, list Event # Cash Personal Check Value Va	07/	01/2014	\$5.00		\$5.00				
T. W	Б			, _a	G (7 C ID)				
Last Name Wray	First	Anthonia		MI	Contribution ID # 0209				
Residential Street Address	City	Allulollia		L State	Zip Code				
576 Grand St	City	Bridgeport		CT	06604				
Principal Occupation		Name of Employe	er	<u> </u>	00001				
Student									
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or for lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	J	dependent child o	i a ioooyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
If yes list Event # Credit/Debit Card	07/	01/2014	\$5.00		\$5.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Andre Baker For State Representative Itemized Statement accompanying application for Public					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Devane		Lee		G	0192			
Residential Street Address	City			State	Zip Code			
238 Adams St		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	07/	02/2014	\$5.00		\$5.00			
If yes, list Event #	077	02/2011	45.00					
Last Name	First			MI	Contribution ID #			
Miller		Alex		D	0200			
Residential Street Address	City			State	Zip Code			
285 Saunders Ave		Bridgeport		СТ	06606			
Principal Occupation	•	Name of Employ	er		•			
Student		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	02/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Newby	FIISt	Veronica		IVII	0230			
Residential Street Address	City	Veronica		State	Zip Code			
778 Pearl Harbor St	,	Bridgeport		CT	06610			
Principal Occupation		Name of Employ	er					
System Manager		Bridge	eport Hospital					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	3	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	02/2014	\$40.00		\$40.00			
Last Name	First			MI	Contribution ID #			
Taylor	1 1130	Shamar		D	0206			
Residential Street Address	City	Shamai		State	Zip Code			
122 Shelton St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er					
Student								
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No No Personal Check		02/204	15.00		+5.00			
If yes, list Event # No Money Order Credit/Debit Card	07/0	03/2014	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Andre Baker For State Representative Itemized Statement accompanying application for Public Grant - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
McCalaster		Lisa		J	0219			
Residential Street Address	City			State	Zip Code			
553 Hollister Ave	L	Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er est Office					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution			
Yes X N	o	dependent child of	Voc					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31? X Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	07/0	03/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Hardial	l list	Cardaleo		A	0196			
Residential Street Address	City			State	Zip Code			
300 Horace St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er					
Student				_				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist?					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	07/0	03/2014	\$5.00		\$5.00			
If yes, list Event #	L '		1					
Last Name	First			MI	Contribution ID #			
Jones		Omar		Е	0197			
Residential Street Address	City			State	Zip Code			
366 Dogwood Dr	L.,	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Student Le contributor o minimal of a crete contractor or promochine crete contractor?		In contributor of	obbyjet anguag or	Amou	int of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	03/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Rosario	1 1100	Luisa			0210			
Residential Street Address	City			State	Zip Code			
655 Ruth St		Bridgeport		СТ	06606			
Principal Occupation	-	Name of Employ	er	-	•			
Student		Stew	Leonards					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		,	x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			30 -0					
If yes, list Event #	07/0	03/2014	\$5.00		\$5.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Andre Baker For State Representative Itemized Statement accompanying application for Pub					ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Shaw		Sean			0211			
Residential Street Address	City			State	Zip Code			
644 Lincoln Blvd .		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	•	•			
Student								
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	07/	03/2014	\$5.00		\$5.00			
If yes, list Event # Money Order	07/	03/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
O'Connor	1 1100	Patrick		H	0204			
Residential Street Address	City			State	Zip Code			
67 Russell St		Bridgeport		СТ	06606			
Principal Occupation	•	Name of Employ	er		1			
Student								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check No	07/	03/2014	\$5.00		\$5.00			
I w	F: .			\ <i>a</i>	Louis Bu			
Last Name	First	Justin		MI	Contribution ID # 0208			
Velazquez Residential Street Address	City	Justin		State	Zip Code			
211 Remington St	City	Bridgeport		CT	06610			
Principal Occupation	<u> </u>	Name of Employ	er	C1	00010			
Student								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	-					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Personal Check No	07/	03/2014	\$5.00		\$5.00			
LadVana	E:			M	Contribution ID#			
Last Name Robinson	First	Chrisshara		MI	Contribution ID # 0233			
Residential Street Address	City	Cili issilara		State	Zip Code			
295 Platt St	City	Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er					
Student								
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Talliand and seed on S					45.00			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	03/2014	\$5.00		\$5.00			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Andre Baker For State Representative			TYPE OF REPORT Itemized Statement accompan	ying applicat	ion for Public			
•			Grant - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Valentin		Jesus			0207			
Residential Street Address	City			State	Zip Code			
35 Hanover St	L,	Bridgeport		СТ	06604			
Principal Occupation		Name of Employe	er					
Construction								
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent cinia o	<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	03/2014	\$5.00		\$5.00			
7.07								
Last Name	First			MI	Contribution ID #			
Reyes-Wesley		Leticia		С	0205			
Residential Street Address	City			State	Zip Code			
2340 North Ave # 3B	Щ,	Bridgeport		СТ	06604			
Principal Occupation		Name of Employe	er					
Entrepreneur		Wesle	y Cleaning & Lawn Care					
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	03/2014	\$5.00		\$5.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Soares		Brandi		В	0237			
Residential Street Address	City			State	Zip Code			
2191 Madison Ave	L	Bridgeport		СТ	06606			
Principal Occupation		Name of Employe	er					
Student								
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
Tunidialising event instead in Section 71?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	03/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Bush		Richard			0190			
Residential Street Address	City			State	Zip Code			
31 Caroline St	<u> </u>	Bridgeport		СТ	06610			
Principal Occupation		Name of Employe	er					
Student								
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	07/0	03/2014	\$5.00		\$5.00			

I. MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Andre Baker For State Representative Itemized Statement accompan					ion for Public		
B. Itemized Contributions from	m Ind	lividuals	Grant - Original				
Last Name	First			MI	Contribution ID #		
Cordova		Adrian			0191		
Residential Street Address	City			State	Zip Code		
776 Ryon St		Bridgeport		СТ	06606		
Principal Occupation		Name of Employ	er	-	•		
		Sikors	sky				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of					
government the contract is with: Executive Legislative							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash Personal Check	07/	03/2014	¢Ε.00		\$5.00		
If yes, list Event # Money Order	07/1	03/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Billups		Raymond			0187		
Residential Street Address	City			State	Zip Code		
24 Elizabeth St		Bridgeport		СТ	06610		
Principal Occupation	•	Name of Employ	er	•	•		
Studentt							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No							
If yes, list Event #	07/0	03/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Santos	1 1130	Antonio		1411	0153		
Residential Street Address	City			State	Zip Code		
370 Center St	,	Bridgeport		СТ	06604		
Principal Occupation	•	Name of Employ	er	!			
Boat Repair		Shipy	ard				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	o l	dependent child of	n a loodyist:				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Personal Check	07.	05/2014	+5.00		+5.00		
If yes, list Event #	07/0	05/2014	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Santos	First	Jose		IVII	0154		
Residential Street Address	City	3030		State	Zip Code		
272 Wells St		Bridgeport		СТ	06604		
Principal Occupation	•	Name of Employ	er				
Construction Worker		CJ Fu	cci				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ınt of Contribution		
	υ	dependent child of	or a roodyrst?				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	07/0	05/2014	\$5.00		\$5.00		

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Andre Baker For State Representative Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name Robinson	First	Karen		MI	Contribution ID #				
Residential Street Address	City			State	Zip Code				
329 Union Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ	er		•				
CES Admin		CES							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	07/	05/2014	\$5.00		\$5.00				
If yes, list Event #	077	33/2014	ψ3.00						
Last Name	First			MI	Contribution ID #				
Gomes		Joao			0143				
Residential Street Address	City			State	Zip Code				
150 Alpine St	L	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?			employed obbyist, spouse, or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amot	iit of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	05/2014	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Robinson		Chris			0232				
Residential Street Address	City			State	Zip Code				
295 Platt St	L	Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Fire Fighter Is contributor a principal of a state contractor or prospective state contractor?		,	of Bridgeport obbyist, spouse, or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		Amot	iit of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	05/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Lisboa		Jose			0146				
Residential Street Address	City			State	Zip Code				
771 Cleveland Ave	L.	Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Construction Worker		JJ Bre	abbriggt anguage or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
X No Cash Personal Check	07/0	05/2014	\$5.00		\$5.00				

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Andre Baker For State Representative Itemized Statement accompanying application for Public									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lopes		Manuel			0147				
Residential Street Address	City			State	Zip Code				
371 Lexington Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er	•	•				
Shipping		Bpt Fi	tting						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	07/	05/2014	\$5.00		\$5.00				
If yes, list Event #	0,,		ψ5.00						
Last Name	First			MI	Contribution ID #				
Cook		Brian		Н	0140				
Residential Street Address	City			State	Zip Code				
5 Velvet St		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Branch Mgr.		-	es United Bank	-					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u></u>						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X Cash Personal Check	07/	06/2014	#F.00		45.00				
If yes, list Event # Money Order Credit/Debit Card	07/	06/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Duberry		Elouise			0141				
Residential Street Address	City			State	Zip Code				
115 Washingtonton Ave # 4-A		Bridgeport		СТ	06606				
Principal Occupation	•	Name of Employ	er		•				
Retired									
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Personal Check	07/	06/2014	фE 00		¢E 00				
If yes, list Event # Money Order Credit/Debit Card	07/	06/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Baker		Ida		R	0137				
Residential Street Address	City			State	Zip Code				
55 Up St		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er		•				
Nurse									
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative	-	<u> </u>	X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	07/	06/2014	\$20.00		\$20.00				
If yes, list Event # Money Order Credit/Debit Card	"'	00/2014	\$2 0. 00		φ20.00				

I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Andre Baker For State Representative			Itemized Statement accompan	nying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuale	Grant - Original		
Last Name	First	iividuais		МІ	Contribution ID #
Baldwin	FIISt	Samuel		A	0138
Residential Street Address	City	Januel		State	Zip Code
624 Bishop Ave	City	Bridgeport		CT	06610
Principal Occupation		Name of Employ	er	1	
Trainer		Cruno	:h Fitness		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a fundacional section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tulidialising event insection 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	06/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Melvin		Frances		В	0149
Residential Street Address	City	D : 1		State	Zip Code
2019 Old Town Rd Principal Occupation	Щ.	Bridgeport Name of Employ	or .	СТ	06606
Office Clerk		Name of Employ	ei		
		Is contributor a l	obbyist, spouse, or	Amoi	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	06/2014	\$5.00		\$5.00
in yes, list Event #					
Last Name	First			MI	Contribution ID #
Merritt		Carmela		В	0150
Residential Street Address	City			State	Zip Code
709 Ryan St	L	Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amoi	ant of Contribution
is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of		Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
X No Personal Check	07/0	06/2014	\$5.00		\$5.00
If yes, list Event#					
Last Name	First			MI	Contribution ID #
Tisdale		Jeffrey		В	0156
Residential Street Address	City			State	Zip Code
647 Lakeside Dr		Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Sales Agent			al of Omaha		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		sependent ennu (x No		
government the contract is with:	Dot-	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Personal Check	07/0	06/2014	\$5.00		\$5.00
If yes list Event # Money Order Credit/Debit Card	I ***	/	45.55	1	,

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Andre Baker For State Representative Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Robinson		Eva			0234				
Residential Street Address	City			State	Zip Code				
295 Platt St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?				Amou	unt of Contribution				
Yes X N	О	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	06/2014	\$5.00		\$5.00				
	I .								
Last Name	First	D:II		MI	Contribution ID #				
Scruggs Residential Street Address	City	Bill		E State	0155 Zip Code				
79 Alanson Rd	City	Bridgeport		CT	06607				
Principal Occupation		Name of Employ	er	<u> </u>					
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a followist:						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Resonal Check	07/	06/2014	#F 00		45.00				
If yes, list Event # Money Order Credit/Debit Card	07/	06/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Williams		Chrystal			0158				
Residential Street Address	City			State	Zip Code				
890 Seaview Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ	er						
Technician			eport Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			X No						
government the contract is with.	Date	Received	Aggregate Contributions	ł					
fundraising event listed in Section J1?			86 18						
X No Personal Check	07/	06/2014	\$20.00		\$20.00				
If yes, list Event#									
Last Name	First			MI	Contribution ID #				
Moss		Dawud		R	0202				
Residential Street Address	City			State	Zip Code				
661 Lakeside Dr		Bridgeport		СТ	06606				
Principal Occupation Investigator		Name of Employ	of CT DPDS						
Is contributor a principal of a state contractor or prospective state contractor?			abbriet anauga ar	Amor	ant of Contribution				
Yes X N	o	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tunidraising event fisted in Section 31?									
If yes, list Event #	07/	06/2014	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Andre Baker For State Representative	ying applicat	ion for Public						
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Moss		Malik			0203			
Residential Street Address	City			State	Zip Code			
661 Lakeside Dr	L	Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er					
Student Is contributor a principal of a state contractor or prospective state contractor?		I	-11	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	.nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Sociate Order 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	06/2014	\$5.00		\$5.00			
In you, and I want of the control of								
Last Name	First			MI	Contribution ID #			
Brevarn	a:	Annie		0	0223			
Residential Street Address	City	Duideanaut		State	Zip Code			
617 N Summerfield Ave Principal Occupation		Bridgeport Name of Employ	or	СТ	06610			
Тіперагоссараноп		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidraising event risted in Section 71:								
If yes, list Event # Cash Personal Check No	07/0	07/2014	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
DuBose, Jr.	First	Jonathan		IVII	0225			
Residential Street Address	City			State	Zip Code			
608 N Summerfield Ave	,	Bridgeport		СТ	06610			
Principal Occupation	•	Name of Employ	er	•				
Musician		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative		n : 1	X No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	07/	07/2014	\$25.00		\$25.00			
If yes, list Event #	077	07/2014	Ψ23.00					
Last Name	First			MI	Contribution ID #			
Walker		Brenda			0159			
Residential Street Address	City			State	Zip Code			
610D Trumbull Ave	L	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		=	x _{No}					
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			55 -5					
If yes, list Event #	07/0	07/2014	\$5.00		\$5.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Andre Baker For State Representative Itemized Statement accompanying application for Public Grant - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Maley, Jr.		Edwin		J	0227				
Residential Street Address	City			State	Zip Code				
4 Shawnee Ct	L	Cromwell		СТ	06416				
Principal Occupation Attorney		Name of Employe The M	er aley Law Firm, LLC/State of	СТ					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo	obbyist, spouse, or		unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child o	f a lobbyist?						
government the contract is with: Executive Legislative	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event #	07/0	07/2014	\$100.00		\$100.00				
Last Name	First	'		MI	Contribution ID #				
Brayboy	THSt	Mona		IVII	0212				
Residential Street Address	City			State	Zip Code				
116 Monroe St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employe	er						
		City o	f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or followbright? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent chird o	x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	07/0	07/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Crawley		Shanta			0167				
Residential Street Address	City			State	Zip Code				
3 Edwin St		Bridgeport		СТ	06607				
Principal Occupation		Name of Employe							
Sr. Financial Service Associate			e's United Bank						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 07092014B No Season Season Season Season Credit/Debit Card	07/0	07/2014	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Baker Sr.		Andre		F	0135				
Residential Street Address	City			State	Zip Code				
18 Yosemite Ave	L	White Plains		NY	10607				
Principal Occupation		Name of Employe	er						
Funeral Director Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amou	ant of Contribution				
Yes X N	0	dependent child o	f a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event fisted in Section 31?									
If yes, list Event # Cash Cash Personal Check No Money Order Credit/Debit Card	07/0	07/2014	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Andre Baker For State Representative	ying applicat	tion for Public						
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Baker		Carolyn		G	0136			
Residential Street Address	City			State	Zip Code			
1154 Chopsey HI		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Retired								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
X No	07/0	07/2014	\$100.00		\$100.00			
ii yes, iist Event #								
Last Name	First			MI	Contribution ID #			
Fludd		Gabrielle			0142			
Residential Street Address	City			State	Zip Code			
265A Edgemoor Rd	<u> </u>	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?			imployed obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	7 tinou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	07/0	07/2014	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lorde		Betty			0148			
Residential Street Address	City			State	Zip Code			
1042 Broad St # 204		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
Funeral Director			Funeral Home					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	07/0	07/2014	\$47.00		\$47.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Roscoe		Annie			0152			
Residential Street Address	City			State	Zip Code			
115 Washingtonton Ave # 6-B		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
Le contributer a minainal of a state contract :			nployed		ant of Contaileasti			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			555 Tanasana					
X No Cash Personal Check	07/0	07/2014	\$5.00		\$5.00			
If yes, list Event #	1			I				

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NAME OF COMMITTEE Froncise Complete Name as Registraced with Commission	L MONETARY RECEIPTS (Section A-I)								
Control Contributions From Individuals Contributions									
B. Hemized Contributions from Individuals Four Farths		ying applicat	ion for Public						
Recidental Series Address 60 Main St. City Partnington City City Partnington City Partnington City Partnington City Partnington City Partnington City City City City City City City City									
Revidential Stores Address	Last Name	First			MI	Contribution ID #			
Principal Discognition Name of Engalgyer School	Tyler		Eartha		Т	0157			
Principal Occupation House Director House Director Legislative House Director Legislative House Director Legislative Legisla	Residential Street Address	City			State	Zip Code			
House Directors Combinator a principal of a since contactor or prospective state contactors	60 Main St		Farmington		СТ	06032			
Ex contributes a principal of a fatter contractor or prospective state contractor Yes No Security Yes Security Ye	Principal Occupation		Name of Employ	er	-	•			
If yee, indicate which branch or branches of comment the contract is with. If yee, include which branch or branches of comment the contract is with. In this contribution associated with a contract is with. In this contribution associated with a contraction of properties state contraction? If yee, list Event # O7092014B	House Director		Miss F	Porter's School					
First Contribution of Newtonian New Contribution Contribution Contribution New Contribution New Contribution New N	Is contributor a principal of a state contractor or prospective state contractor?	,		Vac	Amou	ınt of Contribution			
Date Contribution as contributed with a bit. Ves Continues and with a bit. Ves	If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
First First Maureen	government the contract is with:								
Last Name Magnan Freson Check O7/07/2014 \$100.00 \$100.00	Voc	Date	Received	Aggregate Contributions					
East Name Countribution D Date Countribution Date D		07,	07/2014	±100.00		±100.00			
Residential Street Address Clay West Hartford CT Gol10 Principal Occupation Chef of Staff In some of Employer State of CT Is contribute a principal of a state contractor of prospective state contractor? If yes, list Event # G7092014B Last Name Last Name Lawyer Last Company Last Name Lowyer Lowyer Last Name Lowyer	If yes, list Event # Money Order Credit/Debit Card	07/0	37/2014	\$100.00		\$100.00			
Residential Street Address Clay West Hartford CT Gol10 Principal Occupation Chef of Staff In some of Employer State of CT Is contribute a principal of a state contractor of prospective state contractor? If yes, list Event # G7092014B Last Name Last Name Lawyer Last Company Last Name Lowyer Lowyer Last Name Lowyer	Last Name	Firet			М	Contribution ID #			
Residential Storet Address City State Zip Code		1 1150	Maureen		1411				
Total part Committed Com		City	Hadreen		State				
Principal Occupation Name of Employee State of CT			West Hartfor	d	1	1			
Chief of Staff Is contributor a principal of a state contractor or prospective state contractor?					1				
Yes West Hartford State of CT State	Chief of Staff		State	of CT					
If yes, indicate which branch or branches of	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Secont Second S)	dependent child of	of a lobbyist?					
findraising event listed in Section J1? If yes, list Event # 07092014B	Evacutiva Lagislativa			x No					
Last Name Scott Steel Personal Check Credit/Debit Card Personal Check Credit/Debit Card Scott State Card Credit/Debit Card Credit/Debit Card Scott State Card Card Credit/Debit Card Credit/Debit Card Scott State Card Contribution ID # Ol107 Card Credit/Debit	IXI voc	Date	Received	Aggregate Contributions					
Last Name Scott Stevent # 07092014B No Money Order Credit/Debit Card O7/08/2014 \$100.00 \$100.00	lundraising event listed in Section 31:								
Last Name Scott Residential Street Address 149 Walden St Ciry State OCT Principal Occupation Lawyer Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor? Scontributor a principal of a state contractor or prospective state contractor?	│	07/0	08/2014	\$100.00		\$100.00			
Scott Christy O181					l				
Residential Street Address 149 Walden St West Hartford CT O6107 Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state		First			MI				
149 Walden St		O.	Christy		G: :				
Principal Occupation Lawyer Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Last Name O'Connor Residential Street Address O'Connor If yes, indicate which branch or branches of government the contract is with: Cash O'Connor Residential Street Address O'Connor Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions MII Contribution ID # O173 City State Zip Code CT 06480 Portland CT 06480 Amount of Contribution associated with a fundraising event listed in Section J1? Yes Amount of Contribution above; and the section of the principal of a state contractor or prospective state contractor? Last Name Director of Policy Is contributor a principal of a state contractor or prospective state contractor? Legislative Legislative Date Received Aggregate Contributions Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist, spouse, or dependent		City	West Heats			I -			
Lawyer State of CT Is contributor a principal of a state contractor or prospective state contractor?					CI	1 00107			
Is contributor a principal of a state contractor or prospective state contractor?									
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Last Name Last Name La	·			obbyist spouse or	Amou	ant of Contribution			
Executive	Yes 🔼 No)							
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 07092014B	Evacutiva Lagislativa			x No					
Last Name	T 41 (3.6 14.1.24 - M4.1.6 (3.6	Date	Received	Aggregate Contributions					
If yes, list Event # 07092014B	iundraising event instea in section 31?								
Last Name O'Connor Brian J 0173 Residential Street Address City State Zip Code 351 William St Portland Name of Employer State of CT Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? MI Contribution ID # Amount of Contribution ID # Portland CT 06480 Name of Employer State of CT Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Is contribution a lobbyist? X No Segregate Contribution Section J1? Amount of Contribution dependent child of a lobbyist? X No Segregate Contributions Section J1? Amount of Contribution Section J1?	No I Tributal Calculation	07/0	08/2014	\$100.00		\$100.00			
O'Connor Brian J 0173	I you, list Divinit if O703201+D				<u> </u>				
Residential Street Address 351 William St Portland Principal Occupation Director of Policy Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No City Portland CT Name of Employer State of CT Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Legislative X No Date Received Aggregate Contributions \$\frac{1}{2}\$\$ Amount of Contribution of Contri	Last Name	First			MI	Contribution ID #			
Principal Occupation Director of Policy Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Portland Name of Employer State of CT Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Amount of Contribution Legislative Date Received Aggregate Contributions \$\frac{1}{2}\$\$ Yes No Section J1? Personal Check O7/08/2014 \$25.00			Brian		J				
Principal Occupation Director of Policy Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Name of Employer State of CT Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? In personal Check O7/08/2014 S25.00 S25.00		City				_			
Director of Policy Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No State of CT Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is No Date Received Aggregate Contributions \$\text{Ves}\$ No \$\text{Ves}\$ Personal Check \$\text{O7/08/2014}\$ \$\text{\$\frac{25.00}{25.00}\$} \$\frac{25.00}{25.00}\$					СТ	06480			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Amount of Contribution Yes Amount of Contribution Aggregate Contributions									
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Date Received Aggregate Contributions Aggregate Contributions Personal Check 07/08/2014 \$25.00				.1.1	Amon	unt of Contribution			
government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check 07/08/2014 \$25.00	Yes X No)		Vac	Alliou	int of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Transfer Transfer			-					
fundraising event listed in Section J1? X Yes	government the contract is with:	Date	Received		1				
□ No □ □ □ □ □ □ 07/08/2014 □ \$25.00 □ \$25.00	fundraising event listed in Section J1?								
	If yes, list Event # 07092014B	07/0	08/2014	\$25.00		\$25.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Andre Baker For State Representative Itemized Statement accompanying application								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Greenfield		Jeff			0168			
Residential Street Address	City			State	Zip Code			
111 Apple HI	L	Newington		СТ	06111			
Principal Occupation		Name of Employ						
Legislative Staff		State						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}					
government the contract is with: Is this contribution associated with a fundraising event listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event insect in Section 31:								
	07/0	08/2014	\$50.00		\$50.00			
If yes, list Event # 07092014B								
Last Name	First			MI	Contribution ID #			
Rosenberg		Gabe			0178			
Residential Street Address	City			State	Zip Code			
35 Deer Pond Trl	Щ,	Hamden		СТ	06518			
Principal Occupation		Name of Employ						
Communications		State	11.14	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	dependent child of	obbyist, spouse, or	Amot	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			86 8					
No Cash X Personal Check	07/0	08/2014	\$50.00		\$50.00			
If yes, list Event # 07092014B								
Last Name	First			MI	Contribution ID #			
Baltimore		Richard			0163			
Residential Street Address	City			State	Zip Code			
4 Winterset Ln	<u> </u>	West Hartfor	d	СТ	06117			
Principal Occupation		Name of Employ						
Attorney		State						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			86 8					
No Cash Personal Check	07/0	08/2014	\$25.00		\$25.00			
If yes, list Event # 07092014B								
Last Name	First			MI	Contribution ID #			
Banta		Jack			0164			
Residential Street Address	City			State	Zip Code			
20 Cole St	L	Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
Electrician			North					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			555 Tanasana					
No No No No Order	07/0	09/2014	\$15.00		\$15.00			
If yes, list Event # 07092014B	1			I				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT						
Andre Baker For State Representative			Itemized Statement accompan	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ayala		Andres			0162				
Residential Street Address	City			State	Zip Code				
744 Hancock Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	-	•				
Teacher		Bridge	eport Board of Education						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # 07092014B No Money Order Credit/Debit Card	07/0	09/2014	\$100.00		\$100.00				
				l					
Last Name	First			MI	Contribution ID #				
Morong		Mary		L	0172				
Residential Street Address	City			State	Zip Code				
30 Beacon St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
Literacy Specialist		Retire	-11	۸					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		•							
government the contract is with:	D-4-	Danainad							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash X Personal Check	07/	00/2014	¢100.00		¢100.00				
If yes, list Event # 07092014B	07/1	09/2014	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Miller	riist	Alex		D	0171				
Residential Street Address	City	Alex		State	Zip Code				
285 Saunders Ave	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	<u> </u>	00000				
Student		vp-v-)							
		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 No)	dependent child of							
If yes, indicate which branch or branches of government the contract is with:			x No						
T 41 (3.6 14.1.24 - M4.1.6 (3.6	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Yes Method of contribution: Method of contribution: Method of contributio									
No I Tributal Calculation	07/0	09/2014	\$5.00		\$5.00				
If yes, list Event # 07092014B									
Last Name	First			MI	Contribution ID #				
Stallworth		Charlie			0183				
Residential Street Address	City			State	Zip Code				
35 Wickliff Cir		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	-					
Pastor		East E	End Baptist Church						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	a loodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 07092014B No Money Order Credit/Debit Card	07/0	09/2014	\$30.00		\$30.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Andre Baker For State Representative Itemized Statement accompanying applica								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Sharkey		Brendan			0184			
Residential Street Address	City			State	Zip Code			
Loo Mt Carmel Avenue	L	Hamden		CT	06518			
Principal Occupation		Name of Employ						
Legislator		State	11 1 ·	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Voc	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 07092014B No Money Order Credit/Debit Card	07/0	09/2014	\$50.00		\$50.00			
					1			
Last Name	First			MI	Contribution ID #			
Wilkerson	City	Watisha		Ct-t-	0185 Zip Code			
Residential Street Address 30 Wakeman St	City	Bridgeport		State CT	06605			
Principal Occupation	ļ	Name of Employ	er	CI	00003			
Cashier		rume of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # 07092014B No Money Order Credit/Debit Card	07/0	09/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Watson	riist	Carolyn		D	0221			
Residential Street Address	City			State	Zip Code			
39 Sherman Park Ln	ĺ	Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er	•				
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.		Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		аеренает сппа с	x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Dete	D						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	07/0	09/2014	\$5.00		\$5.00			
If yes, list Event #	0.,		40.00					
Last Name	First			MI	Contribution ID #			
Watson		Wendell			0222			
Residential Street Address	City			State	Zip Code			
39 Sherman Park Ln		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?		Retire	-11	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	Vac	Alliou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Yes X Cash Personal Check Personal C								
X No X Cash Personal Check If yes, list Event #	07/0	09/2014	\$5.00		\$5.00			

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Andre Baker For State Representative	ying applicat	ion for Public						
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
McBride		Daniel			0218			
Residential Street Address	City			State	Zip Code			
39 Sherman Park Ln		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er	-	•			
Unemployed								
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	07.0	00/2014	+5.00		+5.00			
If yes, list Event # Money Order Credit/Debit Card	0//	09/2014	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Santiago	First	Ezequiel		IVII	0179			
Residential Street Address	City	Lzequiei		State	Zip Code			
991 State St	City	Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er		00000			
Assistant Special Projects Manager		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?								
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # 07092014B No Money Order Credit/Debit Card	07/	09/2014	\$50.00		\$50.00			
<u> </u>	<u> </u>			<u> </u>				
Last Name	First			MI	Contribution ID #			
Ray		Mary		L	0177			
Residential Street Address	City	C1 15 1		State	Zip Code			
85 Canaan Ct	<u> </u>	Stratford Name of Employ		СТ	06614			
Principal Occupation Teen Training Specialist		1 ,	f Bridgeport					
		· ·	obbyist snouse or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		111100	in or controution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # 07092014B No SX Cash Personal Check Money Order Credit/Debit Card	07/	09/2014	\$10.00		\$10.00			
in yes, list Event # 07092014D Invioley Order Credit Debit Cald								
Last Name	First			MI	Contribution ID #			
Grogins		Auden			0169			
Residential Street Address	City			State	Zip Code			
155 Brewster St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Attorney			imployed	۸				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			300 30					
No Cash Personal Check	07/	09/2014	\$15.00		\$15.00			
If yes, list Event # 07092014B	Ī			I				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT					
Andre Baker For State Representative			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
		iiviuuais		MI	Contribution ID #			
Last Name Cabrera	First	lorgo		L	0165			
Residential Street Address	City	Jorge		State	Zip Code			
28 Longmeadow Ave	City	Hamden		CT	06514			
Principal Occupation	<u>'</u>	Name of Employ	er	<u> </u>				
Community Organizer		Excel	Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # 07092014B No Cash Credit/Debit Card	07/0	09/2014	\$50.00		\$50.00			
	l .			I	I			
Last Name	First	14		MI	Contribution ID #			
Wood Residential Street Address	City	Kerry		State	0186 Zip Code			
120 Midland St	City	Bridgeport		CT	06605			
Principal Occupation	_	Name of Employ	er	<u> </u>	00003			
Commercial Real Estate			outh Group					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # 07092014B No Money Order Credit/Debit Card	07/0	09/2014	\$100.00		\$100.00			
	l .			<u> </u>	I			
Last Name	First			MI	Contribution ID #			
Cline Residential Street Address	City	Joy		State	0166 Zip Code			
261 Grovers Ave	City	Bridgeport		CT	06605			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00003			
Client Services Mgr/Sr. Paralegal			, Flaherhy LLC					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes X N	0	dependent child of	<u> </u>					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 71:								
If yes, list Event # 07092014B No Cash Personal Check No Money Order Credit/Debit Card	07/0	09/2014	\$10.00		\$10.00			
				l	la di Bu			
Last Name	First	Michelle		MI	Contribution ID #			
Sieran Residential Street Address	City	Michelle		State	O182 Zip Code			
151 Astoria Ave	City	Bridgeport		CT	06604			
Principal Occupation	<u>' </u>	Name of Employ	er	<u> </u>	00001			
Director of Operations			t Start					
Is contributor a principal of a state contractor or prospective state contractor?			obbvist, spouse, or	Amou	ant of Contribution			
	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions]				
Tunidialising event listed in Section 31:								
If yes, list Event # 07092014B No Money Order Credit/Debit Card	07/0	09/2014	\$5.00		\$5.00			

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Andre Baker For State Representative			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Glafit - Original		
Last Name	First			MI	Contribution ID #
Parisi		Gabrielle			0174
Residential Street Address	City			State	Zip Code
151 Astoria Ave	L	Bridgeport		СТ	06604
Principal Occupation		Name of Employ			
HR Consultant			m HR Solutions	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundration event listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event instead in Section 31:					
If yes, list Event # 07092014B No Money Order Credit/Debit Card	07/0	09/2014	\$15.00		\$15.00
in year, in 27 care of 70520112				<u> </u>	
Last Name	First			MI	Contribution ID #
Parisi	o:	Virginia		a	0175
Residential Street Address	City	Duidaanaut		State CT	Zip Code 06604
151 Astoria Ave Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	CI	06604
типери оссиранов		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112.	Date	Received	Aggregate Contributions		
x Cash Personal Check					
If yes, list Event # 07092014B No Money Order Credit/Debit Card	07/0	09/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Pivirotto	1 1150	Elaine		1411	0176
Residential Street Address	City			State	Zip Code
2625 Park Ave # 9E		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		•
Process Server		CT St	ate Marshall		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent enna e	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash X Personal Check	07/0	09/2014	\$100.00		\$100.00
If yes, list Event # 07092014B					
Last Name	First			MI	Contribution ID #
Beason Pettway		Bonita			0231
Residential Street Address	City			State	Zip Code
70 4th St	<u> </u>	Bridgeport		СТ	06607
Principal Occupation		Name of Employ			
Paraprofessional Is contributor a principal of a state contractor or prospective state contractor?		· ·	obbyist, spouse, or	Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of		Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes Yes Refined of Continuous. Personal Check					
X No X Cash Personal Check If yes, list Event #	07/0	09/2014	\$5.00		\$5.00

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I. MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Andre Baker For State Representative			Itemized Statement accompan	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuale	Grant - Original		
Last Name	First	iiviuuais		MI	Contribution ID #
Robinson	FIISt	Liz		IVII	0236
Residential Street Address	City	LIZ		State	Zip Code
70 Fourth St	City	Bridgeport		CT	06607
Principal Occupation	_	Name of Employ	er		1
Unemployed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
lundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/0	09/2014	\$5.00		\$5.00
				l	
Last Name	First			MI	Contribution ID #
Johnson	-	Ron		_	0216
Residential Street Address	City			State	Zip Code
34 Turkey Meadow Rd Principal Occupation	Щ,	Trumbull		СТ	06611
The Executive Chef		Name of Employ			
			imployed obbyist, spouse, or	Amoi	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	111100	an or commount
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	•	
fundraising event listed in Section J1? Yes X Cash Personal Check					
X No T	07/0	09/2014	\$100.00		\$100.00
If yes, list Event#					
Last Name	First			MI	Contribution ID #
Martin		Dorothy			0217
Residential Street Address	City			State	Zip Code
457 Midland St	<u> </u>	Bridgeport		СТ	06605
Principal Occupation		Name of Employ			
		Retire			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Duic	received	riggregate contributions		
X No Cash Personal Check	07/	10/2014	\$5.00		\$5.00
If yes, list Event #	0,,	10, 201 .	Ψ5.00		
Last Name	First			MI	Contribution ID #
Jackson		Kenneth			0215
Residential Street Address	City			State	Zip Code
519 Connecticut Ave		Bridgeport		СТ	06607
Principal Occupation	-	Name of Employ	er	-	•
Supervisor		RYAS	AP	_	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	-	dependent child of	1 a 1000yist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No D Personal Check		10/2011	120.00		+20.00
If yes, list Event # No Money Order Credit/Debit Card	I 0//	10/2014	\$20.00		\$20.00

I, MONETARY RECEIPT	S (S	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(TYPE OF REPORT		
Andre Baker For State Representative			Itemized Statement accompan Grant - Original	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Grant - Original		
Last Name	First			MI	Contribution ID #
Sims		Tracey			0220
Residential Street Address	City			State	Zip Code
302 Union Ave		Bridgeport		СТ	06607
Principal Occupation		Name of Employ	er		
		Retire	ed/Disability		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyrst?		
government the contract is with:		D : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	07/	10/2014	фГ 00		¢E 00
If yes, list Event # Money Order	0//	10/2014	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Ennis		Barry			0226
Residential Street Address	City	24,		State	Zip Code
315 Glendale Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er	!	
Landscaper		Self E	mployed		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidiansing event instead in Section 71:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	07/	11/2014	\$5.00		\$5.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Davis		Roland			0224
Residential Street Address	City			State	Zip Code
2225 Main St	ļ	Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Food Prep Cook		The P	obbyist, spouse, or	A max	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of		Amot	int of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	07/	11/2014	\$10.00		\$10.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Murphy		James		Α	0228
Residential Street Address	City			State	Zip Code
376 E Washington Ave Apt A56		Bridgeport		СТ	06608
Principal Occupation		Name of Employ			
		Retire			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	10001700			
X No Cash Personal Check	07/	12/2014	\$5.00		\$5.00
If yes, list Event #	1 **/	-,	43.00	I	,

								Page 28 01 38
I. N	MONE'	TARY RECEIP	TS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as I			,	,	TYPE O	F REPORT		
Andre Baker For State Representative	-				Itemized State Grant - Origina		nying applic	cation for Public
B. I	temized	Contributions fro	om Inc	lividuals				
Last Name			First				MI	Contribution ID #
Murphy				Philip				0229
Residential Street Address			State	Zip Code				
195 Funston Ave			СТ	06606				
Principal Occupation				Bridgeport Name of Employ	er			
Truck Driver				Truck	Driver/Fairfield	Foods		
Is contributor a principal of a state contractor or prospective state contractor	?	Yes X	.,	Is contributor a l	obbyist, spouse, or	Yes	An	nount of Contribution
		L Yes L	No	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:		Legislative				x No		
Is this contribution associated with a Method of	contributio	n:	Date	Received	Aggregate Contrib	utions	1	
Tunidraising event risted in Section 31?		Personal Check						
x No Easi	ev Order	Credit/Debit Card	07/	12/2014		\$5.00		\$5.00
If yes, list Event #								
						Total of	Section B	\$2,117.00
TOTAL OF ALL CONTRIBUTIONS FROM IND	OIVIDU <i>A</i>	ALS (Sec	tions A	+ B) (To	tal on Line 14 of S	ummarv Page)		\$2,117.00
				, ,		, 0,		
I. I	MONE	TARY RECEIP	TS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as R	egistered	with Commission)				TYPI	E OF REI	PORT
Andre Baker For State Representative						Itemized Sta	tement acc	companying
Titule Butch For State Representative						application fo	or Public G	rant - Original
61.6			, .					
C1. C0	ntribut	ions from Other C	ommi	ttees				
Name of Committee				Name of Treasure	er			
Address		Is:	this contr	bution associated w	rith a	Yes	No	Amount of Contribution
				g event listed in Sec		1 03	110	
				If yes, list Event	#			
	State	Zip Code	Date R	· ·	Aggregate Contr	ributions		
City	Suic	2.5 Code	Dutck		1.15gi egate Cont			
	l							
						Total of Sect	ion C1	

	I. MONETA	ARY RECE	EIPTS (S	ection A	A-I)					
NAME OF COMMITTEE						Т	YPE OF REPOR	T.		
Andre Baker For State Repr	resentative					Itemized Statement accompanying application for Public Grant - Original				
	C2. Reimbursements, Pa	yments, or S	Surplus D	istributi	ons from other Co					
Name of Committee					Name of Treasurer					
Address	Date Received	l	Amount of Receipt							
City	City State Zip Code Reimbursement for shared expen									
						Tot	tal of Section Ca	2		
	I. MON	ETARY R	ECEIPT	ΓS (Sect	tion A-I)					
NAME OF COMMITTEE						TYPE (OF REPORT			
Andre Baker For State Repr	resentative					Itemized State	tement accompany	ing application for		
	D. Loa	ns Received	this Peri	od						
Name of Lender				Source of		Individua	l Other	Date of Receipt		
Street Address			City	Dunk	Cundidate	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applica	ble)					ı		Amount Received		
Street Address			City			State	Zip Code			
						<u> </u>	Total of Section	ı D		
	I. MON	ETARY R	ЕСЕІРТ	S (Sect	ion A-I)					
NAME OF COMMITTEE							TYPE OF REPO	ORT		
Andre Baker For State Rep	presentative						ized Statement acc Public Grant - Origin	companying application al		
E. Personal	Funds of the Candidate Ro	eceived this	Period (C	Candidat	e Committees ON	LY)				
Date of Receipt	Method of Payment Cash	Per	sonal Check		Credit/Debit Card			Amount		
						Total of	Section E			

I. M	onet	ary Receipts (Section A-I)								
NAME OF COMMITTEE					TYPE OF REPOR	Т				
Andre Baker For State Representative					nized Statement accomp olic Grant - Original	anying application for				
G. Interest fr	om D	eposits in Authorized Accounts		•						
Name of Institution	Name of Institution Date									
Street Address		Zip Code								
		Total of Section G								
I. MONI	ЕТАН	RY RECEIPTS (Section A-K)								
NAME OF COMMITTEE	NAME OF COMMITTEE TYPE OF REPORT									
Andre Baker For State Representative	Andre Baker For State Representative									
H. Public Grant Fu	ıds R	eceived from the Citizens' Election F	und	·						
Purpose of Grant: Initial Grant Adjustment Supplemental/Post Election Deficit	irant Cy		Special E	lection	Date Received	Amount				
					Total of Section H					
					'					
I. MO	ONE	ΓARY RECEIPTS (Section A-K))							
NAME OF COMMITTEE					TYPE OF REPOR	Т				
Andre Baker For State Representative					nized Statement accomp lic Grant - Original	anying application for				
I. Miscellaneous	Mone	tary Receipts not Considered Contri	butio	ns						
Name				Date	e of Transaction	Amount Received				
Street Address		City	Sta	ate	Zip Code					
Description										
					Total of Section	I				

	II. FUNDRAISIN	NG EVENT A	ACTIVI	TY (S	Section	ns J1 - J3	3)				
NAME OF COMMITTEE								TYPE OF	REPC	ORT	
Andre Baker For State Represer	ntative							Itemized Statement a for Public Grant - Orig		anying a	application
	J1. Fund	raising Event	Informa	tion							
Fundraising Event # Date of Fundraiser 07/09/2014 Letter B	Description Meet and Greet Ev	vent									
Location: Street Address 2288 Fairfield Ave							City Bridgepo	rt		State CT	Zip Code 06605
Was this fundraising event hosted at a persona	l residence?			Yes No		required infor		ations not Considered Con achases made by host(s) fo			e and
Did this fundraiser include items donated by a donated by an individual of up to \$100?	business entity of up to \$200 or	items		Yes No		to Section J3 I		tions not Considered Cont	tribution	ns and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) X No										\$0.00	
							To	otal of Section J1			\$0.00
	II. FUNDRAISII	NG EVENT .	ACTIVI	ITY (Section	ns J1 - J	3)				
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Con	nmission)					TYPE OF REI	PORT		
Andre Baker For State Represent	tative							mized Statement accor	npanyi	ng appli	ication for
	J3. In-Kind Donat	ions Not Cons	idered C	ontrib	outions						
Name of the Donor											
Street Address					City					State	Zip Code
Donation Given by:	Description of Donation				•						rket Value of
Individual					-					D	onation
Business Entity	Date Received	Event #				Agg	gregate value	for this event			
Sole Proprietorship											
								Total of Section J3			

III. NONMON	ET A	ARY RE	CEIPTS (Section	ıs K - M)				
NAME OF COMMITTEE					TY	PE OF REP	PORT	
Andre Baker For State Representative					Itemized State Public Grant -		anying ap	plication for
K. In-Kir	nd C	ontributi	ons					
Name								
Street Address		State	Zip Code					
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# No		Description	of In-Kind Contribution					
	tractor		l of a state contractor or prosp ch branch or branches of ntract is with:	ective state Execu	ıtive	Yes No Legislative		arket Value of this Contribution
Type of Contributor:			Date Received		Aggregate contri	ibutions		
Individual Committee Sole P	ropriet	orship						
					Total of	Section K		
III. Non Mon	etai	rv Recei	pts (Sections K - N	М)				
NAME OF COMMITTEE (Provide Complete Name as Registered	with	Commissi	ion)		TYP	E OF REPO	RT	
Andre Baker For State Representative					Itemized State Public Grant -		anying ap	plication for
L. Refundable Deposit	to Te	elephone	Company					
Last Name of Individual		First Nan	ne		MI	Date Dep	osit Made	
Residential Street Address		City		State	Zip Code			mount of Deposit
Name of Telephone company								
Street Address	Cit	у		State	Zip Code			
					Total of S	ection L		

III. NONMONETARY	RECEIPTS (S	ections K - M)						
NAME OF COMMITTEE			TYPE OF REPORT					
Andre Baker For State Representative	Itemized Statement accompanying application for Public Grant - Original							
M. Non-Monetary Receipts of Organization Ex Legislative Caucus, and Party Committee - OF	eadership,							
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer	er						
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							
			Total of Section M					

	IV. EXPENDI	TURES	(Sect	ions N - S)					
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with C	ommissio	n)			TYPE	OF REPORT			
Andre Baker For State Repres	sentative					Itemized State	tement accompanying application for			
	N. Expenses Pai	id By Cor	mmitte	e			- 3			
Name of Payee Heneesha Webb					Date of Pays 07/01/20			rment neck # <u>1003</u> sbit Card		
Street Address 65 Stueben St # 117		State CT	Zip Code 06608							
Purpose of Expend WAGE	canvasing									
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co		\$60.00								
Name of Payee Date of Payment Prances Christy 07/01/2014							ı =	ment neck# <u>1004</u> ebit Card		
Street Address 1302 Stratford Ave				City Bridgeport			State CT	Zip Code 06607		
Purpose of Expend WAGE	Description canvasing							Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No		Expenditur (if applicat		Event #	!		\$200.00		
Name of Payee PRPFC, Inc.					Date of Pays 07/01/20			rment neck# <u>1007</u> ebit Card		
Street Address PO Box 447								Zip Code 06601		
Purpose of Expend Description Misc * Description Puerto Rican Parade of Fairfield County Banquet Gala								Amount		
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for You No		Expenditur (if applicat		Event #	s65.00				

Total of Section N

\$838.28

	IV. EXPENDITURE	ES (Se	ctions N - S)			
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commiss	sion)			TYPE	OF REPORT	
Andre Baker For State Repres	sentative				Itemized State Public Grant -		ying application for
	N. Expenses Paid By C	Commit	ttee			- 3	
Name of Payee Michael White				Date of Pay. 07/09/20			rment neck# <u>1006</u> ebit Card
Street Address 2288 Fairfield Ave		State CT	Zip Code 06605				
Purpose of Expend FNDR *	Description 7/09/14 Meet & Greet Fundraiser						Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	‡	\$120.00					
Name of Payee Gerardo Garay	ment)14	Method of Payment X Check # 1008 Debit Card					
Street Address 57 Garfield Ave			City Bridgeport			State CT	Zip Code 06606
Purpose of Expend PRNT	Description canvas material						Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x _{No}	Expend (if appli		Event #	#		\$345.00
Name of Payee Staples				Date of Pay: 07/12/20			rment neck # ebit Card
Street Address 1201 Kings Hwy		State CT	Zip Code 06432				
Purpose of Expend PRNT			Amount				
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	x _{No}	Expend (if appli		Event #	#		\$48.28

Total of Section P

		IV. E	EXPENDI	TURES (Section	ions	s N - S)								
NAME OF COMMITTE	EE (Provide Complete Name	e as Regi	istered with	Commission)						TYF	PE OI	F REPORT		
										Itemized State for Public Gra			ng application	on
	0.	Expens	ses Paid By	y Candidate										
Name of Payee (Name of vendor	who candidate paid directly)							Date of F	ayme	nt	Is Re	eimbursement (Claimed?	No
Street Address		С	City			St	tate	Zi	Cod	e		A	mount	
Purpose of Expenditure (by code)	Description	•						Event #						
										Total	of Se	ection O		
												•		
	IV.	EXPE	NDITUR	ES (Sections N	- S	5)								
NAME OF COMMITTE	EE (Provide Complete Nam	ne as Reg	sistered with	Commission)						TYPE	OF	REPORT		
Andre Baker For State	Representative									emized Staten Public Grant - C			application	for
	P. Exp	penses I	Incurred o	n Committee Cr	edit	Card								
Name of Issuing Institution						Type of Cre Visa Othe	ı		aster (Card I	Discov	er	American Ex	press
Name of Vendor												Date of Trai	nsaction	
Street Address					Ci	ty						State	Zip C	ode
Purpose of Expenditure (by code)	Description												Amount	
Is this expenditure coordina which reimbursement is sou	ted with another candidate for ught?			Yes No		Expenditure # (if applicable)			Event	#				
If yes, assign an Expenditur	e # and complete Itemization in	n Addendu	um											

IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE C									OF REPORT			
Andre Baker For State Representative Itemized Statement for Public Grant - 0								nt accompanying application Original				
Q. 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			'					Amount Incurred (Estimate or Actual)			
reimbursement is sought?	expenditure coordinated with another candidate for which rement is sought? No assign an Expenditure # and completes Itemization in Addendum Q											
Total of Section Q												
IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REF							PORT					
Andre Baker For State Representative Itemized Statement according Public Grant - Original							npanying application for					
R. Itemization of Reimbursements to Committee Workers and Consultants												
Last Name of Worker/Consultant			First			MI	Date of Payment		Method of Payment Check #			
Secondary Payee							<u> </u>				Debit Card	
Street Address				City				State	Zip Code			
Purpose of Expenditure (by code)		Description	on								Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? No If yes, assign an Expenditure # and completes Itemization in Addendum R					Expenditure # (if applicable) Eve			ent #				
ii yes, assign an Expenditure	e # and completes	nemization in	Addendum K					Total	of Section R	<u> </u>		

IV. EXPENDITURES (Sectuibs N - S)										
NAME OF COMMITTEE (Provide Complete Name as Registere		TYPE OF REPORT								
Andre Baker For State Representative		Itemized Statement accompanying application for Public Grant - Original								
S. Surplus Distribution of Equipment and Furniture										
Name of Recipient										
Street Address	City	State	Zip Code	Original Purchase Amount of Item						
Description of Item										
			Total of Section S							