



Electronic Filing

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**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
<b>Andre Baker For State Representative</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Robyn</b>		MI	Last <b>Melvin-Waller</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>2019 Old Town Rd</b>			City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)				7. DISTRICT NUMBER ( if applicable)	
<b>11/04/2014</b>		<b>State Representative</b>				<b>R124</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First <b>Andre</b>		MI	Last <b>Baker</b>			Suffix	
9. TYPE OF REPORT							
<b>Itemized Statement accompanying application for Public Grant - Original</b>							
10. PERIOD COVERED							
		Beginning Date		Ending Date			
		<b>07/01/2014</b>		thru		<b>07/14/2014</b>	
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.							
<b>Electronic Filing</b>		<b>Maria Valentin</b>			<b>07/15/2014 12:26:03PM</b>		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>							

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

**SUMMARY PAGE TOTALS**

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

**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>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
		<b>\$0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			

Last Name Bish		First Lucille		MI E	Contribution ID # 0139
Residential Street Address 2060 North Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Retired			Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	

Last Name Greenfield		First Jeffrey		MI CT	Contribution ID # 0144
Residential Street Address 111 Apple HI		City Newington		State CT	Zip Code 06111
Principal Occupation Legislative Staff			Name of Employer St 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	

Last Name Lawson		First Kena		MI CT	Contribution ID # 0145
Residential Street Address 86A Yaremich Dr		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Funeral Director Asst			Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 07/01/2014	

**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 Lamar	First Pringle	MI	Contribution ID # 0151
Residential Street Address 3837 Main St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Barber	Name of Employer Good Looking Barber Shop		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Brown	First Crystal	MI L	Contribution ID # 0188
Residential Street Address 195 Pond St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Brown	First Shantequa	MI E	Contribution ID # 0189
Residential Street Address 65 Houston Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Finney	First Lamont	MI D	Contribution ID # 0193
Residential Street Address 240 Adams St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer Self-employed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 Christy	First Frances	MI	Contribution ID # 0213
Residential Street Address 1302 Stratford Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Landscaping	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Forman	First Samuel	MI W	Contribution ID # 0214
Residential Street Address 1302 Stratford Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Fisher	First Shanoya	MI T	Contribution ID # 0194
Residential Street Address 99 Grant St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Student	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Gordon	First Gena	MI A	Contribution ID # 0195
Residential Street Address 226 Ruth St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 Lawrence	First Tonie	MI P	Contribution ID # 0198
Residential Street Address 521 Connecticut Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Lawrence	First Nicole	MI CT	Contribution ID # 0199
Residential Street Address 521 Connecticut Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer Disabled		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Monk	First Avery	MI L	Contribution ID # 0201
Residential Street Address 521 Connecticut Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Deli Worker	Name of Employer Stop & Shop		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Wray	First Anthonia	MI L	Contribution ID # 0209
Residential Street Address 576 Grand St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/01/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 Devane	First Lee	MI G	Contribution ID # 0192
Residential Street Address 238 Adams St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Miller	First Alex	MI D	Contribution ID # 0200
Residential Street Address 285 Saunders Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer Unemployed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Newby	First Veronica	MI	Contribution ID # 0230
Residential Street Address 778 Pearl Harbor St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation System Manager	Name of Employer Bridgeport Hospital		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/02/2014	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

Last Name Taylor	First Shamar	MI D	Contribution ID # 0206
Residential Street Address 122 Shelton St	City Bridgeport	State CT	Zip Code 06608
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 McCalaster	First Lisa	MI J	Contribution ID # 0219
Residential Street Address 553 Hollister Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer US Post Office		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Hardial	First Cardaleo	MI A	Contribution ID # 0196
Residential Street Address 300 Horace St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Jones	First Omar	MI E	Contribution ID # 0197
Residential Street Address 366 Dogwood Dr	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Rosario	First Luisa	MI	Contribution ID # 0210
Residential Street Address 655 Ruth St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer Stew Leonards		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 Shaw	First Sean	MI	Contribution ID # 0211
Residential Street Address 644 Lincoln Blvd .	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name O'Connor	First Patrick	MI H	Contribution ID # 0204
Residential Street Address 67 Russell St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Velazquez	First Justin	MI	Contribution ID # 0208
Residential Street Address 211 Remington St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Robinson	First Chrissara	MI	Contribution ID # 0233
Residential Street Address 295 Platt St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 Valentin	First Jesus	MI	Contribution ID # 0207
Residential Street Address 35 Hanover St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Construction	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Reyes-Wesley	First Leticia	MI C	Contribution ID # 0205
Residential Street Address 2340 North Ave # 3B	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Entrepreneur	Name of Employer Wesley Cleaning & Lawn Care		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Soares	First Brandi	MI B	Contribution ID # 0237
Residential Street Address 2191 Madison Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Bush	First Richard	MI	Contribution ID # 0190
Residential Street Address 31 Caroline St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$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 Cordova	First Adrian	MI	Contribution ID # 0191
Residential Street Address 776 Ryon St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer Sikorsky		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Billups	First Raymond	MI	Contribution ID # 0187
Residential Street Address 24 Elizabeth St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Studentt	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/03/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Santos	First Antonio	MI	Contribution ID # 0153
Residential Street Address 370 Center St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Boat Repair	Name of Employer Shipyard		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Santos	First Jose	MI	Contribution ID # 0154
Residential Street Address 272 Wells St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Construction Worker	Name of Employer CJ Fucci		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 # 0235
Residential Street Address 329 Union Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation CES Admin	Name of Employer CES		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Gomes	First Joao	MI	Contribution ID # 0143
Residential Street Address 150 Alpine St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Self Employed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Robinson	First Chris	MI	Contribution ID # 0232
Residential Street Address 295 Platt St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Fire Fighter	Name of Employer City of Bridgeport		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Lisboa	First Jose	MI	Contribution ID # 0146
Residential Street Address 771 Cleveland Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Construction Worker	Name of Employer JJ Brennen		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/05/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 Lopes	First Manuel	MI	Contribution ID # 0147
Residential Street Address 371 Lexington Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Shipping	Name of Employer Bpt Fitting		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/05/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Cook	First Brian	MI H	Contribution ID # 0140
Residential Street Address 5 Velvet St	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Branch Mgr.	Name of Employer Peoples United Bank		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/06/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Duberry	First Elouise	MI	Contribution ID # 0141
Residential Street Address 115 Washington Ave # 4-A	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Retired	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/06/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Baker	First Ida	MI R	Contribution ID # 0137
Residential Street Address 55 Up St	City Bridgeport	State CT	Zip Code 06608
Principal Occupation Nurse	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 07/06/2014	Aggregate Contributions \$20.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$20.00	

**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 Baldwin	First Samuel	MI A	Contribution ID # 0138
Residential Street Address 624 Bishop Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Trainer	Name of Employer Crunch Fitness		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$20.00
			\$20.00

Last Name Melvin	First Frances	MI B	Contribution ID # 0149
Residential Street Address 2019 Old Town Rd	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Office Clerk	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Merritt	First Carmela	MI B	Contribution ID # 0150
Residential Street Address 709 Ryan St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Tisdale	First Jeffrey	MI B	Contribution ID # 0156
Residential Street Address 647 Lakeside Dr	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Sales Agent	Name of Employer Mutual of Omaha		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$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 Eva	MI	Contribution ID # 0234
Residential Street Address 295 Platt St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Scruggs	First Bill	MI E	Contribution ID # 0155
Residential Street Address 79 Alanson Rd	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Williams	First Chrystal	MI	Contribution ID # 0158
Residential Street Address 890 Seaview Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Technician	Name of Employer Bridgeport Hospital		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Moss	First Dawud	MI R	Contribution ID # 0202
Residential Street Address 661 Lakeside Dr	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Investigator	Name of Employer State of CT DPDS		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 Moss	First Malik	MI	Contribution ID # 0203
Residential Street Address 661 Lakeside Dr	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/06/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Brevarn	First Annie	MI	Contribution ID # 0223
Residential Street Address 617 N Summerfield Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$25.00
			\$25.00

Last Name DuBose, Jr.	First Jonathan	MI	Contribution ID # 0225
Residential Street Address 608 N Summerfield Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Musician	Name of Employer Self Employed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$25.00
			\$25.00

Last Name Walker	First Brenda	MI	Contribution ID # 0159
Residential Street Address 610D Trumbull Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$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 Maley, Jr.	First Edwin	MI J	Contribution ID # 0227
Residential Street Address 4 Shawnee Ct	City Cromwell	State CT	Zip Code 06416
Principal Occupation Attorney	Name of Employer The Maley Law Firm, LLC/State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Brayboy	First Mona	MI	Contribution ID # 0212
Residential Street Address 116 Monroe St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation	Name of Employer City of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Crawley	First Shanta	MI	Contribution ID # 0167
Residential Street Address 3 Edwin St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Sr. Financial Service Associate	Name of Employer People's United Bank		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Baker Sr.	First Andre	MI F	Contribution ID # 0135
Residential Street Address 18 Yosemite Ave	City White Plains	State NY	Zip Code 10607
Principal Occupation Funeral Director	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**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 <b>Baker</b>	First <b>Carolyn</b>	MI <b>G</b>	Contribution ID # <b>0136</b>
Residential Street Address <b>1154 Chopsey HI</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Retired</b>	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/07/2014</b>	Aggregate Contributions <b>\$100.00</b>
		Amount of Contribution <b>\$100.00</b>	

Last Name <b>Fludd</b>	First <b>Gabrielle</b>	MI	Contribution ID # <b>0142</b>
Residential Street Address <b>265A Edgemoor Rd</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation	Name of Employer <b>Self Employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/07/2014</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

Last Name <b>Lorde</b>	First <b>Betty</b>	MI	Contribution ID # <b>0148</b>
Residential Street Address <b>1042 Broad St # 204</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation <b>Funeral Director</b>	Name of Employer <b>Baker Funeral Home</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/07/2014</b>	Aggregate Contributions <b>\$47.00</b>
		Amount of Contribution <b>\$47.00</b>	

Last Name <b>Roscoe</b>	First <b>Annie</b>	MI	Contribution ID # <b>0152</b>
Residential Street Address <b>115 Washington Ave # 6-B</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06604</b>
Principal Occupation	Name of Employer <b>un-employed</b>		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received <b>07/07/2014</b>	Aggregate Contributions <b>\$5.00</b>
		Amount of Contribution <b>\$5.00</b>	

**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 Tyler	First Eartha	MI T	Contribution ID # 0157
Residential Street Address 60 Main St	City Farmington	State CT	Zip Code 06032
Principal Occupation House Director	Name of Employer Miss Porter's School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/07/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Magnan	First Maureen	MI	Contribution ID # 0170
Residential Street Address 120 Elmfield St	City West Hartford	State CT	Zip Code 06110
Principal Occupation Chief of Staff	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Scott	First Christy	MI	Contribution ID # 0181
Residential Street Address 149 Walden St	City West Hartford	State CT	Zip Code 06107
Principal Occupation Lawyer	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name O'Connor	First Brian	MI J	Contribution ID # 0173
Residential Street Address 351 William St	City Portland	State CT	Zip Code 06480
Principal Occupation Director of Policy	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

**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 Greenfield	First Jeff	MI	Contribution ID # 0168
Residential Street Address 111 Apple HI	City Newington	State CT	Zip Code 06111
Principal Occupation Legislative Staff	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Rosenberg	First Gabe	MI	Contribution ID # 0178
Residential Street Address 35 Deer Pond Trl	City Hamden	State CT	Zip Code 06518
Principal Occupation Communications	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Baltimore	First Richard	MI	Contribution ID # 0163
Residential Street Address 4 Winterset Ln	City West Hartford	State CT	Zip Code 06117
Principal Occupation Attorney	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/08/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Banta	First Jack	MI	Contribution ID # 0164
Residential Street Address 20 Cole St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Electrician	Name of Employer Metro North		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

**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 Ayala	First Andres	MI	Contribution ID # 0162
Residential Street Address 744 Hancock Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Teacher	Name of Employer Bridgeport Board of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Morong	First Mary	MI L	Contribution ID # 0172
Residential Street Address 30 Beacon St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Literacy Specialist	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Miller	First Alex	MI D	Contribution ID # 0171
Residential Street Address 285 Saunders Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Stallworth	First Charlie	MI	Contribution ID # 0183
Residential Street Address 35 Wickliff Cir	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Pastor	Name of Employer East End Baptist Church		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>07092014B</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$30.00
			Amount of Contribution \$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 application for Public Grant - Original

**B. Itemized Contributions from Individuals**

Last Name Sharkey	First Brendan	MI	Contribution ID # 0184
Residential Street Address Loo Mt Carmel Avenue	City Hamden	State CT	Zip Code 06518
Principal Occupation Legislator	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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07092014B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Wilkerson	First Watisha	MI	Contribution ID # 0185
Residential Street Address 30 Wakeman St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Cashier	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07092014B</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Watson	First Carolyn	MI D	Contribution ID # 0221
Residential Street Address 39 Sherman Park Ln	City Bridgeport	State CT	Zip Code 06608
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Watson	First Wendell	MI	Contribution ID # 0222
Residential Street Address 39 Sherman Park Ln	City Bridgeport	State CT	Zip Code 06608
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 McBride	First Daniel	MI	Contribution ID # 0218
Residential Street Address 39 Sherman Park Ln	City Bridgeport	State CT	Zip Code 06608
Principal Occupation Unemployed	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Santiago	First Ezequiel	MI	Contribution ID # 0179
Residential Street Address 991 State St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Assistant Special Projects Manager	Name of Employer City of Bridgeport		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Ray	First Mary	MI L	Contribution ID # 0177
Residential Street Address 85 Canaan Ct	City Stratford	State CT	Zip Code 06614
Principal Occupation Teen Training Specialist	Name of Employer City of Bridgeport		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Grogins	First Auden	MI	Contribution ID # 0169
Residential Street Address 155 Brewster St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Attorney	Name of Employer Self-Employed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

**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 Cabrera	First Jorge	MI L	Contribution ID # 0165
Residential Street Address 28 Longmeadow Ave	City Hamden	State CT	Zip Code 06514
Principal Occupation Community Organizer	Name of Employer Excel Bridgeport		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07092014B</u>		Date Received 07/09/2014	Aggregate Contributions \$50.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Wood	First Kerry	MI	Contribution ID # 0186
Residential Street Address 120 Midland St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Commercial Real Estate	Name of Employer Portsmouth Group		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07092014B</u>		Date Received 07/09/2014	Aggregate Contributions \$100.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Cline	First Joy	MI	Contribution ID # 0166
Residential Street Address 261 Grovers Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation Client Services Mgr/Sr. Paralegal	Name of Employer G., A., Flaherhy LLC		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07092014B</u>		Date Received 07/09/2014	Aggregate Contributions \$10.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Sieran	First Michelle	MI	Contribution ID # 0182
Residential Street Address 151 Astoria Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Director of Operations	Name of Employer Smart Start		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07092014B</u>		Date Received 07/09/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$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 Parisi	First Gabrielle	MI	Contribution ID # 0174
Residential Street Address 151 Astoria Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation HR Consultant	Name of Employer Custom HR Solutions		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07092014B</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$15.00
			Amount of Contribution \$15.00

Last Name Parisi	First Virginia	MI	Contribution ID # 0175
Residential Street Address 151 Astoria Ave	City Bridgeport	State CT	Zip Code 06604
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07092014B</u>	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Pivrotto	First Elaine	MI	Contribution ID # 0176
Residential Street Address 2625 Park Ave # 9E	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Process Server	Name of Employer CT State Marshall		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07092014B</u>	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Beason Pettway	First Bonita	MI	Contribution ID # 0231
Residential Street Address 70 4th St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Paraprofessional	Name of Employer City of Bridgeport		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$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 Liz	MI	Contribution ID # 0236
Residential Street Address 70 Fourth St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Unemployed	Name of Employer		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Johnson	First Ron	MI	Contribution ID # 0216
Residential Street Address 34 Turkey Meadow Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation The Executive Chef	Name of Employer Self Employed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/09/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Martin	First Dorothy	MI	Contribution ID # 0217
Residential Street Address 457 Midland St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Jackson	First Kenneth	MI	Contribution ID # 0215
Residential Street Address 519 Connecticut Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation Supervisor	Name of Employer RYASAP		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/10/2014	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

**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 Sims	First Tracey	MI	Contribution ID # 0220
Residential Street Address 302 Union Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer Retired/Disability		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #		Date Received 07/10/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Ennis	First Barry	MI	Contribution ID # 0226
Residential Street Address 315 Glendale Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Landscaper	Name of Employer Self Employed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #		Date Received 07/11/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$5.00	

Last Name Davis	First Roland	MI	Contribution ID # 0224
Residential Street Address 2225 Main St	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Food Prep Cook	Name of Employer The Pantry		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #		Date Received 07/11/2014	Aggregate Contributions \$10.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Murphy	First James	MI A	Contribution ID # 0228
Residential Street Address 376 E Washington Ave Apt A56	City Bridgeport	State CT	Zip Code 06608
Principal Occupation	Name of Employer Retired		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event #		Date Received 07/12/2014	Aggregate Contributions \$5.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$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 Murphy	First Philip	MI	Contribution ID # 0229
Residential Street Address 195 Funston Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Truck Driver	Name of Employer Truck Driver/Fairfield Foods		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/12/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

<b>Total of Section B</b>			<b>\$2,117.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A + B)	(Total on Line 14 of Summary Page)	<b>\$2,117.00</b>

**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

**C1. Contributions from Other Committees**

Name of Committee		Name of Treasurer		
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions

<b>Total of Section C1</b>			
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Andre Baker For State Representative				Itemized Statement accompanying application for Public Grant - Original	
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services		
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT		
Andre Baker For State Representative				Itemized Statement accompanying application for Public Grant - Original		
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan:		Date of Receipt	
			Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						
Street Address		City	State	Zip Code	<b>Amount Received</b>	
<b>Total of Section D</b>						

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

NAME OF COMMITTEE				TYPE OF REPORT	
Andre Baker For State Representative				Itemized Statement accompanying application for Public Grant - Original	
<b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
<b>Total of Section E</b>					

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE		TYPE OF REPORT	
Andre Baker For State Representative		Itemized Statement accompanying application for Public Grant - Original	
<b>G. Interest from Deposits in Authorized Accounts</b>			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
<b>Total of Section G</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
Andre Baker For State Representative		Itemized Statement accompanying application for Public Grant - Original	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>			
Purpose of Grant:	Grant Cycle:		Date Received
Initial                  Grant Adjustment Supplemental/Post Election Deficit	Primary                  General Election                  Special Election		Amount
<b>Total of Section H</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
Andre Baker For State Representative		Itemized Statement accompanying application for Public Grant - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>			
Name		Date of Transaction	Amount Received
Street Address	City	State	Zip Code
Description			
<b>Total of Section I</b>			

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

NAME OF COMMITTEE		TYPE OF REPORT			
Andre Baker For State Representative		Itemized Statement accompanying application for Public Grant - Original			
<b>J1. Fundraising Event Information</b>					
Fundraising Event # Date of Fundraiser 07/09/2014	Letter B	Description Meet and Greet Event			
Location: Street Address 2288 Fairfield Ave			City Bridgeport	State CT	Zip Code 06605
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/>	Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
		<input checked="" type="checkbox"/>	No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/>	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		<input checked="" type="checkbox"/>	No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/>	Yes	(If yes, enter Total Receipts here.)	<input type="text" value="\$0.00"/>
		<input checked="" type="checkbox"/>	No		
<b>Total of Section J1</b>					<b>\$0.00</b>

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

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>J3. In-Kind Donations Not Considered Contributions</b>					
Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation				Fair Market Value of Donation
Individual					
Business Entity	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
<b>Total of Section J3</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Andre Baker For State Representative	Itemized Statement accompanying application for Public Grant - Original

**K. In-Kind Contributions**

Name			
Street Address		City	State   Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	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: Executive   Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual   Committee   Sole Proprietorship			

<b>Total of Section K</b>
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**III. Non Monetary Receipts (Sections K - M)**

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

**L. Refundable Deposit to Telephone Company**

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

<b>Total of Section L</b>
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**III. NONMONETARY RECEIPTS (Sections 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 Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48**

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

**Total of Section M**

### IV. EXPENDITURES (Sections N - S)

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>N. Expenses Paid By Committee</b>	

Name of Payee Heneesha Webb		Date of Payment 07/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1003</u> <input type="checkbox"/> Debit Card	
Street Address 65 Stueben St # 117		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description canvassing		Amount  \$60.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Frances Christy		Date of Payment 07/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1004</u> <input type="checkbox"/> Debit Card	
Street Address 1302 Stratford Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description canvassing		Amount  \$200.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee PRPFC, Inc.		Date of Payment 07/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1007</u> <input type="checkbox"/> Debit Card	
Street Address PO Box 447		City Bridgeport	State CT	Zip Code 06601
Purpose of Expend Misc *	Description Puerto Rican Parade of Fairfield County Banquet Gala		Amount  \$65.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

**IV. EXPENDITURES (Sections N - S)**

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>N. Expenses Paid By Committee</b>	

Name of Payee Michael White	Date of Payment 07/09/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1006</u> <input type="checkbox"/> Debit Card
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Street Address 2288 Fairfield Ave	City Bridgeport	State CT	Zip Code 06605
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Purpose of Expend FNDR *	Description 7/09/14 Meet & Greet Fundraiser	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$120.00

Name of Payee Gerardo Garay	Date of Payment 07/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1008</u> <input type="checkbox"/> Debit Card
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Street Address 57 Garfield Ave	City Bridgeport	State CT	Zip Code 06606
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Purpose of Expend PRNT	Description canvas material	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$345.00

Name of Payee Staples	Date of Payment 07/12/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
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Street Address 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06432
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Purpose of Expend PRNT	Description copies of Certs & Deposits Slips for State	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$48.28

<b>Total of Section N</b>	<b>\$838.28</b>
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IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					Itemized Statement accompanying application for Public Grant - Original	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed? Yes                      No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		Amount
<p style="text-align: right;"><b>Total of Section O</b></p>						

IV. EXPENDITURES (Sections N - S)						
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	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: Visa                      Master Card                      Discover                      American Express Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		Amount
If yes, assign an Expenditure # and complete Itemization in Addendum						
<b>Total of Section P</b>						

**IV. EXPENDITURES (Sections N - S)**

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

**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 (bv code)	Description	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #
If yes, 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 REPORT
Andre Baker For State Representative	Itemized Statement accompanying application for Public Grant - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment Check # Debit Card
Secondary Payee				
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**Total of Section R**

**IV. EXPENDITURES (Sectuibs N - S)**

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>S. Surplus Distribution of Equipment and Furniture</b>					
Name of Recipient					
Street Address	City	State	Zip Code	Original Purchase Amount of Item	
Description of Item					
<b>Total of Section S</b>					