

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Morris Is For Us 2008					<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	Nathaniel	S.	Yordon			
4. TREASURER ADDRESS						
Street Address		City		State	Zip Code	
6 WEATHERBELL DR		NORWALK		CT	06851	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/04/2008		State Representative			R140	
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	Bruce	V.	Morris			
9. TYPE OF REPORT						
January 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
10/22/2008 thru 12/31/2008						
11. CERTIFICATION						
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Stuart Wells		01/12/2009		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Morris Is For Us 2008	Original 01/12/2009	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$11,319.29	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$5,040.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$1,556.00	\$9,056.01
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$1,556.00	\$14,096.01
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$12,875.29	\$14,096.01
20. Expenses Paid by Committee (Section N)	\$11,295.40	\$12,516.12
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$1,579.89	\$1,579.89
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$158.85
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

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

Last Name	First Name	MI	Method of contribution: Cash Money Order	Personal Check Credit/Debit Card	Contribution ID #	Amount of Contribution	
Residential Street Address	City	State	Zip Code	Date Received			
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes	No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	No		Aggregate Contributions
Executive		Legislative		Yes	No		
Total of Section B							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS						(Sections A & B) (Total on Line 14 of Summary Page)	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Morris Is For Us 2008					Original 01/12/2009	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
Total of Section C1						

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Morris Is For Us 2008				Original 01/12/2009
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

D. Loans Received this Period

Name of Lender				Source of Loan: Bank Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code			
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code			
Date Received						

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE
Morris Is For Us 2008		Original 01/12/2009
E. Personal Funds of the Candidate Received this Period		
Date Received	Amount	Method of Payment Cash Personal Check Credit/Debit Card
		Total of Section E

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE
Morris Is For Us 2008					Original 01/12/2009
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Total Amount Received
Street Address	City	
	State	Zip Code

Total of Section G	
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I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Morris Is For Us 2008			Original 01/12/2009
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
Total of Section J2							

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: Individual Business Entity		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution	
Street Address		City					State
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?				Yes
Individual		No	If yes, indicate which branch or branches of government the contract is with:				No
Committee			Executive			Legislative	
Is this contribution associated with a fundraising event listed in Section II?		Yes	Description of In-Kind Contribution			Aggregate contributions	
If yes, list Event#		No					

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE

FILING DUE DATE

Morris Is For Us 2008

Original 01/12/2009

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)

First Name

MI

Date Received

Amount of
Deposit

Street Address

City

State

Zip Code

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Morris Is For Us 2008				Original 01/12/2009	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Morris Is For Us 2008						Original 01/12/2009	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Stuart Wells					10/28/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1009</u>	<input type="checkbox"/> Debit Card	
224 West Norwalk Road	NORWALK	CT	06850	OVHD			
Description					Event #		
payment of outstanding expenses							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$18.94
Name of Payee					Date of Payment	Method of Payment	Amount
Stuart Wells					10/28/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1010</u>	<input type="checkbox"/> Debit Card	
224 West Norwalk Road	NORWALK	CT	06850	OVHD			
Description					Event #		
Payment of outstadning expenses							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$46.93
Name of Payee					Date of Payment	Method of Payment	Amount
Harty Press, Inc					10/28/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1008</u>	<input type="checkbox"/> Debit Card	
25 James Street	NEW HAVEN	CT	06513	PRNT			
Description					Event #		
Printng and mailing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$5,966.79

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
ELRAC Inc					11/04/2008	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1017</u>	
46 Van Zant Street		NORWALK	CT	06855-1918	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Van Rentals							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							\$237.70
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							Office Sought

Name of Payee					Date of Payment	Method of Payment	Amount
Hilton Garden Inn					11/04/2008	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1019</u>	
560 Main Avenue		NORWALK	CT	06851	FOOD	<input type="checkbox"/> Debit Card	
Description						Event #	
Victory Party							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							\$300.00
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							Office Sought

Name of Payee					Date of Payment	Method of Payment	Amount
Minuteman Press					11/04/2008	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1020</u>	
536 West Avenue		NORWALK	CT	06850	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Sample Ballots							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							\$300.00
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

N. Expenses Paid By Committee

Name of Payee Bernadine Tatem					Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 11 Fort Point Street Apt A7	City NORWALK	State CT	Zip Code 06855	Purpose of Expenditure WAGE	<u>1022</u> <input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$510.00	
Name of Payee Printabilities					Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 180 Turn of River Rd Suite 13D	City STAMFORD	State CT	Zip Code 06905	Purpose of Expenditure A-OTH	<u>1021</u> <input type="checkbox"/> Debit Card		
Description Buttons and bottle opener hand outs					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$750.00	
Name of Payee Martha Pace					Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 45 Maple Street	City NORWALK	State CT	Zip Code 08650	Purpose of Expenditure WAGE	<u>1023</u> <input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$154.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

N. Expenses Paid By Committee

Name of Payee Alicia Ayme					Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 28 Dr MARTin Luter King Drive	City NORWALK	State CT	Zip Code 06854	Purpose of Expenditure WAGE	1024 <input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$152.50	
Name of Payee Louise Wooten					Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 76 Ledgebrook Dr. #14	City NORWALK	State CT	Zip Code 06854	Purpose of Expenditure WAGE	1025 <input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$510.00	
Name of Payee Martha Dumas					Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 162 South Main Street	City SOUTH NORWALK	State CT	Zip Code 06854	Purpose of Expenditure WAGE	1027 <input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$235.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

N. Expenses Paid By Committee

Name of Payee Berdella White					Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 58 Suncrest Road	City NORWALK	State CT	Zip Code 06854	Purpose of Expenditure WAGE	<u>1028</u> <input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$280.00	
Name of Payee Kelly Harris					Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 45 Stuart Avenue	City NORWALK	State CT	Zip Code 06850	Purpose of Expenditure WAGE	<u>1029</u> <input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$400.00	
Name of Payee Fabiola Espinosa					Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 28 High Street	City NORWALK	State CT	Zip Code 06850	Purpose of Expenditure WAGE	<u>1030</u> <input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought	\$50.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Robert Burgess					11/04/2008	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1034</u>	
37 Brooklawn Ave		SOUTH NORWALK	CT	06854	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Gas for GOTV Vans							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$49.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Martha Adgerson					11/04/2008	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1026</u>	
11 Fort Point Street Apt A12		NORWALK	CT	06855	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
GOTV							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$510.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Gail Morris					11/04/2008	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1033</u>	
17 Sention Avenue		NORWALK	CT	06850	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$86.54							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Yvonne Rodriquez					11/04/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1015</u>		
145 Bouton Street	SOUTH NORWALK	CT	06854	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
GOTV							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$320.00	

Name of Payee					Date of Payment	Method of Payment	Amount
Robert Burgess					11/04/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1031</u>		
37 Brooklawn Avenue	SOUTH NORWALK	CT	06854	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Stamps							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$168.00	

Name of Payee					Date of Payment	Method of Payment	Amount
Yvonne Rodriquez					12/01/2008	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1038</u>		
145 Bouton Street	SOUTH NORWALK	CT	06854	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
GOTV							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$100.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

N. Expenses Paid By Committee

Name of Payee Martha Adgerson					Date of Payment 12/01/2008	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u>	Amount \$10.00
Street Address 11 Fort Point Street Apt A 12	City NORWALK	State CT	Zip Code 06855	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Migdalia Rivas					Date of Payment 12/01/2008	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u>	Amount \$100.00
Street Address Roodner Court, Bldg 12 Apt 1D	City SOUTH NORWALK	State CT	Zip Code 06854	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Bernadine Tatem					Date of Payment 12/01/2008	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u>	Amount \$10.00
Street Address 11 Fort Point Street Apt A7	City NORWALK	State CT	Zip Code 06855	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Morris Is For Us 2008						Original 01/12/2009	
N. Expenses Paid By Committee							
Name of Payee Alicia Ayme					Date of Payment 12/01/2008	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$30.00
Street Address 28 Dr Martin Luther King Drive	City NORWALK	State CT	Zip Code 06854	Purpose of Expenditure WAGE	1037		
Description GOTV					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Total of Section N						\$11,295.40	

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Morris Is For Us 2008						Original 01/12/2009		
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment		Is Reimbursement Claimed? Yes No	Amount
Street Address			City		State	Zip Code		
Purpose of Expenditure	Description					Event #		
Total of Section O								

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Morris Is For Us 2008					Original 01/12/2009	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
Morris Is For Us 2008					Original 01/12/2009	
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div>						
<div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Robert Burgess		Date of Payment 11/04/2008		Method of Payment <input checked="" type="checkbox"/> Check # 1031		Amount
Secondary Payee Postmaster Norwalk		Purpose of Expenditure POST		<input type="checkbox"/> Debit Card		
Street Address WASHINGTON STREET		City NORWALK		State CT		
Zip Code 06854		Event #				
Description Postage						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$168.00

Name of Worker/Consultant Gail Morris		Date of Payment 11/04/2008		Method of Payment <input checked="" type="checkbox"/> Check # 1033		Amount
Secondary Payee Postmaster Norwalk		Purpose of Expenditure POST		<input type="checkbox"/> Debit Card		
Street Address Washington Street		City NORWALK		State CT		
Zip Code 06854		Event #				
Description Postage						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$86.54

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Morris Is For Us 2008	Original 01/12/2009

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Robert Burgess		Date of Payment 11/04/2008	Method of Payment <input checked="" type="checkbox"/> Check # 1034	Amount
Secondary Payee ELRAC		Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 46 Van Zant Street	City NORWALK	State CT	Zip Code 06855	
Description Gas for Vans			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$49.00
Total of Section R				\$303.54

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Morris Is For Us 2008				Original 01/12/2009	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					Original Purchase Amount of Item
Street Address		City		State	
Description					
Total of Section S					