

**SEEC FORM 30**

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



Electronic Filing

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Page 1 of 19

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Andres Ayala 2012</b>				<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First <b>Pilar</b>		MI	Last <b>Gonzalez</b>		Suffix
4. TREASURER ADDRESS					
Street Address <b>75 Laurel Pl</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
5. ELECTION DATE <b>11/06/2012</b>		6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>State Senator</b>			7. DISTRICT NUMBER (if applicable) <b>S023</b>
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Andres</b>		MI	Last <b>Ayala</b>		Suffix <b>Jr</b>
9. TYPE OF REPORT <b>Thrid Weekly Supplemental Filing Primary - Original</b>					
10. PERIOD COVERED					
Beginning Date                      Ending Date  <b>07/18/2012</b> thru <b>07/24/2012</b>					
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b> SIGNATURE		<b>Pilar Gonzalez</b> PRINT NAME OF THE SIGNER		<b>07/27/2012 3:27:21AM</b> 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>Andres Ayala 2012</b>	Thrid Weekly Supplemental Filing Primary - 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>\$58,607.82</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$0.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$15,000.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$80,550.03</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>\$0.00</b>	<b>\$95,550.03</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$58,607.82</b>	<b>\$95,550.03</b>
20. Expenses Paid by Committee (Section N)	<b>\$3,136.00</b>	<b>\$40,078.21</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	<b>\$55,471.82</b>	<b>\$55,471.82</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>\$415.00</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	
Andres Ayala 2012		Thrid Weekly Supplemental Filing Primary - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
<b>B. Itemized Contributions from Individuals</b>			

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Andres Ayala 2012		Thrid Weekly Supplemental Filing Primary - Original	
<b>C1. Contributions from Other Committees</b>			
Name of Committee		Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1?	
		Yes      No	
City		State	Zip Code
		Date Received	Aggregate Contributions
		Amount of Contribution	
		If yes, list Event #	
<b>Total of Section C1</b>			

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

NAME OF COMMITTEE				TYPE OF REPORT	
Andres Ayala 2012				Thrid Weekly Supplemental Filing Primary - 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	
Andres Ayala 2012				Thrid Weekly Supplemental Filing Primary - 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)				Amount Received	
Street Address	City	State	Zip Code		
<b>Total of Section D</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT	
Andres Ayala 2012				Thrid Weekly Supplemental Filing Primary - 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	
Andres Ayala 2012			Thrid Weekly Supplemental Filing Primary - Original	
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution			Date Received	
Street Address			City	State
			Zip Code	Amount
<b>Total of Section G</b>				

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

NAME OF COMMITTEE			TYPE OF REPORT	
Andres Ayala 2012			Thrid Weekly Supplemental Filing Primary - Original	
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>				
Purpose of Grant:		Grant Cycle:		Date Received
Initial	Grant Adjustment	Primary	General Election	Special Election
Supplemental/Post Election Deficit				Amount
<b>Total of Section H</b>				

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

NAME OF COMMITTEE			TYPE OF REPORT	
Andres Ayala 2012			Thrid Weekly Supplemental Filing Primary - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name			Date of Transaction	
Street Address			City	State
			Zip Code	Amount Received
Description				
<b>Total of Section I</b>				

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

NAME OF COMMITTEE		TYPE OF REPORT	
Andres Ayala 2012		Thrid Weekly Supplemental Filing Primary - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser	Description Letter		
Location: Street Address		City	State Zip Code
Was this fundraising event hosted at a personal residence?	Yes No	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.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes No	(If yes, enter Total Receipts here.)	
<b>Total of Section J1</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Andres Ayala 2012		Thrid Weekly Supplemental Filing Primary - Original	
<b>J3. In-Kind Donations Not Considered Contributions</b>			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation Date Received Event # Aggregate value for this event		Fair Market Value of Donation
<b>Total of Section J3</b>			

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

NAME OF COMMITTEE	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original
<b>K. In-Kind Contributions</b>	

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			

**Total of Section K****III. Non Monetary Receipts (Sections K - M)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original
<b>L. Refundable Deposit to Telephone Company</b>	

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>			

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

NAME OF COMMITTEE	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - 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      E			

**Total of Section M**



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original

**N. Expenses Paid By Committee**

Name of Payee Ligia Garcia		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1091</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount   \$45.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Adolfo Vargas		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1092</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount   \$250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Jose Adorno		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1093</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount   \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original

**N. Expenses Paid By Committee**

Name of Payee Anthony Paoletta		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1094</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount  \$90.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Lourdes Molina		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1095</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount  \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Antonio Felipe		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1096</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount  \$70.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Dejanise Rivera		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1097</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$30.00

  

Name of Payee Yesenia Olivares		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1098</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$135.00

  

Name of Payee Casen Thomas		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1099</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$145.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Oscar Osorio		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1100</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$95.00

  

Name of Payee Robert Christy		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1102</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$95.00

  

Name of Payee Francis Christy		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1103</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$130.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original

**N. Expenses Paid By Committee**

Name of Payee Elizabeth Martinez		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1104</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount       \$170.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Anthony Paoletta		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1105</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount       \$85.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Lilia Ricci		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1106</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount       \$135.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Amani Ward		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1107</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$95.00

  

Name of Payee Yvonne Santiago		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1108</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$116.00

  

Name of Payee Gary Owen		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1109</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$135.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original

**N. Expenses Paid By Committee**

Name of Payee GianCarlo Amado		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1110</u> <input type="checkbox"/> Debit Card	
Street Address 404 Cleveland Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$95.00
Name of Payee Walgreens		Date of Payment 07/20/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Main Street		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$20.00
Name of Payee Vicky Nieves		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1111</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$180.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - Original

**N. Expenses Paid By Committee**

Name of Payee Ausberto Martinez		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1112</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount   \$260.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Irene Baez		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1113</u> <input type="checkbox"/> Debit Card	
Street Address bpt		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend WAGE	Description			Amount   \$90.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee USPS		Date of Payment 07/24/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Boston Ave		City Bridgeport		State CT      Zip Code 06610
Purpose of Expend POST	Description			Amount   \$270.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
<b>Total of Section N</b>				<b>\$3,136.00</b>



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					Thrid Weekly Supplemental Filing Primary - Original	
<b>O. Expenses Paid By Candidate</b>						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes                      No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
<b>Total of Section O</b>						

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Andres Ayala 2012					Thrid Weekly Supplemental Filing Primary - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>						
Name of Issuing Institution				Type of Credit Card: <div> <input type="checkbox"/> Visa      <input type="checkbox"/> Master Card      <input type="checkbox"/> Discover      <input type="checkbox"/> American Express  <input type="checkbox"/> Other </div>		
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 #		
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
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - 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
Andres Ayala 2012	Thrid Weekly Supplemental Filing Primary - 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	
Andres Ayala 2012				Thrid Weekly Supplemental Filing Primary - Original	
<b>S. Surplus Distribution of Equipment and Furniture</b>					
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
<b>Total of Section S</b>					