



SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Only Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised July 2014

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10/17/2014 6:07 PM

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COVER PAGE

1. NAME OF COMMITTEE			2. ELECTION/REFERENDUM DATE	
Working Families for Connecticut			11/4/2014	
3. TREASURER NAME				
First	MI	Last	Suffix	
Kurt		Westby		
4. TREASURER ADDRESS				
Street Address		City	State	Zip Code
423 Coleman Road		Middletown	CT	06457
5. TYPE OF REPORT (Check One Box)				
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement	
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to	
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 45 days following election not held in November	<input type="checkbox"/> Termination	Type of Report: _____	
<input type="checkbox"/> October 10 filing				
<input checked="" type="checkbox"/> 24 Hour Independent Expenditure				
<input type="radio"/> Primary <input checked="" type="radio"/> Election				
6. PERIOD COVERED				
Beginning Date		Ending Date		
10/08/2014		thru	10/16/2014	
7. CERTIFICATION				
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.				
_____		Kurt Westby	10/17/2014	
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)	
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>				

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Only Political Committees
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised July 2014

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT	
Working Families for Connecticut	24-Hour Independent Expenditure	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0
9. Balance on hand at the beginning of Reporting Period	\$205,444.05	
10. Monetary Receipts (Sections A and B)	\$58,000.00	\$653,000.00
11. Loans (Sections C)	\$0	\$0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	\$58,000.00	\$653,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	\$263,444.05	\$653,000.00
14. Expenses Paid by Committee (Section G)	\$80,117.38	\$469,673.33
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	\$183,326.67	\$183,326.67
16. In-Kind Contributions Received (Section D)	\$0	\$11,366.04
17. Refundable Deposit to Telephone Company (Section E)	\$0	\$0
18. Beginning Loan Balance	\$0	
18a. + Loans Received (Section C)	\$0	\$0
18b. + Interest and Penalties on Loan	\$0	\$0
18c. - Payments on Loan	\$0	\$0
18d. Total Outstanding Loan Amount	\$0	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0	\$0
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$43,660.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$77,778.00	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
Working Families for Connecticut				24-Hour Independent Expenditure	
A. Total Contributions from Small Individual Contributors-Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i>				SUBTOTAL SECTION A	
				\$	0
B. Itemized Monetary Receipts					
Name CT State University AAUP					
Street Address Central Connecticut State University, Marcus White Hall, Rooms 305, 307 & 310		City New Britain		State CT	Zip Code 06050
Principal Occupation <i>(if applicable)</i>			Name of Employer <i>(if applicable)</i>		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous			
Is this contribution associated with an event reported in Section F? <i>If yes, list Event #</i>		Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions \$2,500.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$2,500.00	
Description <i>(if applicable)</i>		Date Received 10/08/2014			
Name AFT Connecticut/Solidarity Fund					
Street Address 35 Marshall Rd		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation <i>(if applicable)</i>			Name of Employer <i>(if applicable)</i>		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous			
Is this contribution associated with an event reported in Section F? <i>If yes, list Event #</i>		Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions \$10,000.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$10,000.00	
Description <i>(if applicable)</i>		Date Received 10/10/2014			
SUBTOTAL Section B — This Page				\$12,500.00	
TOTAL of additional Section B Pages				\$45,500.00	
TOTAL OF ALL RECEIPTS (Sections A + B) <i>(Enter total on Line 10, Column A of Summary Page Totals)</i>				\$58,000.00	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
Working Families for Connecticut				24-Hour Independent Expenditure	
C. Loans Received this Period					
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Amount Received
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Amount Received
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Amount Received
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Amount Received
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Amount Received
Street Address		City		State	Zip Code
SUBTOTAL Section C — This Page					
TOTAL of additional Section C Pages					
TOTAL OF ALL LOANS <i>(Enter total on Line 11 and Line 18, Column A of Summary Page Totals)</i>					

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT			
Working Families for Connecticut				24-Hour Independent Expenditure			
D. In-Kind Contributions							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other				Date Received		Aggregate Contributions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other				Date Received		Aggregate Contributions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other				Date Received		Aggregate Contributions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other				Date Received		Aggregate Contributions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			
SUBTOTAL Section D — This Page							
TOTAL of additional Section D Pages							
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 16, Column A of Summary Page Totals)</i>							

E. Refundable Deposit to Telephone Company							
Last Name of Individual				First		MI	Date Deposit Made
Residential Street Address				City		State	Zip Code
Name of Telephone Company							
Street Address				City		State	Zip Code
TOTAL SECTION E <i>(Enter total on Line 17, Column A of Summary Page Totals)</i>							

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Working Families for Connecticut		24-Hour Independent Expenditure	
F. Event Information			
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT			
Working Families for Connecticut				24-Hour Independent Expenditure			
G. Expenses Paid by Committee							
Name of Payee Working Families Organization				Date of Payment 10/16/2014		Method of Payment: <input checked="" type="checkbox"/> Check # 9997 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Nevins Street, 3rd Floor			City Brooklyn		State NY	Zip Code 11217	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description Door-to-door canvassing services				Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum) Dannel P. Malloy				Office Sought Governor		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code) A-OTH		Expenditure Number 0001	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$75,000.00		
Name of Payee Kelly Goggins				Date of Payment 10/16/2014		Method of Payment: <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 701 W. Buckingham Pl. #204			City Chicago		State IL	Zip Code 60657	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description Webpage design, domain, and hosting				Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum) Dannel P. Malloy				Office Sought Governor		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code) A-WEB		Expenditure Number 0005	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$1,700.00		
Name of Payee United States Postal Service				Date of Payment 10/16/2014		Method of Payment: <input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Silver street			City Middletown		State CT	Zip Code 06457	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description Postage stamps				Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum) Dannel P. Malloy				Office Sought Governor		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code) POST		Expenditure Number 0012	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$3,402.38		
SUBTOTAL Section G— This Page					\$80,102.38		
TOTAL of additional Section G Pages					\$15.00		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 14, Column A of Summary Page Totals)					\$80,117.38		

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT			
Working Families for Connecticut				24-Hour Independent Expenditure			
H. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution				Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:			
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>		Description				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>		Description				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>		Description				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Name of Vendor, Person or Entity						Date of Transaction	
Street Address				City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>		Description				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
SUBTOTAL Section H — This Page							
TOTAL of additional Section H Pages							
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>							

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT			
Working Families for Connecticut				24-Hour Independent Expenditure			
I. Expenses Incurred by Committee but Not Paid During this Period							
Name of Creditor						Date Incurred	
Working Families Organization						10/16/2014	
Street Address				City		State	Zip Code
2 Nevins Street, 3rd Floor				Brooklyn		NY	11217
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description				Event #	
		Door-to-door canvassing services					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)					Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Dannel P. Malloy					Governor		
Purpose of Expenditure (by code)			Expenditure Number		Associated with Referendum?	Amount	
A-OTH			0001		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$43,660.00	
Name of Creditor						Date Incurred	
Street Address				City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description				Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)			Expenditure Number		Associated with Referendum?	Amount	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Creditor						Date Incurred	
Street Address				City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description				Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)			Expenditure Number		Associated with Referendum?	Amount	
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
SUBTOTAL Section I-This Page						\$43,660.00	
TOTAL of additional Section I Pages						\$0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 20, Column A of Summary Page Totals)</i>						\$43,660.00	
Previously reported Expenses Unpaid and still Outstanding						\$34,118.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 20a, Column A of Summary Page Totals)</i>						\$77,778.00	

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT			
Working Families for Connecticut				24-Hour Independent Expenditure			
J. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor	
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i>		Description				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor	
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i>		Description				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor	
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i>		Description				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor	
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i>		Description				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
SUBTOTAL Section J — This Page							
TOTAL of additional Section J Pages							
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS							

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Working Families for Connecticut		24-Hour Independent Expenditure	
K. Five Largest Contributions Disclosed in Communication			
<p>If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety days immediately prior to the applicable primary or election, please report the five largest aggregate contributions in excess of \$5,000 received during the twelve month period prior to the applicable primary or election.</p>			
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
SEIU Committee on Political Education		Section I	Number 0001
Address of Person Making Contribution—City		State	Zip Code
Washington		DC	20036
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
SEIU Committee on Political Education (Wire Transfer)		\$320,000.00	
Source of Contribution —Name of Person Making Contribution		Expenditure Number	
American Federation of State, County and Municipal Employees, AFL-CIO		Section I	Number 0001
Address of Person Making Contribution —City		State	Zip Code
Washington		DC	20036-5687
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amount	
AFSCME-Special Account (Wire Transfer)		\$140,000.00	
Source of Contribution —Name of Person Making Contribution		Expenditure Number	
SEIU Local 32BJ Connecticut PAC		Section I	Number 0001
Address of Person Making Contribution —City		State	Zip Code
New York		NY	10011
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amount	
SEIU Local 32BJ Connecticut PAC (Wire Transfer)		\$55,000.00	
Source of Contribution —Name of Person Making Contribution		Expenditure Number	
CWA Committee on Political Education		Section I	Number 0001
Address of Person Making Contribution —City		State	Zip Code
Washington		DC	20001
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amount	
CWA Committee on Political Education (Wire Transfer)		\$50,000.00	
Source of Contribution —Name of Person Making Contribution		Expenditure Number	
The CT State Council of the Service Employees International Union		Section I	Number 0001
Address of Person Making Contribution —City		State	Zip Code
Hartford		CT	06106
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amount	
The CT State Council of the Service Employees International Union		\$46,996.04	

See Additional Page(s)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Working Families for Connecticut	24-Hour Independent Expenditure	
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication		
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City (if known)	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City (if known)	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City (if known)	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City (if known)	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City (if known)	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City (if known)	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number <i>Section</i>	<i>Number</i>

See Additional Page(s)

Section B. ADDITIONAL PAGE 1 of 3

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT		
Working Families for Connecticut			24-Hour Independent Expenditure		
B. Itemized Monetary Receipts					
Name CEUI/MEUI SEIU local 511/506					
Street Address 110 Randolph Rd PO Box 1268		City Middletown		State CT	Zip Code 06457
Principal Occupation (if applicable)			Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous			
Is this contribution associated with an event reported in Section F? <i>If yes, list Event #</i> _____		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions \$10,000.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received	
Description (if applicable)			Date Received 10/15/2014		\$10,000.00
Name Non Federal Political Education Fund of the BCTD					
Street Address 815 16th Street NW Suite 600		City Washington		State DC	Zip Code 20006
Principal Occupation (if applicable)			Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous			
Is this contribution associated with an event reported in Section F? <i>If yes, list Event #</i> _____		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions \$5,000.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received	
Description (if applicable)			Date Received		\$5,000.00
SUBTOTAL Section B — This Page				\$15,000.00	

Section B. ADDITIONAL PAGE 2 of 3

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Working Families for Connecticut			24-Hour Independent Expenditure	
B. Itemized Monetary Receipts				
Name IBEW Local Union 90 PAC				
Street Address 2 North Plains Industrial Road		City Wallingford		State CT
				Zip Code 06492
Principal Occupation (if applicable)			Name of Employer (if applicable)	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this contribution associated with an event reported in Section F? <i>If yes, list Event #</i> _____		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions \$500.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$500.00
Description (if applicable)			Date Received 10/15/2014	
Name SEIU Local 32BJ Connecticut PAC				
Street Address 25 W 18th St		City New York		State NY
				Zip Code 10011
Principal Occupation (if applicable)			Name of Employer (if applicable)	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this contribution associated with an event reported in Section F? <i>If yes, list Event #</i> _____		Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions \$55,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$30,000.00
Description (if applicable)			Date Received 10/16/2014	
SUBTOTAL Section B — This Page				\$30,500.00

Section G. ADDITIONAL PAGE 3 of 3

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
Working Families for Connecticut				24-Hour Independent Expenditure	
G. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
Chase Bank			10/15/2014	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address		City		State	Zip Code
234 Church Street		New Haven		CT	06510
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section G. Addendum</i>		Description			Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No		Bank fee			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum?	Amount	
BNK		0013	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$15.00	
Name of Payee			Date of Payment	Method of Payment:	
				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
				IL	60657
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section G. Addendum</i>		Description			Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum?	Amount	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Payee			Date of Payment	Method of Payment:	
				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section G. Addendum</i>		Description			Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum?	Amount	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
SUBTOTAL Section G— This Page				\$15.00	