



Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Marilyn Moore State Senate 2014				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Robert		MI S.	Last Walsh			Suffix	
4. TREASURER ADDRESS							
Street Address 56 Redding Pl			City Bridgeport		State CT	Zip Code 06604	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
11/04/2014		State Senator				S022	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First Marilyn		MI V	Last Moore			Suffix	
9. TYPE OF REPORT							
Post Primary Itemized statement accompanying request for General Election Grant - Original							
10. PERIOD COVERED							
		Beginning Date		Ending Date			
		08/06/2014		thru		09/08/2014	
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.							
Electronic Filing		Robert Walsh			09/10/2014 10:18:01PM		
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

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$28,661.55	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$15,975.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$83,550.08
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$99,525.08
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$28,661.55	\$99,525.08
20. Expenses Paid by Committee (Section N)	\$27,691.47	\$98,555.00
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$970.08	\$970.08
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$70.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$330.96
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 (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Marilyn Moore State Senate 2014		Post Primary Itemized statement accompanying request for General Election Grant - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			

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? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No		Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If yes, list Event #			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		

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Marilyn Moore State Senate 2014		Post Primary Itemized statement accompanying request for General Election Grant - Original	
C1. Contributions from Other Committees			
Name of Committee		Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	
City		State	Zip Code
		Date Received	Aggregate Contributions
		Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Marilyn Moore State Senate 2014				Post Primary Itemized statement accompanying request for General Election Grant - Original	
C2. Reimbursements, Payments, or Surplus Distributions 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-I)

NAME OF COMMITTEE				TYPE OF REPORT		
Marilyn Moore State Senate 2014				Post Primary Itemized statement accompanying request for General Election Grant - Original		
D. Loans Received this Period						
Name of Lender			Source of Loan:		Date of Receipt	
			Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)						
Street Address		City	State	Zip Code	Amount Received	
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Marilyn Moore State Senate 2014				Post Primary Itemized statement accompanying request for General Election Grant - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
Total of Section E					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Marilyn Moore State Senate 2014		Post Primary Itemized statement accompanying request for General Election Grant - Original	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Marilyn Moore State Senate 2014		Post Primary Itemized statement accompanying request for General Election Grant - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:	Grant Cycle:		Date Received
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		Amount
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Marilyn Moore State Senate 2014		Post Primary Itemized statement accompanying request for General Election Grant - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	Amount Received
Street Address	City	State	Zip Code
Description			
Total of Section I			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT		
Marilyn Moore State Senate 2014		Post Primary Itemized statement accompanying request for General Election Grant - Original		
J1. Fundraising Event Information				
Fundraising Event # Date of Fundraiser	Letter	Description		
Location: Street Address		City	State	Zip Code
Was this fundraising event hosted at a personal residence?		Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
		No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		No		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)	
		No		
Total of Section J1				

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Marilyn Moore State Senate 2014		Post Primary Itemized statement accompanying request for General Election Grant - Original		
J3. In-Kind Donations Not Considered Contributions				
Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				
Total of Section J3				

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original

K. In-Kind Contributions

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original

L. Refundable Deposit to Telephone Company

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

Total of Section L

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original

M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48

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

Total of Section M	
---------------------------	--

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Mohamoud, Muse	Date of Payment 08/09/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>326</u> <input type="checkbox"/> Debit Card
---------------------------------	-------------------------------	--

Street Address 119 Hollywood Ave	City West Hartford	State CT	Zip Code 06110
-------------------------------------	-----------------------	-------------	-------------------

Purpose of Expend WAGE	Description Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$154.00
	Expenditure # (if applicable)	Event #

Name of Payee Staples	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>275</u> <input type="checkbox"/> Debit Card
--------------------------	-------------------------------	--

Street Address 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06432
----------------------------------	-------------------	-------------	-------------------

Purpose of Expend OFFICE	Description Supplies, water, phone minutes	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$223.39
	Expenditure # (if applicable)	Event #

Name of Payee Staples	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>274</u> <input type="checkbox"/> Debit Card
--------------------------	-------------------------------	--

Street Address 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06432
----------------------------------	-------------------	-------------	-------------------

Purpose of Expend OFFICE	Description HQ supplies for Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$174.64
	Expenditure # (if applicable)	Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Vereen, Elijah	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>282</u> <input type="checkbox"/> Debit Card
---------------------------------	-------------------------------	--

Street Address 518 N Summerfield Ave	City Bridgeport	State CT	Zip Code 06610
---	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Canvass 8/6 - 8/11	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$350.00
	Expenditure # (if applicable)	Event #

Name of Payee McKnight, James	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>279</u> <input type="checkbox"/> Debit Card
----------------------------------	-------------------------------	--

Street Address 372 Wilmot Ave	City Bridgeport	State CT	Zip Code 06607
----------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Canvass 8/6 - 8/11	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$50.00
	Expenditure # (if applicable)	Event #

Name of Payee Council, Jonathan	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>283</u> <input type="checkbox"/> Debit Card
------------------------------------	-------------------------------	--

Street Address 64 Grove St	City Bridgeport	State CT	Zip Code 06605
-------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Canvass 8/6 - 8/11	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		\$370.00
	Expenditure # (if applicable)	Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Morrison, Sheldon		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>281</u> <input type="checkbox"/> Debit Card	
Street Address 458 Norman St		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend WAGE	Description Canvass 8/6 - 8/11		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$120.00
Name of Payee Kinch, Shanna		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>280</u> <input type="checkbox"/> Debit Card	
Street Address 66 Chestnut St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description Canvass 8/6 - 8/11		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$120.00
Name of Payee Carpenter, Antoinette		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>291</u> <input type="checkbox"/> Debit Card	
Street Address 783 Norman St		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend WAGE	Description Canvass 8/6 - 8/11		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$301.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Hill, Alice		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>293</u> <input type="checkbox"/> Debit Card	
Street Address 410C Trumbull Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description North End Door Knock & ID		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$250.00
Name of Payee Sparks, Barbara		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>295</u> <input type="checkbox"/> Debit Card	
Street Address 150 Earl Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description North End Door Knock & ID		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$250.00
Name of Payee Mohamoud, Muse		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>292</u> <input type="checkbox"/> Debit Card	
Street Address 119 Hollywood Ave		City West Hartford	State CT	Zip Code 06110
Purpose of Expend WAGE	Description Canvass Trainer Field Mgmnt		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$490.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Durham, William	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>284</u> <input type="checkbox"/> Debit Card
----------------------------------	-------------------------------	--

Street Address 224 Cityview Ave	City Bridgeport	State CT	Zip Code 06606
------------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Canvass 8/6 - 8/11	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$280.00

Name of Payee Davis, Christopher	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>287</u> <input type="checkbox"/> Debit Card
-------------------------------------	-------------------------------	--

Street Address 605 Soundview Ave	City Bridgeport	State CT	Zip Code 06606
-------------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Canvass 8/6 - 8/11	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$290.00

Name of Payee Brown, Vesachie	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>286</u> <input type="checkbox"/> Debit Card
----------------------------------	-------------------------------	--

Street Address 311 Bronx Ave	City Bridgeport	State CT	Zip Code 06610
---------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Canvass 8/6 - 8/11	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$290.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Doss Iman	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>288</u> <input type="checkbox"/> Debit Card
----------------------------	-------------------------------	--

Street Address 10 Nob Hill Cir	City Bridgeport	State CT	Zip Code 06610
-----------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Canvass 8/6 - 8/11	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$170.00
	Expenditure # (if applicable)	Event #

Name of Payee Brown, Jordon	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>289</u> <input type="checkbox"/> Debit Card
--------------------------------	-------------------------------	--

Street Address 2420 Old Town Rd	City Bridgeport	State CT	Zip Code 06606
------------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Canvass 8/6 - 8/11	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$350.00
	Expenditure # (if applicable)	Event #

Name of Payee Ford, Cassie	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>285</u> <input type="checkbox"/> Debit Card
-------------------------------	-------------------------------	--

Street Address 410 Mill Hill Ave	City Bridgeport	State CT	Zip Code 06608
-------------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Canvass 8/6 - 8/11	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$230.00
	Expenditure # (if applicable)	Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Trotter, Roy		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>290</u> <input type="checkbox"/> Debit Card	
Street Address 270 Remington St		City Bridgeport		State CT
Zip Code 06610				
Purpose of Expend WAGE	Description Canvass 8/6 - 8/11		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$230.00
If yes, assign an Expenditure # and complete Itemization in Addendum				
Name of Payee Nelson, Tiffany		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>294</u> <input type="checkbox"/> Debit Card	
Street Address 24A Stoneridge Rd		City Bridgeport		State CT
Zip Code 06605				
Purpose of Expend WAGE	Description North End Door Knock & ID		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$350.00
If yes, assign an Expenditure # and complete Itemization in Addendum				
Name of Payee Parisi, Gabrielle		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>297</u> <input type="checkbox"/> Debit Card	
Street Address 151 Astoria Ave		City Bridgeport		State CT
Zip Code 06604				
Purpose of Expend WAGE	Description Staff 8/6 - 8/12		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$575.00
If yes, assign an Expenditure # and complete Itemization in Addendum				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Ray, Kennard		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>298</u> <input type="checkbox"/> Debit Card	
Street Address 32 Elm St Apt 4		City Hartford		State CT
Zip Code 06104				
Purpose of Expend WAGE	Description Staff 8/6 - 8/12		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$625.00
Name of Payee Donnelly, Danielle		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>299</u> <input type="checkbox"/> Debit Card	
Street Address 29 Upper Grassy Hill Rd		City Woodbury		State CT
Zip Code 06798				
Purpose of Expend WAGE	Description Staff 8/6 - 8/12		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$550.00
Name of Payee Liggins, Kevin		Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>296</u> <input type="checkbox"/> Debit Card	
Street Address 167 Virginia Ave		City Bridgeport		State CT
Zip Code 06610				
Purpose of Expend WAGE	Description West End Door Knock & ID		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Brown, Dorothy	Date of Payment 08/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>277</u> <input type="checkbox"/> Debit Card
---------------------------------	-------------------------------	--

Street Address 89 Birdsey St	City Bridgeport	State CT	Zip Code 06610
---------------------------------	--------------------	-------------	-------------------

Purpose of Expend FOOD	Description Primary Day dinners for owrkers	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$900.00
	Expenditure # (if applicable)	Event #

Name of Payee Dunkin Donuts	Date of Payment 08/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>276</u> <input type="checkbox"/> Debit Card
--------------------------------	-------------------------------	--

Street Address 200 Tunxis Hill Rd	City Fairfield	State CT	Zip Code 06432
--------------------------------------	-------------------	-------------	-------------------

Purpose of Expend FOOD	Description Food for Primary Day workers	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$134.20
	Expenditure # (if applicable)	Event #

Name of Payee Sparks, Barbara	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>312</u> <input type="checkbox"/> Debit Card
----------------------------------	-------------------------------	--

Street Address 150 Earl Ave	City Bridgeport	State CT	Zip Code 06606
--------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$90.00
	Expenditure # (if applicable)	Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee McKnight, James		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>307</u> <input type="checkbox"/> Debit Card	
Street Address 372 Wilmot Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description Primary Day		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$150.00
Name of Payee Council, Jonathan		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>300</u> <input type="checkbox"/> Debit Card	
Street Address 64 Grove St		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend WAGE	Description Primary Day		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$130.00
Name of Payee Davis, Christopher		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>302</u> <input type="checkbox"/> Debit Card	
Street Address 605 Soundview Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description Primary Day		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Brown, Vesachie	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>304</u> <input type="checkbox"/> Debit Card
----------------------------------	-------------------------------	--

Street Address 311 Bronx Ave	City Bridgeport	State CT	Zip Code 06610
---------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$120.00

Name of Payee Doss, Iman	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>306</u> <input type="checkbox"/> Debit Card
-----------------------------	-------------------------------	--

Street Address 10 Nob Hill Cir	City Bridgeport	State CT	Zip Code 06610
-----------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$120.00

Name of Payee Brown, Jordon	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>305</u> <input type="checkbox"/> Debit Card
--------------------------------	-------------------------------	--

Street Address 2420 Old Town Rd	City Bridgeport	State CT	Zip Code 06606
------------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$120.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Liggins, Kevin	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>310</u> <input type="checkbox"/> Debit Card
---------------------------------	-------------------------------	--

Street Address 167 Virginia Ave	City Bridgeport	State CT	Zip Code 06610
------------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$90.00
	Expenditure # (if applicable)	Event #

Name of Payee Davis, Monique	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>309</u> <input type="checkbox"/> Debit Card
---------------------------------	-------------------------------	--

Street Address 205 Anthony St # B20 Apt 101	City Bridgeport	State CT	Zip Code 06605
--	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$140.00
	Expenditure # (if applicable)	Event #

Name of Payee Ford, Cassie	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>303</u> <input type="checkbox"/> Debit Card
-------------------------------	-------------------------------	--

Street Address 410 Mill Hill Ave	City Bridgeport	State CT	Zip Code 06608
-------------------------------------	--------------------	-------------	-------------------

Purpose of Expend WAGE	Description Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$100.00
	Expenditure # (if applicable)	Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Trotter, Roy		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>308</u> <input type="checkbox"/> Debit Card	
Street Address 270 Remington St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description Primary Day		Amount \$80.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Wright, Joseph		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>314</u> <input type="checkbox"/> Debit Card	
Street Address 181 Norland St		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Soft Sheet Worker PC Magnet		Amount \$145.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee McCalester, Geraldine		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>316</u> <input type="checkbox"/> Debit Card	
Street Address 1084 Putnam St .		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Soft Sheet Worker Blackham School		Amount \$145.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Craig, Gail		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>317</u> <input type="checkbox"/> Debit Card	
Street Address 90 Carlson Ave		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Soft Sheet Worker Winthrop School		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$145.00
Name of Payee Stewart-Eagles, Donna		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>318</u> <input type="checkbox"/> Debit Card	
Street Address 324 Truman St		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description Soft Sheet Worker St Ann's School		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$145.00
Name of Payee Rivera, Mesmerize		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>319</u> <input type="checkbox"/> Debit Card	
Street Address 324 Burnsford Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description Soft Sheet Worker Central HS		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$145.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Morrow, Evelyn		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>315</u> <input type="checkbox"/> Debit Card	
Street Address 60 Cottage St		City Bridgeport		State CT
Zip Code 06605				
Purpose of Expend WAGE	Description Soft Sheet Worker Wilbur Cross			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$145.00
If yes, assign an Expenditure # and complete Itemization in Addendum				
Name of Payee Vereen, Elijah		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>301</u> <input type="checkbox"/> Debit Card	
Street Address 518 N Summerfield Ave		City Bridgeport		State CT
Zip Code 06610				
Purpose of Expend WAGE	Description Primary Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$120.00
If yes, assign an Expenditure # and complete Itemization in Addendum				
Name of Payee Hill, Alice		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>311</u> <input type="checkbox"/> Debit Card	
Street Address 410C Trumbull Ave		City Bridgeport		State CT
Zip Code 06606				
Purpose of Expend WAGE	Description Primary Day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	\$100.00
If yes, assign an Expenditure # and complete Itemization in Addendum				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Jefferies, Raymond		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>313</u> <input type="checkbox"/> Debit Card	
Street Address 955 Main St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description Primary Day		Amount \$90.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Catering By Greystone		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>327</u> <input type="checkbox"/> Debit Card	
Street Address 900 Wood Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend FOOD	Description Primary Day lunches		Amount \$450.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Day, Donald		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>322</u> <input type="checkbox"/> Debit Card	
Street Address 59 Pleasant St		City Ansonia	State CT	Zip Code 06401
Purpose of Expend WAGE	Description Primary Day Candidate Driver		Amount \$120.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Donnenelly, Danielle	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>325</u> <input type="checkbox"/> Debit Card
---------------------------------------	-------------------------------	--

Street Address 29 Upper Grassy Hill Rd	City Woodbury	State CT	Zip Code 06798
---	------------------	-------------	-------------------

Purpose of Expend RCW	Description Copy paper for Primary Day	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$20.71

Name of Payee Joyner, Rashida	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>320</u> <input type="checkbox"/> Debit Card
----------------------------------	-------------------------------	--

Street Address 176 Goddard Ave .	City Bridgeport	State CT	Zip Code
-------------------------------------	--------------------	-------------	----------

Purpose of Expend WAGE	Description Soft Sheet Worker Aquaculture School	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$145.00

Name of Payee Mallone, Annette	Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>321</u> <input type="checkbox"/> Debit Card
-----------------------------------	-------------------------------	--

Street Address 55 Valley Ave	City Bridgeport	State CT	Zip Code
---------------------------------	--------------------	-------------	----------

Purpose of Expend WAGE	Description Soft Sheet Worker Bassick HS	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$145.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Farrel, Lindsey		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>324</u> <input type="checkbox"/> Debit Card	
Street Address 120 Dwight St		City New Haven		State CT
Zip Code 06511				
Purpose of Expend RCW	Description Reimburse for Printing Expenses		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$796.31
Name of Payee Jernigan, Brenda		Date of Payment 08/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>323</u> <input type="checkbox"/> Debit Card	
Street Address 189 Smith St		City Bridgeport		State CT
Zip Code 06607				
Purpose of Expend WAGE	Description Primary Day HQ		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00
Name of Payee Parisi, Gabrielle		Date of Payment 08/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>328</u> <input type="checkbox"/> Debit Card	
Street Address 151 Astoria Ave		City Bridgeport		State CT
Zip Code 06604				
Purpose of Expend RCW	Description Pizza for meet and greet with seniors on Jewett Ave		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$83.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Databasics		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>331</u> <input type="checkbox"/> Debit Card	
Street Address 72 Oxford St .		City Hartford	State CT	Zip Code 06105
Purpose of Expend A-DM	Description Inv08-06-14 FF&N Voter ID & postcard		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$9,999.86
Name of Payee Words By Jen		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>329</u> <input type="checkbox"/> Debit Card	
Street Address PO Box 453		City Branford	State CT	Zip Code 06405
Purpose of Expend PRNT	Description Inv 6134 Graphic Design / Layout for mailings		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$311.07
Name of Payee Swan, Tom		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>334</u> <input type="checkbox"/> Debit Card	
Street Address 155 Standish Rd		City Coventry	State CT	Zip Code 06238
Purpose of Expend TRVL	Description Milage reimbursment 21 round trips Covnetry to Bpt		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$762.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Swan, Tom		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>335</u> <input type="checkbox"/> Debit Card	
Street Address 155 Standish Rd		City Coventry	State CT	Zip Code 06238
Purpose of Expend RCW	Description Reimburse variety of campaign expenses		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$268.68
Name of Payee CT Photography Plus		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>333</u> <input type="checkbox"/> Debit Card	
Street Address 672 Atlantic St .		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend PRNT	Description Photos for literature		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$450.00
Name of Payee Ray, Kennard		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>337</u> <input type="checkbox"/> Debit Card	
Street Address 32 Elm St Apt 4		City Hartford	State CT	Zip Code 06104
Purpose of Expend TRVL	Description Final 3 weeks mileage reimbursement		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$412.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Donnelly, Danielle		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>338</u> <input type="checkbox"/> Debit Card	
Street Address 29 Upper Grassy Hill Rd		City Woodbury	State CT	Zip Code 06798
Purpose of Expend TRVL	Description Final 3 weeks mileage reimbursement		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$240.00
Name of Payee Harty Press		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>332</u> <input type="checkbox"/> Debit Card	
Street Address 25 James St , PO Box 324		City New Haven	State CT	Zip Code 06513
Purpose of Expend A-DM	Description Mail & postage Inv 50515 358.40 Inv 50474 326.49		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 #	\$684.89
Name of Payee Walsh, Robert		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>330</u> <input type="checkbox"/> Debit Card	
Street Address 56 Redding Pl		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description Pay for treasurer services thru primary day		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$750.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
N. Expenses Paid By Committee	

Name of Payee Walsh, Robert		Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>336</u> <input type="checkbox"/> Debit Card	
Street Address 56 Redding Pl		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend RCW	Description Reimburse for cell phones, data conversion & FedEx		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 #	\$579.65
Name of Payee Walsh, Robert		Date of Payment 09/08/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>339</u> <input type="checkbox"/> Debit Card	
Street Address 56 Redding Pl		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description Final payment for treasurers services		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00
Name of Payee United Illuminating		Date of Payment 09/08/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>Pay by phone</u> <input type="checkbox"/> Debit Card	
Street Address 180 Marsh Hill Rd		City Orange	State CT	Zip Code
Purpose of Expend OVHD	Description Electricity thru 7/24/14		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$284.82

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Marilyn Moore State Senate 2014				Post Primary Itemized statement accompanying request for General Election Grant - Original	
N. Expenses Paid By Committee					
Name of Payee Cablevision			Date of Payment 09/08/2014		Method of Payment <input checked="" type="checkbox"/> Check # <u>Pay By Phone</u> <input type="checkbox"/> Debit Card
Street Address 3710 Main St		City Bridgeport		State CT	Zip Code 06606
Purpose of Expend OVHD	Description Phone & internet				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #		\$69.85
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section N					\$27,691.47

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
				Post Primary Itemized statement accompanying request for General Election Grant - Original	
O. Expenses Paid By Candidate					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #	
Total of Section O					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Marilyn Moore State Senate 2014				Post Primary Itemized statement accompanying request for General Election Grant - Original	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor				Date of Transaction	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section P					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Marilyn Moore State Senate 2014				Post Primary Itemized statement accompanying request for General Election Grant - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by 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
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original
R. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Walsh	Robert		06/10/2014	<input checked="" type="checkbox"/> Check # 336 <input type="checkbox"/> Debit Card	
Secondary Payee Metro PCS					
Street Address		City		State	Zip Code
1681 Park Ave		Bridgeport		CT	
Purpose of Expenditure (by code)	Description			Amount	
OFFICE	Campaign Cell Phone				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)		\$85.41	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Event #			

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Walsh	Robert		07/11/2014	<input checked="" type="checkbox"/> Check # 336 <input type="checkbox"/> Debit Card	
Secondary Payee Peachtree Data					
Street Address		City		State	Zip Code
2905 Premiere Pkwy Ste 200		Duluth		GA	30097
Purpose of Expenditure (by code)	Description			Amount	
Misc *	Correcting voter filephone & addr				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)		\$432.24	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Event #			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Walsh	First Robert	MI S	Date of Payment 07/15/2014	Method of Payment <input checked="" type="checkbox"/> Check # 336 <input type="checkbox"/> Debit Card
Secondary Payee Metro PCS				
Street Address 1681 Park Ave		City Bridgeport		State CT
				Zip Code 06604
Purpose of Expenditure (by code) OFFICE	Description Cell phone minutes			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$30.00

Last Name of Worker/Consultant Walsh	First Robert	MI	Date of Payment 08/06/2014	Method of Payment <input checked="" type="checkbox"/> Check # 336 <input type="checkbox"/> Debit Card
Secondary Payee FedEx Office				
Street Address 1078 W Maint St		City Branford		State CT
				Zip Code 06405
Purpose of Expenditure (by code) POST	Description Over Night Next Day Check			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$32.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Donnelly	First Danielle	MI	Date of Payment 08/09/2014	Method of Payment <input checked="" type="checkbox"/> Check # 325 <input type="checkbox"/> Debit Card
Secondary Payee Staples				
Street Address 1201 Kings Hwy		City Fairfield		State CT
				Zip Code 06432
Purpose of Expenditure (by code) OFFICE	Description Copy paper for primary day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$20.71

Last Name of Worker/Consultant Farrell	First Lyndsey	MI	Date of Payment 08/11/2014	Method of Payment <input checked="" type="checkbox"/> Check # 324 <input type="checkbox"/> Debit Card
Secondary Payee FedEx Office				
Street Address 400 Boston Post Rd		City Orange		State CT
				Zip Code 06477
Purpose of Expenditure (by code) PRNT	Description Primary Day Palm Cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$796.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Parisi	First Gabrielle	MI	Date of Payment 08/19/2014	Method of Payment <input checked="" type="checkbox"/> Check # 328 <input type="checkbox"/> Debit Card
Secondary Payee Jenna's Brick Oven Pizza				
Street Address 1031 Madison Ave .		City Bridgeport		State CT
				Zip Code 06606
Purpose of Expenditure (by code) FOOD	Description Pizza for meet & greet Jewett Ave			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$83.60

Last Name of Worker/Consultant Swan	First Tom	MI	Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # 335 <input type="checkbox"/> Debit Card
Secondary Payee Costco				
Street Address 1718 Boston Post Rd		City Milford		State CT
				Zip Code 06460
Purpose of Expenditure (by code) OFFICE	Description Misc supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$80.09

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Marilyn Moore State Senate 2014	Post Primary Itemized statement accompanying request for General Election Grant - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Swan	First Tom	MI	Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # 335 <input type="checkbox"/> Debit Card	
Secondary Payee Budget Printers					
Street Address 1718 Park St		City Hartford		State CT	Zip Code 06106
Purpose of Expenditure (by code) A-SIGN	Description H Frames			Amount \$105.29	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenditure # (if applicable)		

Last Name of Worker/Consultant Swan	First Tom	MI	Date of Payment 08/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # 335 <input type="checkbox"/> Debit Card	
Secondary Payee Staples					
Street Address 1145 N Colony Rd		City Wallingford		State CT	Zip Code 06492
Purpose of Expenditure (by code) OFFICE	Description Maps			Amount \$31.01	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R			Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Marilyn Moore State Senate 2014				Post Primary Itemized statement accompanying request for General Election Grant - Original	
R. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	
Swan	Tom		08/31/2014	<input checked="" type="checkbox"/> Check # 335 <input type="checkbox"/> Debit Card	
Secondary Payee Home Depot					
Street Address		City		State	Zip Code
1055 N Colony Rd		Wallingford		CT	06492
Purpose of Expenditure (by code)	Description			Amount	
OFFICE	Water and fan				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)		Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R					
				\$52.29	
Total of Section R				\$1,748.95	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Marilyn Moore State Senate 2014				Post Primary Itemized statement accompanying request for General Election Grant - Original	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					
Street Address		City	State	Zip Code	Original Purchase Amount of Item
Description of Item					
Total of Section S					

