

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2012



COVER PAGE

1. NAME OF COMMITTEE			
Better Education Starts Today (BEST)			
2. TREASURER NAME			
First Sara	MI N.	Last Batalla	Suffix
3. TREASURER ADDRESS			
Street Address 629 Birmingham St.	City Bridgeport	State CT	Zip Code 06606
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 09/10/2013	5. OFFICE SOUGHT (Complete only if Candidate Committee) Board of Education		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
8. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing	<input checked="" type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (R/C ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committee Only)	<input type="checkbox"/> Termination	
<input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> 45 days following election (not held in November)		
9. PERIOD COVERED			
Beginning Date 8/2/13	thru	Ending Date 9/3/13	
10. 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.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)	Kim E McLaughlin PRINT NAME OF SIGNER	9/2/13 DATE (mm/dd/yyyy)	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH			

BRIDGEPORT, CONN.
 AND RECORDS
 SECTION
 RECEIVED FOR RECORDS FILING
 13 SEP -3 PM 3:48
 ATTEST:
 KIM E. MCLAUGHLIN
 CLERK

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
Better Education Starts Today (BEST)	1 st day before primary	
11. 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
12. Balance on hand at the beginning of Reporting Period	362	
13. Contributions Received from Individuals (Sections A and B)	10,065	10,165
14. Receipts from Other Committees (Sections C1 and C2)	2,000	6,000
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 - Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012. Section L1 removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	12,065	16,165
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 - 17 in Column B)	12,427.00	16,165.00
19. Expenses Paid by Committee (Section P)	8,120.46	11,858.46
20. Balance on hand at close of Reporting Period (subtract Line 19 from Line 18 in both Columns)	4,306.54	4,306.54
21. In-Kind Donations not Considered Contributions Received (Section L4)	350.00	0
22. In-Kind Contributions Received (Section M)	0	0
23. Refundable Deposit to Telephone Company (Section N)	0	0
24. Receipts of Organization Expenditures (Section O) OPTIONAL	0	0
25. Beginning Loan Balance	0	0
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	0
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	0
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Better Education Starts Today (BEST)	TYPE OF REPORT 7th day preceding primary
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
\$ 115	

B. Itemized Contributions from Individuals

Last Name Ford Jr.	First Ralph	MI
Residential Street Address 420 Mill Hill Ave.	City Bridgeport	State CT
Zip Code 06610	Principal Occupation Psychologist	Name of Employer state of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$150
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-1-13
		Aggregate Contributions \$150

Last Name Baker Jr.	First Andre	MI F.
Residential Street Address 985 Stratford Ave.	City Bridgeport	State CT
Zip Code 06607	Principal Occupation Funeral Director	Name of Employer self-employed

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$150
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-7-13
		Aggregate Contributions \$150

Last Name Traber	First Robert	MI J
Residential Street Address 110 Hale Terrace	City Bridgeport	State CT
Zip Code 06610	Principal Occupation teacher	Name of Employer BPT BOE.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$100
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-8-13
		Aggregate Contributions \$100

SUBTOTAL Section B—This Page	\$400
TOTAL of additional Section B Pages	\$9550
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Total)</i>	\$10,065

Section B. ADDITIONAL PAGE 3 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day preceding primary	
B. Itemized Contributions from Individuals			
Last Name McLaughlin		First Kim	
Residential Street Address 110 Hale Terrace		City Bridgeport	State CT
Principal Occupation Organizer		Name of Employer CT Housing Coalition	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event = _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-8-13	Aggregate Contributions \$100
Last Name Ricci		First John	
Residential Street Address 2675 Park Ave. #2		City Bridgeport	State CT
Principal Occupation Real Estate Investor		Name of Employer self-employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event = _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-12-13	Aggregate Contributions \$500
Last Name Loffredo		First Vincent	
Residential Street Address 90 Dara Drive		City Middletown	State CT
Principal Occupation Dir of Gov't + Political Relations		Name of Employer CT Education Assoc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event = _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-13-13	Aggregate Contributions \$250
SUBTOTAL Section B — This Page			\$850

Section B. ADDITIONAL PAGE 4 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day preceding primary	
B. Itemized Contributions from Individuals			
Last Name Hennessey		First David	MI P
Residential Street Address 45 Pearsall Way		City Bridgeport	State Zip Code CT 06605
Principal Occupation Retired		Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section LI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$150	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-12-13	Aggregate Contributions \$150
Last Name McLaughlin		First Kim	MI E
Residential Street Address 110 Hale Terrace		City Bridgeport	State Zip Code CT 06610
Principal Occupation Dir. of Organizing		Name of Employer CT. Housing Coalition	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section LI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$200	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-13-13	Aggregate Contributions \$300
Last Name Lazar		First Beth	MI
Residential Street Address 1241 Main St.		City Bridgeport	State Zip Code CT 06604
Principal Occupation N/A		Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section LI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$50	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-13-13	Aggregate Contributions \$50
SUBTOTAL Section B — This Page			\$400

Section B. ADDITIONAL PAGE 5 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day preceding primary	
B. Itemized Contributions from Individuals			
Last Name Walsh		First Robert	MI S
Residential Street Address 56 Redding Place		City Bridgeport	State CT
Principal Occupation Controller		Name of Employer Trailblazer Central LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event =</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$250	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-13-13	Aggregate Contributions \$250
Last Name Gomes		First Janet	MI
Residential Street Address 150 Alpine St.		City Bridgeport	State CT
Principal Occupation Restaurant Owner		Name of Employer Red Rooster	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event =</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$100	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-13-13	Aggregate Contributions \$100
Last Name Mason		First Dolores	MI
Residential Street Address 335 Harlem Ave.		City Bridgeport	State CT
Principal Occupation N/A		Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event =</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$50	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-13-13	Aggregate Contributions \$50
SUBTOTAL Section B — This Page			\$400

Section B. ADDITIONAL PAGE 6 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day preceding primary	
B. Itemized Contributions from Individuals			
Last Name Hennessey		First William	MI
Residential Street Address 45 Bayburn Rd.		City Monroe	State Zip Code CT 06468
Principal Occupation Attorney		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$250	
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event =	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-12-13	Aggregate Contribution \$250
Last Name Brewster		First Mary Ann	MI
Residential Street Address 50 Armitage Drive		City Bridgeport	State Zip Code CT 06605
Principal Occupation teacher		Name of Employer Fairfield BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$100	
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event =	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/24/13	Aggregate Contribution \$100
Last Name Foster		First Mary-Jane	MI
Residential Street Address 40 Anchorage Drive		City Bridgeport	State Zip Code CT 06605
Principal Occupation Administration		Name of Employer University of Bridgeport	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$250	
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event =	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-16-13	Aggregate Contribution \$250
SUBTOTAL Section B — This Page			\$600

Section B. ADDITIONAL PAGE 7 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day preceding primary	
B. Itemized Contributions from Individuals			
Last Name Simmons		First Bobby	
Residential Street Address 45 Pinepoint Drive		City Bridgeport	State CT
Principal Occupation Accountant		Name of Employer Grant + Simmons, CPA's	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event = _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-16-13	Aggregate Contributions \$250
Last Name Simmons		First Minnie	
Residential Street Address 45 Pinepoint Drive		City Bridgeport	State CT
Principal Occupation Accountant		Name of Employer Grant + Simmons, CPA's	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event = _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-16-13	Aggregate Contributions \$250
Last Name Jenkins		First Melissa	
Residential Street Address 128 Edgemoor Rd.		City Bridgeport	State CT
Principal Occupation Principal		Name of Employer BPT BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event = _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-15-13	Aggregate Contributions \$75
SUBTOTAL Section B — This Page			\$575

Section B. ADDITIONAL PAGE 8 of 21

NAME OF COMMITTEE Better Education Starts Today (BEST)	TYPE OF REPORT 7th day preceding primary
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B. Itemized Contributions from Individuals

Last Name Perriera	First Maria	MI
Residential Street Address 85 Nutmeg Rd.	City Bridgeport	State CT
Zip Code 06610	Principal Occupation N/A	
Name of Employer N/A		

Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$500
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-15-13 Aggregate Contributions \$1000	

Last Name Foust	First Donald	MI
Residential Street Address 10 University Drive	City Bridgeport	State CT
Zip Code 06824	Principal Occupation Livery Service	
Name of Employer Self		

Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$100
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-16-13 Aggregate Contributions \$100	

Last Name McLaughlin	First Kim	MI E
Residential Street Address 110 Hale Terrace	City Bridgeport	State CT
Zip Code 06610	Principal Occupation Dir. of Organizing	
Name of Employer CT Housing Coalition		

Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$100
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-21-13 Aggregate Contributions \$400	

SUBTOTAL Section B — This Page **\$ 700**

Section B. ADDITIONAL PAGE 9 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
B. Itemized Contributions from Individuals			
Last Name Ferreira		First Steven	
Residential Street Address 946 Sylvan Ave.		City Bridgeport	State CT
Principal Occupation teacher		Name of Employer BPT BOE	
Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-21-13	Aggregate Contributions \$50
Last Name Carpolongo		First Margaret	
Residential Street Address 1459 E. Rio Vista		City Burlington	State WA
Principal Occupation Bailiff		Name of Employer Skagit County WASH	
Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-21-13	Aggregate Contributions \$100
Last Name Scott		First Charles	
Residential Street Address 880 North Avenue		City Bridgeport	State CT
Principal Occupation Realtor		Name of Employer Realty Co.	
Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list event # <u>082113A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-21-13	Aggregate Contributions \$100
SUBTOTAL Section B — This Page			\$250

Section B. ADDITIONAL PAGE 10 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
B. Itemized Contributions from Individuals			
Last Name Gardner		First Claire	
Residential Street Address 25 Cartright St. # 8G		City Bridgeport	State Zip Code CT 06604
Principal Occupation RN		Name of Employer New England Healthcare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event = 082113A</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-21-13	Aggregate Contributions \$100
Amount of Contribution \$100			
Last Name Cassidy		First Kevin	
Residential Street Address 245 Ellsworth St.		City Bridgeport	State Zip Code CT 06605
Principal Occupation teacher		Name of Employer Fairfield University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event = 082113A</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-21-13	Aggregate Contributions \$100
Amount of Contribution \$100			
Last Name Hughes		First Scott	
Residential Street Address 144 Golden Hill St. # 706		City Bridgeport	State Zip Code CT 06604
Principal Occupation Librarian		Name of Employer BET Public Library	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event = 082113A</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with.</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-21-13	Aggregate Contributions \$50
Amount of Contribution \$50			
SUBTOTAL Section B — This Page			\$250

Section B. ADDITIONAL PAGE 11 of 21

NAME OF COMMITTEE Better Education Starts Today (BEST)	TYPE OF REPORT 7th day before primary
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B. Itemized Contributions from Individuals

Last Name Greenberg	First Donald	MI
Residential Street Address 265 Balmforth St.	City Bridgeport	State CT
Principal Occupation teacher	Name of Employer Fairfield University	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$ 100
Is this contribution associated with a fundraising event listed in Section L1? Yes list Event = 082113A	Is contributor a principal of a state contractor or prospective state contractor? Yes , indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-21-13	

Last Name Gomes	First Edwin	MI A
Residential Street Address 243 Sound view Ave.	City Bridgeport	State CT
Principal Occupation Retired	Name of Employer N/A	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$ 100
Is this contribution associated with a fundraising event listed in Section L1? Yes list Event = 082113A	Is contributor a principal of a state contractor or prospective state contractor? Yes , indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-21-13	

Last Name Gordon	First David	MI
Residential Street Address 2612 North Ave.	City Bridgeport	State CT
Principal Occupation —	Name of Employer —	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$ 50
Is this contribution associated with a fundraising event listed in Section L1? Yes list Event = —	Is contributor a principal of a state contractor or prospective state contractor? Yes , indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-21-13	

SUBTOTAL Section B — This Page	\$ 250
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Section B. ADDITIONAL PAGE 12 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today		7th day before primary	
B. Itemized Contributions from Individuals			
Last Name Kwet		First Daniel	
Residential Street Address 11 Prospect Place		City East Haven	State CT
		Zip Code 06512	
Principal Occupation teacher		Name of Employer BPT BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section LI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-22-13	Aggregate Contributions \$80
Amount of Contribution		\$80	
Last Name Dan - Udekwe		First Emeka	
Residential Street Address 20 Compo Rd. North		City Westport	State CT
		Zip Code 06880	
Principal Occupation teacher		Name of Employer BPT BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section LI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-22-13	Aggregate Contributions \$60
Amount of Contribution		\$60	
Last Name Musto		First Vincent	
Residential Street Address 30 Maple Oak Drive		City Stratford	State CT
		Zip Code 06614	
Principal Occupation teacher		Name of Employer The Bridge Academy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section LI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-22-13	Aggregate Contributions \$150
Amount of Contribution		\$150	
SUBTOTAL Section B — This Page			\$290

NAME OF COMMITTEE	TYPE OF REPORT
Better Education Starts Today (BEST)	7th day before primary

B. Itemized Contributions from Individuals

Last Name Waxenberg	First Mark	MI
Residential Street Address 3 Karen Way	City South Windsor CT	State CT
Zip Code 06074	Principal Occupation Ex. Dir.	Name of Employer CT. Education Assoc.

Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$500
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-22-13
		Aggregate Contributions \$500

Last Name Medina Jr.	First Maximino	MI
Residential Street Address 140 Hickory St.	City Bridgeport CT	State CT
Zip Code 06610	Principal Occupation Attorney	Name of Employer Zeldes Needle + Cooper

Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$100
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-22-13
		Aggregate Contributions \$100

Last Name Gonzalez	First Joel	MI
Residential Street Address 909 Maplewood	City Bridgeport CT	State CT
Zip Code 06605	Principal Occupation City Worker	Name of Employer City of BPT

Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$250
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/26/13
		Aggregate Contributions \$250

SUBTOTAL Section B — This Page \$ 850

Section B. ADDITIONAL PAGE 14 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
B. Itemized Contributions from Individuals			
Last Name Morgan		First Elio	
Residential Street Address 230 Hickory St.		City Bridgeport	State CT
Principal Occupation Law		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event =		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/13	Aggregate Contributions \$200
Last Name Jackson		First William	
Residential Street Address 516 Laurel Ave.		City Bridgeport	State CT
Principal Occupation Asbestos		Name of Employer TLC Services LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event =		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order		Date Received 8-23-13	Aggregate Contributions \$200
Last Name Hodges		First Francisca	
Residential Street Address		City	State CT
Principal Occupation Attorney		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event =		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8/23/13	Aggregate Contributions \$100
SUBTOTAL Section B — This Page			\$500

Section B. ADDITIONAL PAGE 15 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
B. Itemized Contributions from Individuals			
Last Name Day		First Dr. Georgia	MI F.
Residential Street Address 3300 Park Ave. # 3		City Bridgeport	State CT
		Zip Code 06604	
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event = _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$ 50	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8/20/13		
Last Name Hennessey		First John	MI E
Residential Street Address 6 Sprague Lane		City Bridgeport	State CT
		Zip Code 06605	
Principal Occupation Retired		Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event = _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$ 100	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-23-13		
Last Name Spain		First Peter	MI SE
Residential Street Address 280 Grovers Ave.		City Bridgeport	State CT
		Zip Code 06605	
Principal Occupation Designer + Licensor		Name of Employer Kate Spain, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event = _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No	\$ 250	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-25-13		
SUBTOTAL Section B — This Page			\$ 400

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NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
B. Itemized Contributions from Individuals			
Last Name Traber		First Oscar	MI W
Residential Street Address 2038 Paseo Ladera		City Vista	State CAL Zip Code 92084
Principal Occupation Retired		Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event = _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$100
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit-Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-20-13	Aggregate Contributions \$100
Last Name Healy		First Mary Pat	MI
Residential Street Address 98 Sixth Avenue		City Milford	State CT Zip Code 06460
Principal Occupation BPT Child Advocacy Coalition		Name of Employer Executive Director	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event = _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$50
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit-Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-20-13	Aggregate Contributions \$50
Last Name Davis		First John	MI W
Residential Street Address 36 Clark St.		City West Haven	State CT Zip Code 06516
Principal Occupation Educator		Name of Employer University School	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event = _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$500
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit-Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-27-13	Aggregate Contributions \$500
SUBTOTAL Section B — This Page			\$650

Section B. ADDITIONAL PAGE 17 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
B. Itemized Contributions from Individuals			
Last Name Mastroromano		First Claire	
Residential Street Address 111 West Parkway		City Bridgeport	State CT
Principal Occupation teacher		Name of Employer BPT BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$1,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list event = 082613A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with. <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-27-13	Aggregate Contribution \$50
Last Name Loffredo		First Vincent	
Residential Street Address 90 Dara Drive		City Middletown	State CT
Principal Occupation Dir, Gov't Relations + Lobbyist		Name of Employer CT Education Assoc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$1,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list event = 082613A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with. <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-27-13	Aggregate Contribution \$350
Last Name Debrizzi		First Gary	
Residential Street Address 155 Brewster St. #4B		City Bridgeport	State CT
Principal Occupation teacher		Name of Employer BPT BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$1,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list event = 082613A		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with. <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-27-13	Aggregate Contribution \$300
SUBTOTAL Section B — This Page			\$450

Section B. ADDITIONAL PAGE 18 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
B. Itemized Contributions from Individuals			
Last Name Jossick		First Elizabeth	
Residential Street Address 21 Hanover Road		City Newtown	State CT
Principal Occupation teacher		Name of Employer BPT BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Yes, list Event = 052613A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-27-13	Aggregate Contributions \$50
Last Name Imprata		First Mark	
Residential Street Address 335 Burnsford		City Bridgeport	State CT
Principal Occupation Retired Educator		Name of Employer BPT BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Yes, list Event = 052613A		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-27-13	Aggregate Contributions \$100
Last Name Bochet		First Cheryl	
Residential Street Address 520 Tashua Rd.		City Trumbull	State CT
Principal Occupation teacher		Name of Employer BPT BOE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Yes, list Event =		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-27-13	Aggregate Contributions \$100
SUBTOTAL Section B — This Page			\$250

Section B. ADDITIONAL PAGE 19 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
B. Itemized Contributions from Individuals			
Last Name Langley		First Ann	MI T
Residential Street Address 21 Lantern Hill Road		City Trumbull	State CT
Principal Occupation teacher		Name of Employer BPT BoE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section 1.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event = 082613A	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		#50
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 5-27-13	Aggregate Contributions \$50
Last Name Kaffen		First Julia	MI M
Residential Street Address 9 Brownsch Drive		City Shelton	State CT
Principal Occupation Administrative Ass't		Name of Employer BPT Education Assoc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section 1.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event = 082613A	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		#25
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-27-13	Aggregate Contributions \$25
Last Name Farrell		First Patricia	MI SE
Residential Street Address 221 Melville Drive		City Fairfield	State CT
Principal Occupation teacher		Name of Employer the University School	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section 1.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event =	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		#500
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-27-13	Aggregate Contributions \$500
SUBTOTAL Section B - This Page			#575

Section B. ADDITIONAL PAGE 20 of 21

NAME OF COMMITTEE Better Education Starts Today (BEST)	TYPE OF REPORT 1st day before primary
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B. Itemized Contributions from Individuals

Last Name Hennessey	First Jack	MI
Residential Street Address 556 Savoy St.	City Bridgeport	State CT
Principal Occupation Legislator	Name of Employer State of CT	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$250
Is this contribution associated with a fundraising event listed in Section L.1? Yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? Yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-30-13	Aggregate Contributions \$250

Last Name Miranti	First Catherine	MI
Residential Street Address 64 Ironwood Rd.	City Trumbull	State CT
Principal Occupation teacher	Name of Employer BPT Boe	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$50
Is this contribution associated with a fundraising event listed in Section L.1? Yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? Yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-30-13	Aggregate Contributions \$50

Last Name Gay	First Joanne	MI
Residential Street Address 1107 Manchester Rd.	City Glastonbury	State CT
Principal Occupation Mgr of Union Staff	Name of Employer CT Education Assoc	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$100
Is this contribution associated with a fundraising event listed in Section L.1? Yes, list Event #	Is contributor a principal of a state contractor or prospective state contractor? Yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8-30-13	Aggregate Contributions \$100

SUBTOTAL Section B — This Page **\$400**

Section B. ADDITIONAL PAGE 21 of 21

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
B. Itemized Contributions from Individuals			
Last Name Leake		First Name Jeffrey	
Residential Street Address 20 Cambridge Dr.		City Prospect	State CT Zip Code 06712
Principal Occupation Vice President		Name of Employer CT Education Assoc.	
Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event =</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-30-13	Aggregate Contributions \$200
Last Name		First Name	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event =</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
Last Name		First Name	
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event =</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page			\$200

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE						TYPE OF REPORT	
Better Education Starts Today (BEST)						7 th day before primary	
C1. Contributions from Other Committees							
Name of Committee					Name of Treasurer		
AFT Connecticut - Political Action Committee					Edward C. Leavy, Jr., Treas		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
35 Marshall Rd.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		# 1000	
City	State	Zip Code	Date Received	Aggregate Contribution			
Rocky Hill	CT	06067	8/14/13	# 1000			
Name of Committee					Name of Treasurer		
AFT Connecticut - Political Action Committee					Edward C. Leavy, Jr., Treas.		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
35 Marshall Rd.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		# 1000	
City	State	Zip Code	Date Received	Aggregate Contribution			
Rocky Hill	CT	06067	8/28/13	# 2000			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____			
City	State	Zip Code	Date Received	Aggregate Contribution			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with a fundraising event listed in Section L1?		Amount of Contribution	
				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____			
City	State	Zip Code	Date Received	Aggregate Contribution			
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	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Surplus Distribution				
Name of Committee					Name of Treasurer		
Address				Date Received	Amount of Receipt		
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Surplus Distribution				
SUBTOTAL Section C — This Page						\$ 2000	
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)						\$ 2002	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
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Better Education Starts Today (BEST) 7th day before primary

D. Loans Received this Period

Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Co-signer or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-signer/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Co-signer or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-signer/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Co-signer or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Co-signer/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	

TOTAL SECTION D

0

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E

0

NAME OF COMMITTEE		TYPE OF REPORT
Better Education Starts Today (BEST)		7 th day before primary
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)		
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
TOTAL SECTION F		0

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		0

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)		
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
TOTAL SECTION H		0

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in any amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE Better Education Starts Today (BEST)	TYPE OF REPORT 7 th day before primary
J. Interest from Deposits in Authorized Accounts	

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

TOTAL SECTION J	0
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K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		

TOTAL SECTION K	0
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SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)	+	0
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0
Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)		0

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE Better Education Starts Today (BEST)		TYPE OF REPORT 7th day before primary	
L1. Fundraiser Event Information			
Fundraising Event # Date of Fundraiser: 082113 Letter: A		Description Wine + Cheese Fundraiser	
Location: Street Address 40 Armitage Drive		City Bridgeport	State: CT Zip Code: 06605
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input checked="" type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No → \$	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No → \$	
Fundraising Event # Date of Fundraiser: 082613A Letter: A		Description House Party	
Location: Street Address 2575 Park Ave		City Bridgeport	State: CT Zip Code: 06604
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input checked="" type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No → \$	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input type="checkbox"/> No → \$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			0
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL of additional Section L1 Pages			
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)			0

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2: removed*

NAME OF COMMITTEE		TYPE OF REPORT		
Butler Education Starts Today (BEST)		7 th day before primary		
L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)				
Name of Purchaser		Purchase Made By:		
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser		Purchase Made By:		
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser		Purchase Made By:		
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser		Purchase Made By:		
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Name of Purchaser		Purchase Made By:		
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY) Total Purchases of Advertising in Program Book — This Page				0
SUBTOTAL Section L3 (Town Committees ONLY) Total Purchases of Advertising on a Sign — This Page				0
TOTAL of additional Section L3 Pages				0
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c of Summary Page Totals)				0

II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

NAME OF COMMITTEE	TYPE OF REPORT
Better Education Starts Today (BEST)	7 th day before primary
L4. In-Kind Donations Not Considered Contributions	

Name of Donor			
Mary-Jane Foster			
Street Address		City	State Zip Code
40 Anchorage Dr.		Bridgeport	CT 06605
Donation Given By	Description of Donation		Fair Market Value of Donation
<input type="checkbox"/> Business Entry	wine, cheese, crackers		\$ 200
<input checked="" type="checkbox"/> Individual	Date Received	Event #	
<input type="checkbox"/> Sole Proprietorship	8/21/13	082113A	
			Aggregate Value for this Event
			\$ 600

Name of Donor			
Gary Peluchette			
Street Address		City	State Zip Code
2675 Park Ave. #23		Bridgeport	CT 06604
Donation Given By	Description of Donation		Fair Market Value of Donation
<input type="checkbox"/> Business Entry	House Party - wine, munchies		\$ 150
<input checked="" type="checkbox"/> Individual	Date Received	Event #	
<input type="checkbox"/> Sole Proprietorship	8-20-13	082613A	
			Aggregate Value for this Event
			\$ 785

Name of Donor			
Street Address		City	State Zip Code
Donation Given By	Description of Donation		Fair Market Value of Donation
<input type="checkbox"/> Business Entry			
<input type="checkbox"/> Individual	Date Received	Event #	
<input type="checkbox"/> Sole Proprietorship			
			Aggregate Value for this Event

Name of Donor			
Street Address		City	State Zip Code
Donation Given By	Description of Donation		Fair Market Value of Donation
<input type="checkbox"/> Business Entry			
<input type="checkbox"/> Individual	Date Received	Event #	
<input type="checkbox"/> Sole Proprietorship			
			Aggregate Value for this Event

SUBTOTAL Section L4 - This Page	\$ 350
TOTAL of additional Section L4 Pages	\$ 0
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21 of Summary Page Totals)</i>	\$ 350

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III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL. See Public Act 11-48					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section O — This Page				0	
TOTAL of additional Section O Pages				0	
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES <i>(Enter total on Line 24 of Summary Page Totals)</i>				0	

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
P. Expenses Paid by Committee			
Name of Payee Rashon Shaw		Date of Payment 8-9-13	Method of Payment: ^{cashiers} <input checked="" type="checkbox"/> Check # 7824473 <input type="checkbox"/> Debit Card
Street Address 55 Calbert Pl.		City Bridgeport	State CT
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 30
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E		
Name of Payee Kiyshon McAllister		Date of Payment 8-9-13	Method of Payment: ^{cashiers} <input checked="" type="checkbox"/> Check # 7824499 <input type="checkbox"/> Debit Card
Street Address 180-A Yaremich Dr		City Bridgeport	State CT
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E		
Name of Payee Ronell Taylor		Date of Payment 8-9-13	Method of Payment: ^{cashiers} <input checked="" type="checkbox"/> Check # 7824476 <input type="checkbox"/> Debit Card
Street Address 72 A Stone Ridge Rd.		City Bridgeport	State CT
Purpose of Expenditure (by code) MISC	Description Canvassing for signatures	Event #	Amount \$ 30
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E		
Name of Payee Joshua James		Date of Payment 8-9-13	Method of Payment: ^{cashiers} <input checked="" type="checkbox"/> Check # 7824478 <input type="checkbox"/> Debit Card
Street Address 76 Valley Circle		City Bridgeport	State CT
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 30
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E		
SUBTOTAL Section P - This Page			\$ 146.00
TOTAL of additional Section P Pages			\$ 8120.46
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Total)			\$ 8260.46

Section P. ADDITIONAL PAGE 2 of 7

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
P. Expenses Paid by Committee			
Name of Payer Darlene Bohanon		Date of Payment 8-9-13	Method of Payment <input checked="" type="checkbox"/> Check # 7824479 <input type="checkbox"/> Debit Card
Street Address 106 Platt St.		City Bridgeport	State CT
Zip Code 06606			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 50
Expenditure is (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer Katherine Stephenson		Date of Payment 8-9-13	Method of Payment <input checked="" type="checkbox"/> Check # 7824480 <input type="checkbox"/> Debit Card
Street Address 88-B Yaremich Dr.		City Bridgeport	State CT
Zip Code 06606			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 50
Expenditure is (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer Lennea Dawson		Date of Payment 8-9-13	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card
Street Address 76 Valley Circle		City Bridgeport	State CT
Zip Code 06606			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 70
Expenditure is (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer Twana Johnson		Date of Payment 8-9-13	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card
Street Address 169 Calhoun		City Bridgeport	State CT
Zip Code 06604			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 300
Expenditure is (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section P — This Page			\$ 470

Section P. ADDITIONAL PAGE 3 of 7

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
P. Expenses Paid by Committee			
Name of Payee Nicole Patterson		Date of Payment 8-9-13	Method of Payment: <input checked="" type="checkbox"/> Check - <u>cashiers</u> <input type="checkbox"/> Debit Card
Street Address 736 Brooks St		City Bridgeport	State CT
Zip Code 06608			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 300
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: CA <input type="checkbox"/> B <input type="checkbox"/> OC <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee Randy Wade		Date of Payment 8-9-13	Method of Payment: <input checked="" type="checkbox"/> Check - <u>cashiers</u> <input type="checkbox"/> Debit Card
Street Address 74 Anson St		City Bridgeport	State CT
Zip Code 06606			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 250
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: CA <input type="checkbox"/> B <input type="checkbox"/> OC <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee Beatrice Washington		Date of Payment 8-9-13	Method of Payment: <input checked="" type="checkbox"/> Check - <u>cashiers</u> <input type="checkbox"/> Debit Card
Street Address 45 Valley Ave		City Bridgeport	State CT
Zip Code 06606			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 80
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: CA <input type="checkbox"/> B <input type="checkbox"/> OC <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee Axiy Worrell		Date of Payment 8- 9 -13	Method of Payment: <input checked="" type="checkbox"/> Check - <u>0092</u> <input type="checkbox"/> Debit Card
Street Address		City Bridgeport	State CT
Zip Code			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$ 80.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: CA <input type="checkbox"/> B <input type="checkbox"/> OC <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section P - This Page			\$ 710

Section P. ADDITIONAL PAGE 4 of 7

NAME OF COMMITTEE Better Education Starts Today (BEST)		TYPE OF REPORT 7 th day before primary	
P. Expenses Paid by Committee			
Name of Payer Kim Timmons		Date of Payment 8-8-13	Method of Payment <input checked="" type="checkbox"/> Check = 0093 <input type="checkbox"/> Debit Card
Street Address 110 Bell St.		City Bridgeport	State CT
Zip Code 06610			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$125
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer Kairee Walker		Date of Payment 8-8-13	Method of Payment <input checked="" type="checkbox"/> Check = 0094 <input type="checkbox"/> Debit Card
Street Address		City Bridgeport	State CT
Zip Code			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$125
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer Tiffany Harris		Date of Payment 8-8-13	Method of Payment <input checked="" type="checkbox"/> Check = 0095 <input type="checkbox"/> Debit Card
Street Address 133 Pixlee Pl.		City Bridgeport	State CT
Zip Code 06610			
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	canvassing for signatures		\$125.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer Lorenzo Jordan		Date of Payment 8-10-13	Method of Payment <input checked="" type="checkbox"/> Check = 0096 <input type="checkbox"/> Debit Card
Street Address 3780 Stratford Ave		City Bridgeport	State CT
Zip Code 06607			
Purpose of Expenditure (by code) MISC	Description canvassing for signatures	Event #	Amount \$300
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section P — This Page			\$ 675

Section P. ADDITIONAL PAGE 5 of 7

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
P. Expenses Paid by Committee			
Name of Payer Yoney Realty Corp.		Date of Payment	Method of Payment <input checked="" type="checkbox"/> Check # 0097 <input type="checkbox"/> Debit Card
Street Address 679 Lindley St.		City Bridgeport	State CT
Zip Code 06606			
Purpose of Expenditure (by code) OVHD	Description Rent	Event #	Amount \$535
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer CT Election Enforcement Comm		Date of Payment 8-28-13	Method of Payment <input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card
Street Address 20 Trinity St.		City Bridgeport	State CT
Zip Code 06106			
Purpose of Expenditure (by code) CEP MISC	Description Return of Anonymous Donations to General Fund	Event #	Amount \$240
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer Postmaster		Date of Payment 8-29-13	Method of Payment <input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card
Street Address 206 Elm St.		City New Haven	State CT
Zip Code 06513			
Purpose of Expenditure (by code) POST	Description	Event #	Amount \$2712.38
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer Local Color Ventures, LLC		Date of Payment 8-29-13	Method of Payment <input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card
Street Address 17 Herman Dr		City Simsbury	State CT
Zip Code 06070			
Purpose of Expenditure (by code) MISC	Description Literature Design	Event #	Amount \$525.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section P — This Page			\$ 4012.38

Section P. ADDITIONAL PAGE 6 of 7

NAME OF COMMITTEE		TYPE OF REPORT	
Better Education Starts Today (BEST)		7 th day before primary	
P. Expenses Paid by Committee			
Name of Payee Local Color Ventures		Date of Payment 8-27-13	Method of Payment <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card
Street Address 17 Herman Dr.	City Simsbury	State CT	Zip Code 06070
Purpose of Expenditure (by code) MIX	Description produce mailer #1	Event #	Amount \$ 1455.00
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee Robert J Traber		Date of Payment 8-15-13	Method of Payment <input checked="" type="checkbox"/> Check # 0098 <input type="checkbox"/> Debit Card
Street Address 110 Hale Terrace	City Bridgeport	State CT	Zip Code 06610
Purpose of Expenditure (by code) RCW	Description office Supplies	Event #	Amount \$ 60.42
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee Lindsay Farrell		Date of Payment 8-19-13	Method of Payment <input checked="" type="checkbox"/> Check # 0099 <input type="checkbox"/> Debit Card
Street Address	City	State	Zip Code
Purpose of Expenditure (by code) RCW	Description printing	Event #	Amount \$ 373.29
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payee Lindsay Farrell		Date of Payment 8-26-13	Method of Payment <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card
Street Address	City	State	Zip Code
Purpose of Expenditure (by code) RCW	Description office supplies	Event #	Amount \$ 96.75
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section P — This Page			\$ 1985.46

Section P. ADDITIONAL PAGE 7 of 7

NAME OF COMMITTEE Better Education Starts Today (BEST)		TYPE OF REPORT 7th day before primary	
P. Expenses Paid by Committee			
Name of Payer Marilyn Moore		Date of Payment 8-26-13	Method of Payment: <input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card
Street Address 666 Cleveland		City Bridgeport	State _____ Zip Code _____
Purpose of Expenditure (by code) RCW	Description phones	Event # _____	Amount \$ 267.62
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City	State _____ Zip Code _____
Purpose of Expenditure (by code)	Description	Event # _____	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City	State _____ Zip Code _____
Purpose of Expenditure (by code)	Description	Event # _____	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Payer		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City	State _____ Zip Code _____
Purpose of Expenditure (by code)	Description	Event # _____	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section P — This Page			\$ 267.62

NAME OF COMMITTEE			TYPE OF REPORT	
Better Education Starts Today (BEST)			7 th day before Primary	
Q. Campaign Expenses Paid by Candidate				
Name of Payer (Name of Vendor who candidate paid directly)			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event *	Amount	
Name of Payer (Name of Vendor who candidate paid directly)			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event *	Amount	
Name of Payer (Name of Vendor who candidate paid directly)			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event *	Amount	
Name of Payer (Name of Vendor who candidate paid directly)			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event *	Amount	
Name of Payer (Name of Vendor who candidate paid directly)			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event *	Amount	
SUBTOTAL Section Q — This Page				0
TOTAL of additional Section Q Pages				0
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page Total)				0

NAME OF COMMITTEE Better Education Starts Today (BEST)			TYPE OF REPORT 7th day before primary	
S. 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	Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			
SUBTOTAL Section S-This Page			0	
TOTAL of additional Section S Pages			0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page Totals)</i>			0	
Previously reported Expenses Unpaid and still Outstanding			0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page Totals)</i>			0	

Section T. ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE				TYPE OF REPORT	
Better Education Starts Today (BEST)				7 th day before primary	
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment
Farrell		Lindsay		8-19-13	<input checked="" type="checkbox"/> Check # 0099 <input type="checkbox"/> Debit Card
Secondary Payer					
Fed Ex office					
Street Address			City	State	Zip Code
1427 Post Rd.			Fairfield	CT	06824
Purpose of Expenditure (By code)	Description	Event #		Amount	
PRNT	Literature copying			\$ 373.29	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought				
	<input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment
Farrell		Lindsay		8-19-13	<input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card
Secondary Payer					
Staples					
Street Address			City	State	Zip Code
4543 Main St.			Bridgeport	CT	06606
Purpose of Expenditure (By code)	Description	Event #		Amount	
OFFICE	paper + toner			\$ 96.75	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought				
	<input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment
Moore		Marilyn		8-26-13	<input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card
Secondary Payer					
Cell Touch 1681					
Street Address			City	State	Zip Code
1681 Park Ave.			Bridgeport	CT	06604
Purpose of Expenditure (By code)	Description	Event #		Amount	
EF V	phones for office			\$ 267.62	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought				
	<input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E				
SUBTOTAL Section T — This Page				\$ 737.66	

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE		TYPE OF REPORT			
Better Education Starts Today (BEST)		7 th day before primary			
T. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment
Traber		Robert	J	8-15-13	<input checked="" type="checkbox"/> Check # 0098 <input type="checkbox"/> Debit Card
Secondary Payer Barnum Hardware					
Street Address		City	State	Zip Code	
1788 Barnum Ave.		Bridgeport	CT	06610	
Purpose of Expenditure (by code)	Description	Event #			Amount
OVHD	keys for office				\$ 31.91
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought				
	<input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment
Traber		Robert	J	8-15-13	<input checked="" type="checkbox"/> Check # 0098 <input type="checkbox"/> Debit Card
Secondary Payer Staples					
Street Address		City	State	Zip Code	
955 Ferry Blvd.		Stratford	CT	06614	
Purpose of Expenditure (by code)	Description	Event #			Amount
OFFICE	laminating signs for office				\$ 12.68
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought				
	<input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E				
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment
Traber		Robert	J	8-15-13	<input checked="" type="checkbox"/> Check # 0098 <input type="checkbox"/> Debit Card
Secondary Payer Staples					
Street Address		City	State	Zip Code	
955 Ferry Blvd.		Stratford	CT	06614	
Purpose of Expenditure (by code)	Description	Event #			Amount
OFFICE	printing lit for office				\$ 15.03
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="checkbox"/> Coordinated with reimbursement sought				
	<input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization: O A O B O C O D O E				
SUBTOTAL Section T - This Page					\$ 60.42
TOTAL of additional Section T Pages					737.66
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					\$ 798.08