

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT
 NOVEMBER 2012



Electronic Filing
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COVER PAGE

1. NAME OF COMMITTEE Connecticut Education Association Political Action Committee			
2. TREASURER NAME			
First Howard	MI M	Last Dashefsky	Suffix
3. TREASURER ADDRESS			
Street Address 49 E Maxwell Dr	City West Hartford	State CT	Zip Code 06107
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <small>(Complete only if Candidate Committee)</small>		6. DISTRICT NUMBER <small>if applicable</small>
7. CANDIDATE NAME <small>(Complete only if Candidate or Explanatory Committee)</small>			
First	MI	Last	Suffix
8. TYPE OF REPORT Independent Expenditure Candidate Primary - Original			
9. PERIOD COVERED			
Beginning Date		Ending Date	
07/01/2013		09/02/2013	
thru			
10. CERTIFICATION			
<input type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing SIGNATURE	Howard Dashefsky PRINT NAME OF THE SIGNER	09/03/2013 7:11:54AM DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2011

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original	
	COLUMN A This Period	COLUMN B As of date
1) Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from last Committee was formed for all other Committees		\$40,301.45
12) Balance on hand at the beginning of Reporting Period	\$35,370.09	
13) Contributions received from individuals (Section A and H)	\$0.00	\$0.00
14) Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$15,649.22
15) Other Monetary Receipts (Section D through K)	\$105,000.00	\$105,000.00
16a) Total Proceeds from Small Purchases (Section L) Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b) Per Public Act 11-48, effective January 1, 2012 Section L2 removed		
16c) Total Purchases of Advertisements - Program Book or Sign (Section L3) Municipal and Town Committees Only	\$0.00	\$0.00
17) Total Monetary Receipts (add totals for lines 13 through 16c)	\$105,000.00	\$120,649.22
18) Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$140,370.09	\$160,950.67
19) Expenses Paid by Committee (Section P)	\$39,053.19	\$39,633.77
20) Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both column)	\$101,316.90	\$101,316.90
21) In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22) In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23) Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24) Receipts of Organization Expenditures (Section O) (OPTIONAL)	\$0.00	\$0.00
25) Outstanding Loan Balance	\$0.00	
25a) + Loans Received (Section O)	\$0.00	\$0.00
25b) - Interest and Penalties on Loans (1)	\$0.00	\$0.00
25c) - Payments on Loan	\$0.00	\$0.00
25d) Total Outstanding Loan Amount	\$0.00	
26) Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
27) Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28) Expenses incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
29) Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE Connecticut Education Association Political Action Committee	TYPE OF REPORT Independent Expenditure Candidate Primary - Original
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A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributors)</i>	Subtotal Section A
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B. Itemized Contributions from Individuals

Last Name		First Name		MI
Residential Street Address			City	State Zip Code
Principal Occupation			Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contribution in excess of \$400 to a candidate committee for a chief executive officer of a municipality, state contractor or business entity associated with have a contract with said municipality valued at more than \$5000?	Yes No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section 1-11? If yes, list Event #	Yes No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with.	Executive Legislative Yes No	
Method of Contribution			Date Received	Aggregate Contributions
Cash	Personal Check	Credit/Debit Card	Payroll Deductions	Money Order
Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS				(Sections A & B) <i>(Total on Line 14 of Summary Page)</i>

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE Connecticut Education Association Political Action Committee	TYPE OF REPORT Independent Expenditure Candidate Primary - Original
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C1. Contributions from Other Committees

Date of Committee			Name of Treasurer		
Address		Is this contribution associated with a fundraising event listed in Section 1-11? If yes, list Event #		Yes No	Amount of Contribution
City	State Zip Code	Date Received	Aggregate Contributions		
Total of Section C1					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for allowed expenses Payment for goods and services Surplus Distributions		
Total of Section C2					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

B. Loans Received this Period

Name of Lender		Source of Loan				Date of Receipt
		Bank	Candidate	Individual	Other	
Street Address		City		State	Zip Code	Is there a cosigner or guarantor of this loan?
						Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address		City		State	Zip Code	
Total of Section B						

L. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)				
Name of Entity				
Street Address			Total Received	Amount Received
City	State	Zip Code	Aggregate Contribution	
Total of Section E				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
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 I.1?			Amount
	Yes	No	If Yes, list Event #	
Total of Section F				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)				
Date of Receipt	Amount			
08/14/2013	4105,000.00			
Total of Section G				\$105,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section F			

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	Amount Received
Street Address	City	State	
Description			
Total of Section K			

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

L1. Fundraiser Event Information

Fundraising Event # (Use of Fundraiser)	Date	Description
Location: Street Address		City
		State
		Zip Code
Subject 1: (All Committees)		
Was this fundraising event hosted at a personal residence?	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 melioraria.)
	No	
Did this fundraiser include items donated by a business entity of up to \$100 in items donated by an individual of up to \$100?	Yes	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
	No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes	(If yes, enter Total Receipts here.)
	No	
Subject 2: (Town Committee and Municipal Candidate Committees ONLY)		
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
	No	
Subject 3: (Town Committee ONLY)		
Did your committee sell food or beverage at a fair or similar mass gathering held within the year with this fundraiser?	Yes	(If yes, enter Total Receipts here.)
	No	
Total of Section L1:		

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)

Name of Purchaser		Purchase Made By	
		Business Entity	Individual
		Self Proprietorship	
Street Address		City	State
			Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase
			Amount of Sign Purchase
Total of Section L3:			

II. FUNDRAISING EVENT ACTIVITY (Sections L1 - L4)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

L4. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address	City	State	Zip Code
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Donation Given To:	Description of Donation			Fair Market Value of Donation
Business Entity	Date Received	Event #	Aggregate value for this event	
Individual				
Sole Proprietorship				

Total of Section L4

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code
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Type of Contribution	Committee	Date Received	Aggregate contributions	Description of In-Kind Contribution
Individual / Sole Proprietorship	Other			

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business entity to whom contributor will have a contract with said municipality valued at more than \$10,000?	Yes No	Fair Market Value of this Contribution
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Is this contribution associated with a fundraising event listed in Section 11-2?	Yes No	Is contributor a principal or sole contractor or prospective state contractor?	Yes No
If yes, list event:		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE				TYPE OF REPORT		
Connecticut Education Association Political Action Committee				Independent Expenditure Candidate Primary - Original		
N. Refundable Deposit to Telephone Company						
Last Name of Individual		First Name		MI	Date Deposit Made	
Residential Street Address		City	State	Zip Code	Amount of Deposit	
Name of Telephone company						
Street Address		City	State	Zip Code		
Total of Section N						

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE				TYPE OF REPORT			
Connecticut Education Association Political Action Committee				Independent Expenditure Candidate Primary - Original			
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL. See Public Act 11-48							
Name of Donor (Legislative Leadership, Legislative Caucus, and Party Committee ONLY)			Name of Trustee				
Street Address			Date Notice Received		Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations				
Description of Donation			Purpose of Expenditure				
			A	B	C	D	E
Total of Section O							

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
P. Expenses Paid By Committee			
Name of Payer Alexie Woffel		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2686 <input type="checkbox"/> Debit Card
Street Address 555 Trumbull Ave		City Bridgeport	
State CT		Zip Code	
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130420	Type of Expenditure (if applicable) Limitation in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> Coordinated with reimbursement sought		\$55.00
Name of Payer John Staley		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2687 <input type="checkbox"/> Debit Card
Street Address 80 University Ave		City Bridgeport	
State CT		Zip Code	
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130421	Type of Expenditure (if applicable) Limitation in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> Coordinated with reimbursement sought		\$100.00
Name of Payer Tawana Johnson		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2656 <input type="checkbox"/> Debit Card
Street Address 159 Galloam Ave		City Bridgeport	
State CT		Zip Code	
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130423	Type of Expenditure (if applicable) Limitation in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> Coordinated with reimbursement sought		\$265.00
Name of Payer Nicole Patterson		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2657 <input type="checkbox"/> Debit Card
Street Address 736 Brooks St		City Bridgeport	
State CT		Zip Code	
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130424	Type of Expenditure (if applicable) Limitation in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> Coordinated with reimbursement sought		\$270.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
P. Expenses Paid By Committee			
Name of Payer Randy Wade		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2658 <input type="checkbox"/> Debit Card
Street Address 74 Anson St		City Bridgeport	State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130425	Type of Expenditure (if applicable) Itemization or Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought	\$220.00
Name of Payer Berpard Williams		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2659 <input type="checkbox"/> Debit Card
Street Address 76 Judson Hl		City Bridgeport	State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130426	Type of Expenditure (if applicable) Itemization or Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought	\$220.00
Name of Payer GIBNA SchoolField		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2660 <input type="checkbox"/> Debit Card
Street Address 73 LOUISIANA AVE		City Bridgeport	State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130427	Type of Expenditure (if applicable) Itemization or Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought	\$150.00
Name of Payer Willene Gibson		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2661 <input type="checkbox"/> Debit Card
Street Address 555 Carroll Ave		City Bridgeport	State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130428	Type of Expenditure (if applicable) Itemization or Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought	\$125.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidates Primary - Original	
P. Expenses Paid By Committee			
Name of Payer Jeanette Torres		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 3063 <input type="checkbox"/> Debit Card
Street Address 355 Carroll Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (By code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130429	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 checked="" 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		\$70.00
Name of Payer Lenna Dawson		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2863 <input type="checkbox"/> Debit Card
Street Address 76 Valley Cir		City Bridgeport	State CT Zip Code
Purpose of Expenditure (By code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130430	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 checked="" 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		\$120.00
Name of Payer RUTH VINES		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2864 <input type="checkbox"/> Debit Card
Street Address 388 Platt St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (By code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130431	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 checked="" 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		\$120.00
Name of Payer Michael Williams		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2865 <input type="checkbox"/> Debit Card
Street Address 76 Judson Pl		City Bridgeport	State CT Zip Code
Purpose of Expenditure (By code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130432	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 checked="" 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		\$80.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original
P. Expenses Paid By Committee		

Name of Payer Tomekha Gee		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2656 <input type="checkbox"/> Debit Card	
Street Address 125 Hillcrest Rd		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130433	Type of Expenditure (if applicable) Information in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> Coordinated with reimbursement sought			\$80.00
Name of Payer Earlene Bohannon		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2657 <input type="checkbox"/> Debit Card	
Street Address 100 Platt St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130434	Type of Expenditure (if applicable) Information in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> Coordinated with reimbursement sought			\$60.00
Name of Payer Melvin Purtee		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2668 <input type="checkbox"/> Debit Card	
Street Address 97 Yaremich Dr		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130435	Type of Expenditure (if applicable) Information in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> Coordinated with reimbursement sought			\$60.00
Name of Payer Kiyshon McAlister		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2659 <input type="checkbox"/> Debit Card	
Street Address 180 Yaremich Dr		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130437	Type of Expenditure (if applicable) Information in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> Coordinated with reimbursement sought			\$63.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original
F. Expenses Paid By Committee	

Name of Payer Metropolitan Business Association		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2663 <input type="checkbox"/> Debit Card	
Street Address 1214 Stratford Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) OVHD	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) limitation in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought		Amount \$1,000.00	
Name of Payer Staples		Date of Payment 08/14/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2670 <input type="checkbox"/> Debit Card	
Street Address 1543 Main St		City Bridgeport		State CT
Purpose of Expenditure (by code) OFFICE	Description	Event #	Amount	
Expenditure # (if applicable) 130412	Type of Expenditure (if applicable) limitation in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought		Amount \$163.15	
Name of Payer Grassroots Strategies Inc.		Date of Payment 08/15/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2674 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford		State CT
Purpose of Expenditure (by code) CNST	Description	Event #	Amount	
Expenditure # (if applicable) 130413	Type of Expenditure (if applicable) limitation in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought		Amount \$4,600.00	
Name of Payer Momentum Communications		Date of Payment 08/19/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2676 <input type="checkbox"/> Debit Card	
Street Address 22 Hopewell Woods Rd		City Redding		State CT
Purpose of Expenditure (by code) A-WEB	Description	Event #	Amount	
Expenditure # (if applicable) 130410	Type of Expenditure (if applicable) limitation in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought		Amount \$750.00	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
P. Expenses Paid By Committee			
Name of Payee Staples		Date of Payment 08/19/2013	Method of Payment <input checked="" type="checkbox"/> Check # 3575 <input type="checkbox"/> Debit Card
Street Address 48 Putnam Blvd		City Glastonbury	State CT Zip Code
Purpose of Expenditure (to code) OFFICE	Description	Event #	Amount
Expenditure # (if applicable) 130411	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought		\$72.70
Name of Payee Charles Covello		Date of Payment 08/20/2013	Method of Payment <input checked="" type="checkbox"/> Check # 3978 <input type="checkbox"/> Debit Card
Street Address 73 Willow St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130409	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought		\$1,500.00
Name of Payee Katherine Traber		Date of Payment 08/20/2013	Method of Payment <input checked="" type="checkbox"/> Check # 3701 <input type="checkbox"/> Debit Card
Street Address 110 Hale Ter		City Bridgeport	State CT Zip Code
Purpose of Expenditure (to code) RCW	Description Office supplies	Event #	Amount
Expenditure # (if applicable) 130468	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought		\$506.17
Name of Payee Deborah Hendricks		Date of Payment 08/20/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2677 <input type="checkbox"/> Debit Card
Street Address 667 Madison Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130438	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> Coordinated with reimbursement sought		\$50.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
P. Expenses Paid By Committee			
Name of Payee Federal Express		Date of Payment 08/21/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2601 <input type="checkbox"/> Debit Card
Street Address 175 Glastonbury Blvd		City Glastonbury	State CT Zip Code
Purpose of Expenditure (to code) PPN	Description	Event #	Amount
Expenditure # (if applicable) 130416	Type of Expenditure (if applicable) Limitation in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		\$1,084.77
Name of Payee Thomas Cable		Date of Payment 08/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2675 <input type="checkbox"/> Debit Card
Street Address 53 Larkley Rd		City Oxford	State CT Zip Code 06479
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130407	Type of Expenditure (if applicable) Limitation in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		\$2,500.00
Name of Payee Katherine Traber		Date of Payment 08/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2673 <input type="checkbox"/> Debit Card
Street Address 110 Hale Ter		City Bridgeport	State CT Zip Code
Purpose of Expenditure (to code) BCW	Description Cell phone top ups	Event #	Amount
Expenditure # (if applicable) 130488	Type of Expenditure (if applicable) Limitation in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		\$269.46
Name of Payee Katherine Traber		Date of Payment 08/22/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2672 <input type="checkbox"/> Debit Card
Street Address 110 Hale Ter		City Bridgeport	State CT Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130457	Type of Expenditure (if applicable) Limitation in Addendum P Required <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		\$2,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
P. Expenses Paid By Committee			
Name of Payee The Hardy Press Incorporated		Date of Payment 08/23/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2680 <input type="checkbox"/> Debit Card
Street Address 25 JAMES ST		City New Haven	State CT
Purpose of Expenditure (to code) PRINT		Description	Event #
Expenditure # (if applicable) 130460	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		Amount \$2,987.00
Name of Payee Thomas Yachymczyk		Date of Payment 08/26/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2682 <input type="checkbox"/> Debit Card
Street Address 1030 Main St		City Bridgeport	State CT
Purpose of Expenditure (to code) WAGE		Description	Event #
Expenditure # (if applicable) 130419	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		Amount \$65.00
Name of Payee Grassroots Strategies Inc.		Date of Payment 08/27/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2683 <input type="checkbox"/> Debit Card
Street Address 30 Arbor St		City Hartford	State CT
Purpose of Expenditure (to code) CONSULT		Description	Event #
Expenditure # (if applicable) 130414	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		Amount \$2,800.00
Name of Payee United States Postal Service		Date of Payment 08/28/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2684 <input type="checkbox"/> Debit Card
Street Address 141 Weston St		City Hartford	State CT
Purpose of Expenditure (to code) POST		Description	Event #
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		Amount \$6,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
P. Expenses Paid By Committee			
Name of Payee Thomas Yachymczyk		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2688 <input type="checkbox"/> Debit Card
Street Address 1030 Main St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (If not WAGE)	Description	Event #	Amount
Expenditure # (if applicable) 130439	Type of Expenditure (if applicable) Indication in Attachment P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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		\$355.00
Name of Payee Isanette Torres		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2690 <input type="checkbox"/> Debit Card
Street Address 355 Carroll Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (If not WAGE)	Description	Event #	Amount
Expenditure # (if applicable) 130440	Type of Expenditure (if applicable) Indication in Attachment P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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		\$385.00
Name of Payee Randy Wade		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2691 <input type="checkbox"/> Debit Card
Street Address 74 Anson St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (If not WAGE)	Description	Event #	Amount
Expenditure # (if applicable) 130441	Type of Expenditure (if applicable) Indication in Attachment P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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		\$350.00
Name of Payee Kenneth Beale		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2692 <input type="checkbox"/> Debit Card
Street Address 187 Eagle St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (If not WAGE)	Description	Event #	Amount
Expenditure # (if applicable) 130442	Type of Expenditure (if applicable) Indication in Attachment P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input checked="" 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		\$350.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary Original
P. Expenses Paid By Committee		

Name of Payer Donald Peterson		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2693 <input type="checkbox"/> Debit Card	
Street Address 415 Kent Ave		City Bridgeport		State CT
Purpose of Expenditure (to include) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130443	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F			\$295.00
Name of Payer Wesley Patterson		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2694 <input type="checkbox"/> Debit Card	
Street Address 736 Brooks St		City Bridgeport		State CT
Purpose of Expenditure (to include) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130444	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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			\$311.00
Name of Payer Deborah Hendricks		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2695 <input type="checkbox"/> Debit Card	
Street Address 687 Madison Ave		City Bridgeport		State CT
Purpose of Expenditure (to include) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130445	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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			\$335.00
Name of Payer Tawana Johnson		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2696 <input type="checkbox"/> Debit Card	
Street Address 169 Calhoun Ave		City Bridgeport		State CT
Purpose of Expenditure (to include) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130446	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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			\$560.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
P. Expenses Paid By Committee			
Name of Payer Lorraine Montee		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2697 <input type="checkbox"/> Debit Card
Street Address 301 Ridgfield Ave		City Bridgeport	State CT
Purpose of Expenditure (to include) WAGE		Description	Event #
Expenditure # (if applicable) 130447	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		Amount \$240.00
Name of Payer Shanta Williams		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2698 <input type="checkbox"/> Debit Card
Street Address 76 Judson Pl		City Bridgeport	State CT
Purpose of Expenditure (to include) WAGE		Description	Event #
Expenditure # (if applicable) 130448	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		Amount \$240.00
Name of Payer Barbara Williams		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2699 <input type="checkbox"/> Debit Card
Street Address 76 Judson Pl		City Bridgeport	State CT
Purpose of Expenditure (to include) WAGE		Description	Event #
Expenditure # (if applicable) 130449	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		Amount \$240.00
Name of Payer Joshua James		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2700 <input type="checkbox"/> Debit Card
Street Address 76 Valley Cir		City Bridgeport	State CT
Purpose of Expenditure (to include) WAGE		Description	Event #
Expenditure # (if applicable) 130450	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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		Amount \$230.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original
P. Expenses Paid By Committee	

Name of Payer Jalari Aiford		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2249 <input type="checkbox"/> Debit Card	
Street Address 105 Price St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130451	Type of Expenditure (if applicable) Disclosure is Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Coordinated with reimbursement sought		Amount \$155.00	
Name of Payer Betty Chapell		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2750 <input type="checkbox"/> Debit Card	
Street Address 1845 Central Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130452	Type of Expenditure (if applicable) Disclosure is Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Coordinated with reimbursement sought		Amount \$190.00	
Name of Payer Troy Chapell		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2751 <input type="checkbox"/> Debit Card	
Street Address 1845 Central Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130453	Type of Expenditure (if applicable) Disclosure is Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Coordinated with reimbursement sought		Amount \$175.00	
Name of Payer Lernee Dawson		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2746 <input type="checkbox"/> Debit Card	
Street Address 76 Valley Cir		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130454	Type of Expenditure (if applicable) Disclosure is Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" type="checkbox"/> Coordinated with reimbursement sought		Amount \$120.00	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Campaign Primary - Original	
P. Expenses Paid By Committee			
Name of Payer Lorenzo Jordan		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2242 <input type="checkbox"/> Debit Card
Street Address 300 Jefferson St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130455	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> Coordinated with reimbursement sought		\$200.00
Name of Payer Yahya Malik		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2746 <input type="checkbox"/> Debit Card
Street Address 1845 Central Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130456	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> Coordinated with reimbursement sought		\$120.00
Name of Payer Lacora Spell		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2743 <input type="checkbox"/> Debit Card
Street Address 1434 Iranistan Ave		City Bridgeport	State CT Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130407	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> Coordinated with reimbursement sought		\$175.00
Name of Payer Tiffany Harris		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2744 <input type="checkbox"/> Debit Card
Street Address 133 Prince St		City Bridgeport	State CT Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount
Expenditure # (if applicable) 130458	Type of Expenditure (if applicable) Itemization in Addition P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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 <input type="checkbox"/> F <input type="checkbox"/> Coordinated with reimbursement sought		\$100.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Candidate Primary - Original

P. Expenses Paid By Committee

Name of Payee Steven Suggs		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2745 <input type="checkbox"/> Debit Card	
Street Address 705 Laurel Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130459	Type of Expenditure (if applicable) (Initiation in Addition P Required) <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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			Amount \$125.00
Name of Payee Kim Timmons		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2740 <input type="checkbox"/> Debit Card	
Street Address 81 Bell St		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130460	Type of Expenditure (if applicable) (Initiation in Addition P Required) <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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			Amount \$180.00
Name of Payee Starisha Younger		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2741 <input type="checkbox"/> Debit Card	
Street Address 66 Wordin Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130491	Type of Expenditure (if applicable) (Initiation in Addition P Required) <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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			Amount \$125.00
Name of Payee Zjhane Younger		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2742 <input type="checkbox"/> Debit Card	
Street Address 66 Wordin Ave		City Bridgeport		State CT
Purpose of Expenditure (by code) WAGE		Description		Event #
Expenditure # (if applicable) 130462	Type of Expenditure (if applicable) (Initiation in Addition P Required) <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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			Amount \$125.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original
P. Expenses Paid By Committee		

Name of Payer Karen Walker		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2737 <input type="checkbox"/> Debit Card	
Street Address 61 Bell St		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130483	Type of Expenditure (if applicable) (Indication is Addition P Required) <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought		\$190.00
Name of Payer Traci Barnall-Miller		Date of Payment 08/26/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2738 <input type="checkbox"/> Debit Card	
Street Address 554 Sedgewick Ave		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130484	Type of Expenditure (if applicable) (Indication is Addition P Required) <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought		\$96.00
Name of Payer Louis Younger		Date of Payment 08/29/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2739 <input type="checkbox"/> Debit Card	
Street Address 133 Cowles St		City Bridgeport	State CT	Zip Code
Purpose of Expenditure (to code) WAGE	Description	Event #	Amount	
Expenditure # (if applicable) 130485	Type of Expenditure (if applicable) (Indication is Addition P Required) <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought		\$190.00
Name of Payer Marie Rogan		Date of Payment 08/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2689 <input type="checkbox"/> Debit Card	
Street Address 29 Beem Rd		City West Hartford	State CT	Zip Code
Purpose of Expenditure (to code) Misc *	Description Graphic Design	Event #	Amount	
Expenditure # (if applicable) 130418	Type of Expenditure (if applicable) (Indication is Addition P Required) <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought		\$450.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE		TYPE OF REPORT	
Connecticut Education Association Political Action Committee		Independent Expenditure Candidate Primary - Original	
P. Expenses Paid By Committee			
Name of Payee Marketing Solutions		Date of Payment 08/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2738 <input type="checkbox"/> Debit Card
Street Address 109 Talcott Rd		City West Hartford	State CT
Purpose of Expenditure (by code) PRNT	Description	Event #	Amount
Expenditure # (if applicable) 130470	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="checkbox"/> Coordinated without reimbursement sought <input checked="" 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	<input type="checkbox"/> Coordinated with reimbursement sought	\$1,063.00
Name of Payee Toni Harp 2013		Date of Payment 08/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2735 <input type="checkbox"/> Debit Card
Street Address PO Box 3816		City New Haven	State CT
Purpose of Expenditure (by code) CNTRB	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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	<input type="checkbox"/> Coordinated with reimbursement sought	\$1,500.00
Name of Payee Connecticut Working Families Party		Date of Payment 08/30/2013	Method of Payment <input checked="" type="checkbox"/> Check # 2734 <input type="checkbox"/> Debit Card
Street Address 30 Arbor St.		City Hartford	State CT
Purpose of Expenditure (by code) CNTRB	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <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	<input type="checkbox"/> Coordinated with reimbursement sought	\$2,000.00
Total of Section P			\$39,053.19

IV. EXPENDITURES (Sections P - T)				
NAME OF COMMITTEE			TYPE OF REPORT	
			Independent Expenditure Candidate Primary - Original	
Q. Campaign Expenses Paid By Candidate				
Name of Person (Name of vendor who candidate paid directly)			Date of Payment	Is Reimbursement Claimed?
				Yes No
Street Address		City	State	Zip Code
Purpose of Expenditure (By code)	Description	Event #	Amount	
Total of Section Q				

IV. EXPENDITURES				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Education Association Political Action Committee			Independent Expenditure Candidate Primary - Original	
R. Expenses Incurred on Committee Credit Card				
Name of Issuing Institution		Type of Credit Card		
		Visa MasterCard Discover American Express Other		
Name of Vendor			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (By code)	Description	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable. Itemization or Attachment R Required)		Continued with reimbursement sought	
	Coordinated without reimbursement sought Independent		Organization A B C D E	
Total of Section R				

IV. EXPENDITURES								
NAME OF COMMITTEE				TYPE OF REPORT				
Connecticut Education Association Political Action Committee				Independent Expenditure Candidate Primary - Original				
S. Expenses Incurred By Committee but Not Paid During this Period								
Name of Vendor					Date Incurred			
Street Address			City	State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Balance or Actual)			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required		Continued with reimbursement sought					
	Continued without reimbursement sought	Independent	Organization	A	B	C	D	E
Total of Section S								

IV. EXPENDITURES								
NAME OF COMMITTEE				TYPE OF REPORT				
Connecticut Education Association Political Action Committee				Independent Expenditure Candidate Primary - Original				
T. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment				
				Check # Debit Card				
Secondary Phone								
Street Address			City	State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #		Amount			
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum T Required		Continued with reimbursement sought					
	Continued without reimbursement sought	Independent	Organization	A	B	C	D	E
Total of Section T								

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Education Association Political Action Committee	Independent Expenditure Certificate Primary - Original

P. Expenses Paid By Committee - Addendum

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
130407		\$2,500.00
Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	\$2,500.00

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
130409		\$1,500.00
Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	\$1,500.00

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
130410		\$750.00
Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	\$750.00

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
130411		\$72.70
Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	\$72.70

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
130412		\$163.15
Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	\$163.15

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
130413		\$4,000.00
Name of Candidate	Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey	Other Municipal Office	\$4,000.00

Expenditure #	130414	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$2,800.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$2,800.00

Expenditure #	130416	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,084.77
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,084.77

Expenditure #	130418	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$450.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$450.00

Expenditure #	130419	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$65.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$65.00

Expenditure #	130420	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$55.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$55.00

Expenditure #	130421	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$100.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$100.00

Expenditure #	130423	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$255.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$255.00

Expenditure #	130424	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$270.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$270.00

Expenditure #	130425	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$220.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$220.00

Expenditure #	130426	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$220.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$220.00

Expenditure #	130427	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$150.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$150.00

Expenditure #	130428	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$125.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$125.00

Expenditure #	130429	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$70.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$70.00

Expenditure #	130430	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$120.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$120.00

Expenditure #	130431	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$120.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$120.00

Expenditure #	130432	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$80.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$80.00

Expenditure #	130433	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$80.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$80.00

Expenditure #	130434	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$60.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$60.00

Expenditure #	130435	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$60.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$60.00

Expenditure #	130437	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$60.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$60.00

Expenditure #	130438	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$50.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$50.00

Expenditure #	130439	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$355.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$355.00

Expenditure #	130440	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$385.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$385.00

Expenditure #	130441	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$350.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$350.00

Expenditure #	130442	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$350.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$350.00

Expenditure #	130443	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$295.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$295.00

Expenditure #	130444	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$311.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$311.00

Expenditure #	130445	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$335.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$335.00

Expenditure #	130446	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$560.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$560.00

Expenditure #	130447	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$240.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$240.00

Expenditure #	130448	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$240.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$240.00

Expenditure #	130449	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$240.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$240.00

Expenditure #	130450	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$230.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$230.00

Expenditure #	130451	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$155.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$155.00

Expenditure #	130452	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$190.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$190.00

Expenditure #	130453	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$175.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$175.00

Expenditure #	130454	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$120.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$120.00

Expenditure #	130455	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$200.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$200.00

Expenditure #	130456	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$120.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$120.00

Expenditure #	130457	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$175.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$175.00

Expenditure #	130458	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$180.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$180.00

Expenditure #	130459	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$125.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$125.00

Expenditure #	130460	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$180.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$180.00

Expenditure #	130461	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$125.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$125.00

Expenditure #	130462	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$125.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$125.00

Expenditure #	130463	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$190.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$190.00

Expenditure #	130464	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$96.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$96.00

Expenditure #	130465	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$190.00
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$190.00

Expenditure #	130466	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
			\$269.40
Name of Candidate		Office Sought	Cost Allocated to Candidate
Andre Baker, Howard Gardner, David Hennessey		Other Municipal Office	\$269.40

Expenditure #	130467	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$2,000.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$2,000.00
Expenditure #	130468	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$506.17
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$506.17
Expenditure #	130469	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$2,987.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$2,987.00
Expenditure #	130470	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$1,063.00
Name of Candidate Andre Baker, Howard Gardner, David Hennessey		Office Sought Other Municipal Office	Cost Allocated to Candidate \$1,063.00