



10 October 2013

NEW HAVEN CITY CLERKS OFFICE RECEIVED

2013 OCT 16 A 9:43

**RE: Amendment to October 10 Filing**

To whom it may concern,

Please note the following changes/additions below to the above referenced filing:

[1] Original 10/10 filing, Contributions Received from Individuals [Sections A and B] was overstated by \$3,625; we have adjusted the following:

- [a] Gary Hogan | 195 Bellevue Road | New Haven, CT 06511; was listed as \$3, 875.00.
- [b] Mr. Hogan's actual Donation was \$250.00.

We are hereby amending as follows:

Mr. Hogan's contribution was listed as :	\$3, 875.00
<b>Actual Donation :</b>	<b>\$ 250.00 [-]</b>
Total adjustment:	\$3,625.00 [overstated]

[2] Original 10/10 filing for Total Outstanding Expenses Incurred by Committee still Unpaid [Section S] was overstated by \$21,244:

We are hereby amending as follows:

- [a] Called SEEC to get clear understanding of interpretation of instructions;
- [b] Brought over the actual amount of Total Outstanding Expenses Incurred by Committee still Unpaid [Section S] in the amount of \$2,200 plus the current Expenses Incurred by Committee During this Period but Not Paid [Section S] in the amount of \$2,000; which brings our Total Outstanding Expenses Incurred by Committee still Unpaid [Section S] to **\$4,200**.

NEW HAVEN CITY CLERKS OFFICE RECEIVED

2013 OCT 16 A 9:49

Respectfully submitted

Andrea Scott  
Deputy Treasurer

# SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Toni Harp 2013			
<b>2. TREASURER NAME</b>			
First Hilda	MI G	Last Kilpatrick	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 219 Roydon Road	City New Haven	State CT	Zip Code 06511
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) Nov 5, 2013	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> Mayor		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Toni	MI N	Last Harp	Suffix
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input checked="" type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	October 10 Filing
<input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date Sep 4, 2013		Ending Date Oct 3, 2013	
_____		thru _____	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
		Andrea Scott	Oct 15, 2013
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>			

NEW HAVEN  
CITY CLERKS OFFICE  
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## 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	
Toni Harp 2013	October 10 Filing	
	COLUMN A This Period	COLUMN B Aggregate
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		
12. Balance on hand at the beginning of Reporting Period	33,946	
13. Contributions Received from Individuals (Sections A and B)	81,530	340,203
14. Receipts from Other Committees (Sections C1 and C2)	17,500	41,150
15. Other Monetary Receipts (Sections D through K)		2,500
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) <i>Municipal and Town Committees ONLY</i>	1,300	3,900
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	100,330	387,753
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	134,276	387,753
19. Expenses Paid by Committee (Section P)	139,730	393,207
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	5,454	5,454
21. In-Kind Donations not Considered Contributions Received (Section L4)	890	7,046
22. In-Kind Contributions Received (Section M)		3,700
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	2,000	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	4,200	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE TONI HARP 2013						TYPE OF REPORT OCTOBER 10 FILING	
<b>C1. Contributions from Other Committees</b>							
Name of Committee CT CORRECTION EMPLOYEES				Name of Treasurer GREGORY F. RUBINO			
Address 124 COURT STREET, SUITE 100			Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>			Amount of Contribution  1,000	
City MIDDLETOWN	State CT	Zip Code 06457	Date Received 09/05/2013	Aggregate Contributions			
Name of Committee CT ASSOCIATION OF OPTOMETRISTS				Name of Treasurer DR. D. PALOZEJI			
Address 553 FRAMINGTON AVENUE			Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # 090413A</i>			Amount of Contribution  1,500	
City HARTFORD	State CT	Zip Code 06105	Date Received Sep 5, 2013	Aggregate Contributions			
Name of Committee CONGRESS POLITICAL ACTION FUND				Name of Treasurer DAVID BOSCO			
Address 907 WETHERSFIELD AVENUE			Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # 090413A</i>			Amount of Contribution  1,000	
City HARTFORD	State CT	Zip Code 06114	Date Received Sep 5, 2013	Aggregate Contributions			
Name of Committee ROBINSON & COLE STATE				Name of Treasurer DAVID PANICO			
Address 280 TRUMBULL AVENUE			Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # 090413A</i>			Amount of Contribution  1,000	
City HARTFORD	State CT	Zip Code 06106	Date Received Sep 5, 2013	Aggregate Contributions			
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
<b>SUBTOTAL Section C — This Page</b>						4,500	
<b>TOTAL of additional Section C Pages</b>						13,000	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)						17,500	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE TONI HARP 2013						TYPE OF REPORT OCTOBER 10 FILING	
<b>C1. Contributions from Other Committees</b>							
Name of Committee CONNECTICUT HEALTH CARE - DISTRICT 1199				Name of Treasurer DAVID ZEVIN			
Address 77 HUYSHOPE AVENUE			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution 750	
City HARTFORD	State CT	Zip Code 06106	Date Received Sep 9, 2013	Aggregate Contributions			
Name of Committee SEIU LOCAL 32BJ CONNECTICUT				Name of Treasurer KYLE BRAGE			
Address 25 W 18TH 5TH FLOOR			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution 1,500	
City NEW YORK	State NY	Zip Code 10011	Date Received Sep 13, 2013	Aggregate Contributions			
Name of Committee IUPAT				Name of Treasurer DOMINIC CIERI JR.			
Address 1492 BERLIN TURNPIKE			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution 500	
City BERLIN	State CT	Zip Code 06037	Date Received Sep 23, 2013	Aggregate Contributions			
Name of Committee IRON PAC 424				Name of Treasurer JAMES J. DOHENY			
Address 15 BERNHARD ROAD			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>			Amount of Contribution 1,500	
City NORTH HAVEN	State CT	Zip Code 06473	Date Received Sep 24, 2013	Aggregate Contributions			
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code			<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution		
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code			<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution		
<b>SUBTOTAL Section C — This Page</b>						4,250	
<b>TOTAL of additional Section C Pages</b>						13,250	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)						17,500	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE TONI HARP 2013						TYPE OF REPORT OCTOBER 10 FILING	
<b>C1. Contributions from Other Committees</b>							
Name of Committee CT STATE COUNCIL OF MACHINISTS MNPL				Name of Treasurer ANTHONY TARASCIO			
Address 365D NEW BRITAIN ROAD			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>			Amount of Contribution 250	
			<input type="radio"/> Yes <input checked="" type="radio"/> No				
City KENSINGTON	State CT	Zip Code 06037	Date Received Sep 9, 2013	Aggregate Contributions			
Name of Committee CONNECTICUT AFL-CIO OPC ACCOUNT				Name of Treasurer LORI J. PELLETIER			
Address 56 TOWN LINE ROAD			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>			Amount of Contribution 500	
			<input type="radio"/> Yes <input checked="" type="radio"/> No				
City ROCKY HILL	State CT	Zip Code 06037	Date Received Sep 9, 2013	Aggregate Contributions			
Name of Committee NEW HAVEN FIRE FIGHTERS				Name of Treasurer DINO RASILE			
Address 350 FERRY STREET, PO BOX 413			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>			Amount of Contribution 1,000	
			<input type="radio"/> Yes <input checked="" type="radio"/> No				
City NEW HAVEN	State CT	Zip Code 06513	Date Received Sep 9, 2013	Aggregate Contributions			
Name of Committee SEIU STATE COUNCIL PAC				Name of Treasurer			
Address 760 CAPITAL AVENUE			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>			Amount of Contribution 750	
			<input type="radio"/> Yes <input checked="" type="radio"/> No				
City HARTFORD	State CT	Zip Code 06106	Date Received Sep 9, 2013	Aggregate Contributions			
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
<b>SUBTOTAL Section C — This Page</b>						2,500	
<b>TOTAL of additional Section C Pages</b>						15,000	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)</i>						17,500	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE TONI HARP 2013						TYPE OF REPORT OCTOBER 10 FILING	
<b>C1. Contributions from Other Committees</b>							
Name of Committee OPERATING ENGINEERS CONTINUING				Name of Treasurer DAVID KRAUSE			
Address 1965 DIXWEL AVENUE			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>			Amount of Contribution 1,500	
City NEW HAVEN		State CT	Zip Code 06511	Date Received Sep 24, 2013	Aggregate Contributions		
Name of Committee AFT CONNECTICUT				Name of Treasurer ED LEAVY			
Address 35 MARSHALL ROAD			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>			Amount of Contribution 1,500	
City ROCKY HILL		State CT	Zip Code 06067	Date Received Sep 26, 2013	Aggregate Contributions		
Name of Committee CENTRAL CT CARPENTERS				Name of Treasurer JOHN RIVERA			
Address 500 MAIN STREET			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>			Amount of Contribution 1,500	
City YALESVILLE		State CT	Zip Code 06492	Date Received Sep 26, 2013	Aggregate Contributions		
Name of Committee CARPENTERS LOCAL 210				Name of Treasurer MARK ERLICH			
Address 618 MAIN STREET			Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>			Amount of Contribution 250	
City MONROE		State CT	Zip Code 06468	Date Received Sep 30, 2013	Aggregate Contributions		
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address					Date Received		Amount of Receipt
City		State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
Name of Committee				Name of Treasurer			
Address					Date Received		Amount of Receipt
City		State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
<b>SUBTOTAL Section C — This Page</b>						4,750	
<b>TOTAL of additional Section C Pages</b>						12,750	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)</i>						17,500	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> TONI HARP 2013	<b>TYPE OF REPORT</b> OCTOBER 10 FILING
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## C1. Contributions from Other Committees

<b>Name of Committee</b> IBEW LOCAL UNION 90			<b>Name of Treasurer</b> FRANK J. HALLORAN		
<b>Address</b> 2 NORTH PLAINS INDUSTRIAL ROAD			Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		<b>Amount of Contribution</b>  1,500
<b>City</b> WALLINGFORD	<b>State</b> CT	<b>Zip Code</b> 06492	<b>Date Received</b> Sep 30, 2013	<b>Aggregate Contributions</b>	

<b>Name of Committee</b>			<b>Name of Treasurer</b>		
<b>Address</b>			Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		<b>Amount of Contribution</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date Received</b>	<b>Aggregate Contributions</b>	

<b>Name of Committee</b>			<b>Name of Treasurer</b>		
<b>Address</b>			Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		<b>Amount of Contribution</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date Received</b>	<b>Aggregate Contributions</b>	

<b>Name of Committee</b>			<b>Name of Treasurer</b>		
<b>Address</b>			Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		<b>Amount of Contribution</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date Received</b>	<b>Aggregate Contributions</b>	

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

<b>Name of Committee</b>			<b>Name of Treasurer</b>		
<b>Address</b>			<b>Date Received</b>	<b>Amount of Receipt</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution		

<b>Name of Committee</b>			<b>Name of Treasurer</b>		
<b>Address</b>			<b>Date Received</b>	<b>Amount of Receipt</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution		

**SUBTOTAL Section C — This Page** 1,500

**TOTAL of additional Section C Pages** 16,000

**TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS**  
(Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals) 17,500



## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

<b>NAME OF COMMITTEE</b>	<b>TYPE OF REPORT</b>
Toni Harp 2013	October 10 Filing

### L1. Fundraiser Event Information

Fundraising Event #	Date of Fundraiser	Letter	Description
	Sep 3, 2013	A	Fundraiser - Reception

Location: Street Address	City	State	Zip Code
827 Whalley Avenue	New Haven	CT	06511

**Subpart 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 invitations.)  
 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?  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

**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?  Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)  
 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?  Yes (If yes, enter **Total Receipts** here.) → \$   
 No

Fundraising Event #	Date of Fundraiser	Letter	Description
	Sep 3, 2013	B	Fundraiser - Reception

Location: Street Address	City	State	Zip Code
58 East Pearl Street	New Haven	CT	06513

**Subpart 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 invitations.)  
 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?  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

**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?  Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)  
 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?  Yes (If yes, enter **Total Receipts** here.) → \$   
 No

<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>	
<b>TOTAL of additional Section L1 Pages</b>	
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)</b>	

NAME OF COMMITTEE	TYPE OF REPORT
Toni Harp 2013	October 10 Filing

**L1. Fundraiser Event Information**

<b>Fundraising Event #</b> Date of Fundraiser    Letter	Description	Location: Street Address	City	State	Zip Code
Sep 4, 2013    A	Fundraiser - Reception	100 Wooster Street	New Haven	CT	06510

**Subpart 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 invitations.)  
 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?  
 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

**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?  
 Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)  
 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?  
 Yes (If yes, enter **Total Receipts** here.)    →    \$   
 No

<b>Fundraising Event #</b> Date of Fundraiser    Letter	Description	Location: Street Address	City	State	Zip Code
Sep 6, 2013    A	Fundraiser - Reception	667-669 State Street	New Haven	CT	06510

**Subpart 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 invitations.)  
 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?  
 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

**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?  
 Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)  
 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?  
 Yes (If yes, enter **Total Receipts** here.)    →    \$   
 No

<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>	
<b>TOTAL Section L1 — This Page</b>	

Section L1. ADDITIONAL PAGE 3 of 5

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10 Filing
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**L1. Fundraiser Event Information**

<b>Fundraising Event #</b> Date of Fundraiser      Letter Sep 6, 2013              B	Description Fundraiser - Reception		
Location: Street Address 12 Fountain Street	City New Haven	State CT	Zip Code 06515

**Subpart 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 invitations.)  
 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?  
 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 → \$

**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?  
 Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  
 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?  
 Yes (If yes, enter Total Receipts here.)  
 No → \$

<b>Fundraising Event #</b> Date of Fundraiser      Letter Sep 7, 2013              A	Description Fundraiser - Reception		
Location: Street Address 261 Orange Street	City New Haven	State CT	Zip Code 06510

**Subpart 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 invitations.)  
 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?  
 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 → \$

**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?  
 Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  
 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?  
 Yes (If yes, enter Total Receipts here.)  
 No → \$

<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>	
<b>TOTAL Section L1 — This Page</b>	

NAME OF COMMITTEE	TYPE OF REPORT
Toni Harp 2013	October 10 Filing

**L1. Fundraiser Event Information**

<b>Fundraising Event #</b> Date of Fundraiser    Letter	Description		
Sep 9, 2013    A	Fundraiser - Reception		
Location: Street Address	City	State	Zip Code
315 Peck Street	New Haven	CT	06513

**Subpart 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 invitations.)  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?  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 → \$

**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?  Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)  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?  Yes (If yes, enter **Total Receipts** here.)  No → \$

<b>Fundraising Event #</b> Date of Fundraiser    Letter	Description		
Sep 15, 2013    A	Fundraiser - Reception		
Location: Street Address	City	State	Zip Code
245 Stevenson Road	New Haven	CT	06515

**Subpart 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 invitations.)  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?  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 → \$

**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?  Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)  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?  Yes (If yes, enter **Total Receipts** here.)  No → \$

<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>	
<b>TOTAL Section L1 — This Page</b>	

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10 Filing
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**L1. Fundraiser Event Information**

<b>Fundraising Event #</b> Date of Fundraiser    Letter Sep 18, 2013    A	Description Fundraiser - Reception	Location: Street Address 1265 Racebrook Road	City Woodbridge	State CT	Zip Code 06525
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**Subpart 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 invitations.)  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?  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 → \$

**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?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  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?  Yes (If yes, enter Total Receipts here.)  No → \$

<b>Fundraising Event #</b> Date of Fundraiser    Letter Sep 29, 2013    A	Description Fundraiser - Reception	Location: Street Address 47 Old Quarry Road	City Guilford	State CT	Zip Code 06437
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**Subpart 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 invitations.)  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?  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 → \$

**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?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  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?  Yes (If yes, enter Total Receipts here.)  No → \$

<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>	
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>	
<b>TOTAL Section L1 — This Page</b>	

**Section L3. ADDITIONAL PAGE** 2 of 2

NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10 Filing	
<b>L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)</b>					
Name of Purchaser				Purchase Made By:	
Acranom Masonry Inc				<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address			City		State
80 Industrial Park Access Road			Middletown		CT
Zip Code					
06455					
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2013-09-13	082613A		250		
Name of Purchaser				Purchase Made By:	
				<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> 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 checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> 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 checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> 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 checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> 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="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> 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	
<b>SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)</b>				250	
<b>Total Purchases of Advertising in Program Book — This Page</b>				250	
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b>					
<b>Total Purchases of Advertising on a Sign — This Page</b>					
<b>TOTAL Section L3 — This Page</b>				250	

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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 Toni Harp 2013	TYPE OF REPORT October 10 Filing
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### L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)

Name of Purchaser Group Insurance Associates				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address 8 Hazel Terrace		City Woodbridge		State CT	Zip Code 06525
Date Received Sep 6, 2013	Event # 090613A	Aggregate Purchases for All Events	Amount of Program Ad Purchase 50	Amount of Sign Purchase	
Name of Purchaser Technical Planning Associates Inc				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address 85 Willow Street		City New Haven		State CT	Zip Code 06511
Date Received Sep 6, 2013	Event # 082613A	Aggregate Purchases for All Events	Amount of Program Ad Purchase 250	Amount of Sign Purchase	
Name of Purchaser Letizia Ambrose & Falls				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address 667-669 State Street		City New Haven		State CT	Zip Code 06510
Date Received Sep 6, 2013	Event # 090613A	Aggregate Purchases for All Events	Amount of Program Ad Purchase 250	Amount of Sign Purchase	
Name of Purchaser Daniels Caulking LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address 46 Kennedy Road   Unit 5		City South Windsor		State CT	Zip Code 06074
Date Received Sep 13, 2013	Event # 090613A	Aggregate Purchases for All Events	Amount of Program Ad Purchase 250	Amount of Sign Purchase	
Name of Purchaser Richards Corporation				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address 72 North Harwinton Avenue		City Terryville		State CT	Zip Code 06786
Date Received Sep 13, 2013	Event # 082613A	Aggregate Purchases for All Events	Amount of Program Ad Purchase 250	Amount of Sign Purchase	

<b>SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY)</b> Total Purchases of Advertising in Program Book — This Page	1,050
<b>SUBTOTAL Section L3 (Town Committees ONLY)</b> Total Purchases of Advertising on a Sign — This Page	
<b>TOTAL of additional Section L3 Pages</b>	250
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c of Summary Page Totals)</i>	1,300

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

<b>NAME OF COMMITTEE</b>	<b>TYPE OF REPORT</b>
Toni Harp 2013	October 10 Filing

### L4. In-Kind Donations Not Considered Contributions

<b>Name of Donor</b>			
Karen DuBois-Walton			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
58 East Pearl Street		New Haven	CT   06513
<b>Donation Given By:</b>	<b>Description of Donation</b>		<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity	Food and Beverage		
<input checked="" type="radio"/> Individual	<b>Date Received</b>	<b>Event #</b>	
<input type="radio"/> Sole Proprietorship	Sep 3, 2013	090313B	166
<b>Aggregate Value for this Event</b>			

<b>Name of Donor</b>			
John Padilia			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
245 Stevenson Road		New Haven	CT   06515
<b>Donation Given By:</b>	<b>Description of Donation</b>		<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity	Food and Beverage		
<input checked="" type="radio"/> Individual	<b>Date Received</b>	<b>Event #</b>	
<input type="radio"/> Sole Proprietorship	Sep 15, 2013	091513A	362
<b>Aggregate Value for this Event</b>			

<b>Name of Donor</b>			
Ellen Scalettar			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
1265 Racebrook Road		Woodbridge	CT   06525
<b>Donation Given By:</b>	<b>Description of Donation</b>		<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity	Food and Beverage		
<input checked="" type="radio"/> Individual	<b>Date Received</b>	<b>Event #</b>	
<input type="radio"/> Sole Proprietorship	Sep 18, 2013	091813A	100
<b>Aggregate Value for this Event</b>			

<b>Name of Donor</b>			
Barbara Pearce			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
47 Old Quarry Road		Guilford	CT   06437
<b>Donation Given By:</b>	<b>Description of Donation</b>		<b>Fair Market Value of Donation</b>
<input type="radio"/> Business Entity	Food and Beverage		
<input checked="" type="radio"/> Individual	<b>Date Received</b>	<b>Event #</b>	
<input type="radio"/> Sole Proprietorship	Sep 29, 2013	092913A	262
<b>Aggregate value for this Event</b>			

<b>SUBTOTAL Section L4 — This Page</b>	890
<b>TOTAL of additional Section L4 Pages</b>	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21 of Summary Page Totals)</i>	890

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### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT 10/10/2013
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**P. Expenses Paid by Committee**

Name of Payee BROWNSTEIN & WEAVER		Date of Payment 09/02/2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 24 N. BRYN MAIOR AVE. # 206		City BRYN MAIOR	State PA
		Zip Code 19010	
Purpose of Expenditure (by code) A-Other	Description Advertising	Event #	Amount 2,000
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee ANDREA TROSELINA		Date of Payment Sep 2, 2013	Method of Payment: <input checked="" type="radio"/> Check # 400 <input type="radio"/> Debit Card
Street Address 100 WOOSTER STREET		City NEW HAVEN	State CT
		Zip Code 06511	
Purpose of Expenditure (by code) FOOD	Description FOOD - FUNDRAISER	Event #	Amount 1,092.23
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee IDEAL PRINTING		Date of Payment Sep 2, 2013	Method of Payment: <input checked="" type="radio"/> Check # 401 <input type="radio"/> Debit Card
Street Address PO BOX 8488		City NEW HAVEN	State CT
		Zip Code 06531	
Purpose of Expenditure (by code) PRINT	Description HANDOUTS	Event #	Amount 1,520.81
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee EBONY WALKER		Date of Payment Sep 2, 2013	Method of Payment: <input checked="" type="radio"/> Check # 402 <input type="radio"/> Debit Card
Street Address 481 DAYTON STREET		City NEW HAVEN	State CT
		Zip Code 06515	
Purpose of Expenditure (by code) WAGES	Description STAFF WAGES	Event #	Amount 300
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

<b>SUBTOTAL Section P — This Page</b>	4,913.04
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<b>TOTAL of additional Section P Pages</b>	
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<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19 of Summary Page Totals)	
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Section P. ADDITIONAL PAGE <sup>15</sup> of 114

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee EARL KELLY		Date of Payment September 2, 2013	Method of Payment: <input checked="" type="radio"/> Check #410 <input type="radio"/> Debit Card	
Street Address 142 FRONT STREET		City NEW HAVEN		State CT
Purpose of Expenditure (by code) RXW	Description LAWN SIGNS	Event #		<b>Amount</b>  40
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee ANDREA SCOTT		Date of Payment September 2, 2013	Method of Payment: <input checked="" type="radio"/> Check #412 <input type="radio"/> Debit Card	
Street Address 98 ROGER WHITE DRIVE		City NEW HAVE		State CT
Purpose of Expenditure (by code) RCW	Description STAFF LUNCH	Event #		<b>Amount</b>  33.27
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee VERIZON WIRELESS		Date of Payment September 2, 2013	Method of Payment: <input checked="" type="radio"/> Check #413 <input type="radio"/> Debit Card	
Street Address WHALLEY AVENUE		City NEW HAVEN		State CT
Purpose of Expenditure (by code) OVHD	Description WIRELESS PHONE FOR CAMPAIGN MANAGER	Event #		<b>Amount</b>  460
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee DUNKIN DONUTS		Date of Payment September 2, 2013	Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card	
Street Address 323 WHALLEY AVENUE		City NEW HAVEN		State CT
Purpose of Expenditure (by code) FOOD	Description FOOD FOR STAFF	Event #		<b>Amount</b>  28.98
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

<b>SUBTOTAL Section P — This Page</b>	562.25
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Section P. ADDITIONAL PAGE <sup>17</sup> of 114

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee VICTOR GOMEZ		Date of Payment September 3, 2013	Method of Payment: <input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card	
Street Address 321 POPULAR STREET		City NEW HAVEN		State CT
Zip Code 06513				
Purpose of Expenditure (by code) TRVL	Description TRANSPORTATION - GAS	Event #	Amount 70	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee RAYMOND WILLIAMS		Date of Payment September 3, 2013	Method of Payment: <input checked="" type="radio"/> Check #291 <input type="radio"/> Debit Card	
Street Address 672 HOWARD AVENUE		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) WAGES	Description STAFF WAGES	Event #	Amount 100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee GARY WOODSON		Date of Payment September 3, 2013	Method of Payment: <input checked="" type="radio"/> Check #404 <input type="radio"/> Debit Card	
Street Address 678 ELM STREET		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) WAGES	Description STAFF WAGES	Event #	Amount 340	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee GARY WOODSON		Date of Payment September 3, 2013	Method of Payment: <input type="radio"/> Check #405 <input type="radio"/> Debit Card	
Street Address 678 ELM STREET		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) WAGES	Description STAFF WAGES	Event #	Amount 360	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

**SUBTOTAL Section P — This Page** 870

Section P. ADDITIONAL PAGE 19 of 1124

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee ELI MARKHAM		Date of Payment September 4, 2013	Method of Payment: <input checked="" type="radio"/> Check #416 <input type="radio"/> Debit Card	
Street Address 48 LINDEN STREET		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description REIMBURSEMENT - OFFICE SUPPLIES	Event #	<b>Amount</b> 121.12	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee ELI MARKHAM		Date of Payment	Method of Payment: <input checked="" type="radio"/> Check #417 <input type="radio"/> Debit Card	
Street Address 48 LINDEN STREET		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description REIMBURSEMENT - CELL PHONES	Event #	<b>Amount</b> 375	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee HERODOTUS CAMPAIGN LLC.		Date of Payment September 4, 2013	Method of Payment: <input checked="" type="radio"/> Check #418 <input type="radio"/> Debit Card	
Street Address 17 BROWN STREET, APT. 26		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) CNSLT	Description CAMPAIGN CONSULTANT	Event #	<b>Amount</b> 3,000	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee CHRIS CAMPBELL		Date of Payment September 4, 2013	Method of Payment: <input checked="" type="radio"/> Check #419 <input type="radio"/> Debit Card	
Street Address 17 BROWN STREET, APT. 26		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description OFFICE SUPPLIES, MISC.	Event #	<b>Amount</b> 32.7	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

<b>SUBTOTAL Section P — This Page</b>	<b>3,525.82</b>
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Section P. ADDITIONAL PAGE 21 of 114

NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
MAGADALENA TORRES			September 4, 2013		<input checked="" type="radio"/> Check #424 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
46 BENTON STREET		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGES	WAGES STAFF				175
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
FRANCESCO TORRES			September 4, 2013		<input checked="" type="radio"/> Check #425 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
108 PUPULAR STREET		NEW HAVEN		CT	06513
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGES	WAGES STAFF				40
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
JANIRIS QUINONES			September 4, 2013		<input checked="" type="radio"/> Check #426 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
12A CINQUE COURT		NEW HAVEN		CT	06519
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGES	WAGES STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
YESENIA ARCE			September 4, 2013		<input checked="" type="radio"/> Check #427 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
604 FERRY STREET		NEW HAVEN		CT	06510
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGES	WAGES STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>				415	

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NAME OF COMMITTEE	TYPE OF REPORT
Toni Harp 2013	October 10th Filing

**P. Expenses Paid by Committee**

Name of Payee	Date of Payment	Method of Payment:
BARBARA WALKER	September 4, 2013	<input checked="" type="radio"/> Check #432 <input type="radio"/> Debit Card

Street Address	City	State	Zip Code
2 MORNING VIEW COURT	HAMDEN	CT	06518

Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	FUNDRAISER	082413-A	279.69
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee	Date of Payment	Method of Payment:
BARBARA WALKER	September 4, 2013	<input checked="" type="radio"/> Check #433 <input type="radio"/> Debit Card

Street Address	City	State	Zip Code
2 MORNING VIEW COURT	HAMDEN	CT	06518

Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	FUNDRAISER	082413A	739.28
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee	Date of Payment	Method of Payment:
WYBC	September 5, 2013	<input checked="" type="radio"/> Check # <input type="radio"/> Debit Card

Street Address	City	State	Zip Code
142 TEMPLE STREET	NEW HAVEN	CT	06510

Purpose of Expenditure (by code)	Description	Event #	Amount
A-RAD	ADVERTISING RADIO		1,200
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee	Date of Payment	Method of Payment:
MARCUS PACES	September 5, 2013	<input checked="" type="radio"/> Check #434 <input type="radio"/> Debit Card

Street Address	City	State	Zip Code
66 HUBINGER STREET	NEW HAVEN	CT	006511

Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	STAFF WAGES		1,050
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

<b>SUBTOTAL Section P — This Page</b>			3,268.97
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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
MIA WELFARE			September 5, 2013		<input checked="" type="radio"/> Check #440 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
39 ELMWOOD ROAD		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				300
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
RAYMOND WILLIAMS			September 5, 2013		<input checked="" type="radio"/> Check #441 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
672 HOWARD AVENUE		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
ALEXIS PERKINS			September 5, 2013		<input checked="" type="radio"/> Check #442 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
234 MUNSON STREET		NEW HAVEN		CT	06512
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				200
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
RITEWAY FOR KIDS			September 5, 2013		<input checked="" type="radio"/> Check #443 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
48 FOOTE STREET		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				800
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>				1,400	

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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
JASON BARTLETT			September 5, 2013		<input checked="" type="radio"/> Check #449 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
14 HIGHVIEW TERRACE		BETHEL		CT	06801
Purpose of Expenditure (by code)	Description		Event #		Amount
CNSLT	CONSULTANT				2,500
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
DAWUD SHABAKA			September 5, 2013		<input checked="" type="radio"/> Check #450 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
1753 WHITNEY AVENUE		HAMDEN		CT	06517
Purpose of Expenditure (by code)	Description		Event #		Amount
RCW	MILEAGE				7.84
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
PAUL BROCK JR.			September 5, 2013		<input checked="" type="radio"/> Check #451 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
79 EDGEWOOD DR.		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	PARKING TICKET				20
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
JIVAN SOBRINHO-WHEELER			September 5, 2013		<input checked="" type="radio"/> Check #452 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
138 PENDLETON STREET		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		Amount
RCW	OFFICE SUPPLIES & SENIOR EVENT				37.07
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b>				
	<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>					2,564.91



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NAME OF COMMITTEE				TYPE OF REPORT			
Toni Harp 2013				October 10th Filing			
<b>P. Expenses Paid by Committee</b>							
Name of Payee				Date of Payment		Method of Payment:	
AMARANTE'S SEA CLIFF INN				September 5, 2013		<input checked="" type="radio"/> Check #458 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
62 COVE STREET			NEW HAVEN			CT	06510
Purpose of Expenditure (by code)	Description		Event #		Amount		
FOOD	FOOD BREAKFAST				80		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
EBONY WALKER				September 5, 2013		<input checked="" type="radio"/> Check #461 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
481 DAYTON STREET			NEW HAVEN			CT	06515
Purpose of Expenditure (by code)	Description		Event #		Amount		
WAGE	WAGES STAFF				200		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
LISA HOPKINS				September 5, 2013		<input checked="" type="radio"/> Check #462 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
16 FRANCES HUNTER DRIVE			NEW HAVEN			CT	06511
Purpose of Expenditure (by code)	Description		Event #		Amount		
WAGE	WAGES STAFF				300		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
LISA HOPKINS				September 5, 2013		<input checked="" type="radio"/> Check #463 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
16 FRANCES HUNTER DRIVE			NEW HAVEN			CT	06511
Purpose of Expenditure (by code)	Description		Event #		Amount		
WAGE	WAGE STAFF				250		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
<b>SUBTOTAL Section P — This Page</b>						830	

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee ISAIAH CHISHOLM	Date of Payment September 5, 2013	Method of Payment: <input checked="" type="radio"/> Check #470 <input type="radio"/> Debit Card
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Street Address 238 BARBER STREET	City NEW HAVEN	State CT	Zip Code 06511
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 200
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee RAE JOHNSON	Date of Payment September 5, 2013	Method of Payment: <input checked="" type="radio"/> Check #471 <input type="radio"/> Debit Card
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Street Address 47 BUTTON STREET	City NEW HAVEN	State CT	Zip Code 06519
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 500
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee A T & T	Date of Payment September 6, 2013	Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
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Street Address 936 CHAPEL STREET	City NEW HAVEN	State CT	Zip Code 06510
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Purpose of Expenditure (by code) OVHD	Description TELEPHONE	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee A T & T	Date of Payment September 6, 2013	Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card
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Street Address 936 CHAPEL STREET	City NEW HAVEN	State CT	Zip Code 06510
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Purpose of Expenditure (by code) OVHD	Description TELEPHONE	Event #	Amount 30
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

<b>SUBTOTAL Section P — This Page</b>			830
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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
COSTCO			September 8, 2013		<input checked="" type="radio"/> Check #474 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
1718 BOSTON POST ROAD		MILFORD		CT	06460
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
FNDR	WATER & SODA PRIMARY				881.17
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
CHRIS CAMPBELL			September 8, 2013		<input checked="" type="radio"/> Check #475 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
17 BROWN STEET		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
RCW	REIMBURSEMENT - OFFICE SUPPLIES, PHONES, GAS CARDS				2,909.87
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
ELI MARKHAM			September 8, 2013		<input checked="" type="radio"/> Check #476 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
48 LINDEN STREET		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
RCW	CONFERENCE CALL SERVICE, OFFICE EXP				107.75
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
DIDEAL PRINTING			September 8, 2013		<input checked="" type="radio"/> Check #477 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
PO BOX 8988		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
PRINT	PRINTING				659.37
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>					4,558.16

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee CHERYL JAMINSON		Date of Payment September 8, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>482</u> <input type="radio"/> Debit Card	
Street Address 80 DICKERMAN STREET		City NEW HAVEN		State CT
Zip Code 06510				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee CYNTHIA MITCHELL		Date of Payment September 8, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>483</u> <input type="radio"/> Debit Card	
Street Address 246 VALLEY STREET		City NEW HAVEN		State CT
Zip Code 06510				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 90
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee KEITH EDWARDS		Date of Payment September 8, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>484</u> <input type="radio"/> Debit Card	
Street Address 526 VALLEY STREET		City NEW HAVEN		State CT
Zip Code 06510				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 110
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee KAROL CURTIS		Date of Payment September 8, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>485</u> <input type="radio"/> Debit Card	
Street Address 239 WINTHROP AVENUE		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) TRAVEL	Description MILEAGE	Event #		Amount 6.75
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

**SUBTOTAL Section P — This Page** 306.75

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee PARTY CITY		Date of Payment September 9, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address 292 BOSTON POST ROAD		City ORANGE	State CT	Zip Code 06437

Purpose of Expenditure (by code) FNRD	Description PRIMARY NIGHT	Event # 091013A	<b>Amount</b> 384.84
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee STOP AND SHOP		Date of Payment September 9, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address 150 WHALLEY AVENUE		City NEW HAVEN	State CT	Zip Code 06510

Purpose of Expenditure (by code) TRVL	Description GAS CARDS	Event #	<b>Amount</b> 383.2
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee GRUBHUB FOOD		Date of Payment September 9, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address DIXWELL AVENUE		City NEW HAVEN	State CT	Zip Code 06510

Purpose of Expenditure (by code) FOOD	Description FOOD STAFF	Event #	<b>Amount</b> 79.76
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee FACEBOOK ADVERTISING		Date of Payment September 9, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City MENLO PARK	State CA	Zip Code

Purpose of Expenditure (by code) A-OTHER	Description ADVERTISING - FACEBOOK	Event #	<b>Amount</b> 27.53
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

<b>SUBTOTAL Section P — This Page</b>			875.33
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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee RAYMOND WILLIAMS		Date of Payment September 9, 2013	Method of Payment: <input checked="" type="radio"/> Check #493 <input type="radio"/> Debit Card	
Street Address 672 HOWARD AVENUE		City NEW HAVEN		State CT
Zip Code 06513				
Purpose of Expenditure (by code) WAGE	Description WAGES STAFF	Event #		Amount 400
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee MONICA HARRELL		Date of Payment September 9, 2013	Method of Payment: <input checked="" type="radio"/> Check #494 <input type="radio"/> Debit Card	
Street Address 187 DOWNING STREET		City NEW HAVEN		State CT
Zip Code 06513				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 350
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee GMS CONSULTING		Date of Payment September 9, 2013	Method of Payment: <input checked="" type="radio"/> Check #496 <input type="radio"/> Debit Card	
Street Address 985 ASTER LANE		City WEST CHICAGO		State IL
Zip Code				
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #		Amount 800
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee HEAVEN HOPKINS		Date of Payment September 9, 2013	Method of Payment: <input checked="" type="radio"/> Check #497 <input type="radio"/> Debit Card	
Street Address 16 FRANCES HUNTER DRIVE		City NEW HAVEN		State CT
Zip Code 06513				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 1,625.85
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

**SUBTOTAL Section P — This Page** 3,175.85

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NAME OF COMMITTEE Toni Harp 2013				TYPE OF REPORT October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee EARL KELLY			Date of Payment September 10, 2011		Method of Payment: <input checked="" type="radio"/> Check #435 <input type="radio"/> Debit Card
Street Address 142 FRONT STREET		City NEW HAVEN		State CT	Zip Code 06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b> 250	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee DOCUPRINTNOW			Date of Payment September 10, 2011		Method of Payment: <input checked="" type="radio"/> Check #503 <input type="radio"/> Debit Card
Street Address 27 WHITNEY AVENUE		City NEW HAVEN		State CT	Zip Code 06510
Purpose of Expenditure (by code) PRINT	Description PRINTING	Event #		<b>Amount</b> 260.55	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee CHRIS JENSEN			Date of Payment September 10, 2011		Method of Payment: <input checked="" type="radio"/> Check #504 <input type="radio"/> Debit Card
Street Address P.O. BOX 4099		City HAMDEN		State CT	Zip Code 06519
Purpose of Expenditure (by code) FNDR	Description MUSIC - PRIMARY	Event #		<b>Amount</b> 600	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee MAURICE CARRINGTON			Date of Payment September 10, 2011		Method of Payment: <input checked="" type="radio"/> Check #505 <input type="radio"/> Debit Card
Street Address 187 COUNTY STREET		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure (by code) FNDR	Description DJ - PRIMARY	Event #		<b>Amount</b> 275	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>					<b>1,385.55</b>

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NAME OF COMMITTEE Toni Harp 2013		TYPE OF REPORT October 10th Filing	
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**P. Expenses Paid by Committee**

Name of Payee TASHOMA WILLIAMS		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #508 <input type="radio"/> Debit Card	
Street Address 42 WARNER STREET		City HAMDEN	State CT	Zip Code 06514
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee MATTHEW SMITH		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #509 <input type="radio"/> Debit Card	
Street Address 60 BRISTOL STREET		City NEW HAVEN	State CT	Zip Code 06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee NINA WALLACE		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #510 <input type="radio"/> Debit Card	
Street Address 25 ELIZABETH STREET		City NEW HAVEN	State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee EBONY WALKER		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #511 <input type="radio"/> Debit Card	
Street Address 48 DAYTON STREET		City NEW HAVEN	State CT	Zip Code 06515
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

**SUBTOTAL Section P — This Page** 400



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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee COREY MERRITT		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #516 <input type="radio"/> Debit Card	
Street Address 83 CURTIS DRIVE		City NEW HAVEN	State CT	Zip Code 06515
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b>  100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee CYNTHIA MITCHELL		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #517 <input type="radio"/> Debit Card	
Street Address 246 VALLEY STREET		City NEW HAVEN	State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b>  100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee SHARON MORRISON		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #518 <input type="radio"/> Debit Card	
Street Address 3B CATHERINE WAY		City NEW HAVEN	State CT	Zip Code 06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b>  100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee LUCIEN POWELL		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #519 <input type="radio"/> Debit Card	
Street Address 517 WINCHESTER AVENUE, 1ST FL.		City NEW HAVEN	State CT	Zip Code 06610
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b>  100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

**SUBTOTAL Section P — This Page** 400

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NAME OF COMMITTEE Toni Harp 2013				TYPE OF REPORT October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee SUNDIATA KEITAZULU			Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #524 <input type="radio"/> Debit Card
Street Address 329 NEWHALL STREET		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 220
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee DEBORAH J. BOWEN			Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #525 <input type="radio"/> Debit Card
Street Address 275 SHERMAN AVENUE		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee TAMMY BOWEN			Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #526 <input type="radio"/> Debit Card
Street Address 44 ORANGE STREET, APT 716		City NEW HAVEN		State CT	Zip Code 06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee EVETTE M. BROWN			Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #527 <input type="radio"/> Debit Card
Street Address 116 SHEFFIELD AVENUE		City NEW HAVEN		State CT	Zip Code 06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>				520	

NAME OF COMMITTEE Toni Harp 2013				TYPE OF REPORT October 10th Filing			
<b>P. Expenses Paid by Committee</b>							
Name of Payee ANGELA BARNES				Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #532 <input type="radio"/> Debit Card	
Street Address 710 SHELTON AVE., 2ND FL. APT #10			City NEW HAVEN			State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee JAMES BECKETT				Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #533 <input type="radio"/> Debit Card	
Street Address 425 DIXWELL AVENUE			City NEW HAVEN			State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee GARY WOODSON				Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #534 <input type="radio"/> Debit Card	
Street Address 678 ELM STREET			City NEW HAVEN			State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee PHOENIX RUMLEY				Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #535 <input type="radio"/> Debit Card	
Street Address 46 ROGER WHITE DRIVE			City NEW HAVEN			State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
<b>SUBTOTAL Section P — This Page</b>						<b>400</b>	

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee IAN BEOMON		Date of Payment September 11, 2011 <input checked="" type="checkbox"/>	Method of Payment: <input checked="" type="radio"/> Check #540 <input type="radio"/> Debit Card	
Street Address 119 BLAKE STREET, APT. 300		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee JAMESA P. BERRY		Date of Payment September 11, 2011 <input checked="" type="checkbox"/>	Method of Payment: <input checked="" type="radio"/> Check #541 <input type="radio"/> Debit Card	
Street Address 433 DIXWELL AVENUE		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee MELTON R. BOST		Date of Payment September 11, 2011 <input checked="" type="checkbox"/>	Method of Payment: <input type="radio"/> Check #542 <input type="radio"/> Debit Card	
Street Address 150 CHURCH STREET		City HAMDEN		State CT
Zip Code 06514				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee PATRICIA L. BOST		Date of Payment September 11, 2011 <input checked="" type="checkbox"/>	Method of Payment: <input checked="" type="radio"/> Check #543 <input type="radio"/> Debit Card	
Street Address 150 CHURCH STREET		City HAMDEN		State CT
Zip Code 06514				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

<b>SUBTOTAL Section P — This Page</b>	<b>400</b>
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NAME OF COMMITTEE Toni Harp 2013				TYPE OF REPORT October 10th Filing			
<b>P. Expenses Paid by Committee</b>							
Name of Payee SHELIA FORD				Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #548 <input type="radio"/> Debit Card	
Street Address 192 WEST STREET			City NEW HAVEN			State CT	Zip Code 06519
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee DARLENE FULLER				Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #549 <input type="radio"/> Debit Card	
Street Address 1 AUGUSTINE STREET			City NEW HAVEN			State CT	Zip Code 06519
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee BEVERLY GARY				Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #550 <input type="radio"/> Debit Card	
Street Address 309 DIXWELL AVENUE			City NEW HAVEN			State CT	Zip Code 06519
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee LISA HOPKINS				Date of Payment September 11, 2011		Method of Payment: <input checked="" type="radio"/> Check #551 <input type="radio"/> Debit Card	
Street Address 16 FRANCES HUNTER DRIVE			City NEW HAVEN			State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		<b>Amount</b> 320		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
<b>SUBTOTAL Section P — This Page</b>						<b>620</b>	

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NAME OF COMMITTEE				TYPE OF REPORT			
Toni Harp 2013				October 10th Filing			
<b>P. Expenses Paid by Committee</b>							
Name of Payee				Date of Payment		Method of Payment:	
KEVIN MCCORMICK				September 11, 2013		<input checked="" type="radio"/> Check #556 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
221 ASHMUN STREET			NEW HAVEN			CT	06519
Purpose of Expenditure (by code)	Description			Event #		Amount	
WAGE	WAGE STAFF						
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						100
Name of Payee				Date of Payment		Method of Payment:	
HOWARD MCGINY				September 11, 2013		<input checked="" type="radio"/> Check #557 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
1877 CHAPEL STREET			NEW HAVEN			CT	06515
Purpose of Expenditure (by code)	Description			Event #		Amount	
WAGE	WAGE STAFF						
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						100
Name of Payee				Date of Payment		Method of Payment:	
LASHAY MCQUEEN				September 11, 2013		<input checked="" type="radio"/> Check #558 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
73 FOWLER STREET			NEW HAVEN			CT	06515
Purpose of Expenditure (by code)	Description			Event #		Amount	
WAGE	WAGE STAFF						
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						100
Name of Payee				Date of Payment		Method of Payment:	
EBONY WALKER				September 11, 2013		<input checked="" type="radio"/> Check #560 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
48 DAYTON STREET			NEW HAVEN			CT	06575
Purpose of Expenditure (by code)	Description			Event #		Amount	
WAGE	WAGE STAFF						
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						220
<b>SUBTOTAL Section P — This Page</b>						520	

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee DAISY SALAS		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #567 <input type="radio"/> Debit Card
Street Address 315 EASTERN STREET		City NEW HAVEN	State CT
Zip Code 06513			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 470
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee PATRICK SKULLY		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #568 <input type="radio"/> Debit Card
Street Address 119 WEST WYOMING AVENUE, SUITE A		City MELROSE	State MA
Zip Code 02176			
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	Amount 600
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee FAHIM HANEET		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #569 <input type="radio"/> Debit Card
Street Address 720 WINCHESTER AVENUE		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee CARMEN FALERO		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #570 <input type="radio"/> Debit Card
Street Address 11A JOSE MARTIN CT.		City NEW HAVEN	State CT
Zip Code 06519			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee ROGER SIM		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #575 <input type="radio"/> Debit Card	
Street Address 234 MUNSON STREET 1ST, FLOOR		City NEW HAVEN		State CT
Zip Code 06519				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 80
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee TYRONE GRANT		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #577 <input type="radio"/> Debit Card	
Street Address		City		State
Zip Code				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 80
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee NATE GRAYSON		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #578 <input type="radio"/> Debit Card	
Street Address 139 DAY STREET, APT. 9		City NEW HAVEN		State CT
Zip Code 06519				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 80
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee PAMELA DONEGAN		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #579 <input type="radio"/> Debit Card	
Street Address 285 EDGEWOOD AVENUE		City NEW HAVEN		State CT
Zip Code 06519				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 75
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee DAWUD SHABAK		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #585 <input type="radio"/> Debit Card	
Street Address 1753 WHITNEY AVENUE		City NEW HAVEN		State CT
Zip Code 06519				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee DAWUD SHABAK		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #586 <input type="radio"/> Debit Card	
Street Address 1753 WHTENEY AVENUE		City NEW HAVEN		State CT
Zip Code 06519				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 107.84
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee FADRIKA HOLMES		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #587 <input type="radio"/> Debit Card	
Street Address 537 SHERMAN AVENUE, APT.#5		City NEW HAVEN		State CT
Zip Code 06515				
Purpose of Expenditure (by code)	Description	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee KEITH EVANS		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #588 <input type="radio"/> Debit Card	
Street Address 159 BASSETT STREET		City NEW HAVEN		State CT
Zip Code 06515				
Purpose of Expenditure (by code)	Description	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee FRANKLIN WELLS	Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #594 <input type="radio"/> Debit Card
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Street Address 151 ROGER WHITE DRIVE	City NEW HAVEN	State CT	Zip Code 06510
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b> 60
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee PATRICIA REED	Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #595 <input type="radio"/> Debit Card
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Street Address 105 THOMSON STREET, 2ND FLOOR	City NEW HAVEN	State CT	Zip Code 06510
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b> 75
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee ATAVIA WILSON	Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #596 <input type="radio"/> Debit Card
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Street Address 162 THOMPSON STREET, 2ND FLOOR	City NEW HAVEN	State CT	Zip Code 06510
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b> 75
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee GARY STEWART	Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #597 <input type="radio"/> Debit Card
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Street Address 18 HOTCHKISS STREET	City NEW HAVEN	State CT	Zip Code 06510
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
MICHAEL ROSS			September 11, 2011		<input checked="" type="radio"/> Check #602 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
91 ROSETTE STREET		NEW HAVEN		CT	06519
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
DONNA SANDS			September 11, 2011		<input checked="" type="radio"/> Check #603 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
91 ROSETTE STREET, # 302		NEW HAVEN		CT	06519
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
KELLY JASINKA			September 11, 2011		<input checked="" type="radio"/> Check #604 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
82 ROSETTE STREET		NEW HAVEN		CT	06519
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
LISA HOPKINS			September 11, 2011		<input checked="" type="radio"/> Check #605 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
16 FRANCES HUNTER DRIVE					
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>					400

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee ALLISON TRACZ		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #610 <input type="radio"/> Debit Card	
Street Address 75 DAGGETT STREET, UNIT 1-1		City NEW HAVEN		State CT
Zip Code 06510				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 35	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee BENNIE MORRIS		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #611 <input type="radio"/> Debit Card	
Street Address 91 ROSSETTE STREET, # 102		City NEW HAVEN		State CT
Zip Code 06519				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee ANTHONY FORLES		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #612 <input type="radio"/> Debit Card	
Street Address 672 HOWARD AVENUE		City NEW HAVEN		State CT
Zip Code 06510				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee SIGFREDO MELENDEZ		Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #613 <input type="radio"/> Debit Card	
Street Address 690 WASHINGTON AVENUE		City NEW HAVEN		State CT
Zip Code 06519				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

<b>SUBTOTAL Section P — This Page</b>			<b>335</b>
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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
MARIA QUINONES			September 11, 201 <sup>+</sup>		<input checked="" type="radio"/> Check #618 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
195 STATTANSTALL ST.		NEW HAVEN		CT	06519
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				135
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
PASTOR ESTRADA			September 11, 201 <sup>+</sup>		<input checked="" type="radio"/> Check #619 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
175 ENGLISH STREET		NEW HAVEN		CT	06513
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
LUISA BERRIOS			September 11, 201 <sup>+</sup>		<input checked="" type="radio"/> Check #620 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
57 LIBERTY STREET		NEW HAVEN		CT	06519
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
GENOVEVA VASQUEZ			September 11, 201 <sup>+</sup>		<input checked="" type="radio"/> Check #621 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
311 EASTERN STREET, APT E-412		NEW HAVEN		CT	06513
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>					435

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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
CHARISSE TOWNNVERT			September 11, 201 <sup>+</sup>		<input checked="" type="radio"/> Check #627 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
95 IVY STREET		NEW HAVEN		CT	06510
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
WAGE	WAGE STAFF			100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
CAROLYN OHERE			September 11, 201 <sup>+</sup>		<input checked="" type="radio"/> Check #628 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
52 FOXEN HILL ROAD		NEW HAVEN		CT	06510
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
WAGE	WAGE STAFF			100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
TINA HOLDEN			September 11, 201 <sup>+</sup>		<input checked="" type="radio"/> Check #630 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
52 FOOTE STREET		NEW HAVEN		CT	06510
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
WAGE	WAGE STAFF			100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
BARBARA HOLDEN			September 11, 201 <sup>+</sup>		<input checked="" type="radio"/> Check #631 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
52 FOOTE STREET		NEW HAVEN		CT	06510
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
WAGE	WAGE STAFF			100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>				400	

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NAME OF COMMITTEE				TYPE OF REPORT			
Toni Harp 2013				October 10th Filing			
<b>P. Expenses Paid by Committee</b>							
Name of Payee				Date of Payment		Method of Payment:	
VALLERIE MCKINNEY				September 18, 2011		<input checked="" type="radio"/> Check # <u>636</u> <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
98 FOOTE STREET			NEW HAVEN			CT	06519
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>		
WAGE	WAGE STAFF				100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought						
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
DAVID CORDERO				September 11, 2011		<input checked="" type="radio"/> Check # <u>637</u> <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
6A STATION COURT			NEW HAVEN			CT	06519
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>		
WAGE	WAGE STAFF				75		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought						
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
DEBORAH YOUNG				September 11, 2011		<input checked="" type="radio"/> Check # <u>638</u> <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>		
WAGE	WAGE STAFF				100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought						
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
JANE VASQUEZ				September 11, 2011		<input checked="" type="radio"/> Check # <u>639</u> <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
80 EAST PEARL STREET, 2ND FLOOR			NEW HAVEN			CT	06513
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>		
WAGE	WAGE STAFF				100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought						
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
<b>SUBTOTAL Section P — This Page</b>							375

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee KAREN JARVIS	Date of Payment September 18, 2011	Method of Payment: <input checked="" type="radio"/> Check #645 <input type="radio"/> Debit Card
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Street Address 119 BLAKE STREET	City NEW HAVEN	State CT	Zip Code 06510
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 75
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Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E
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Name of Payee KENNETH REVEZ	Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #646 <input type="radio"/> Debit Card
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Street Address 75 DAGGETT STREET UNIT 2-3	City NEW HAVEN	State CT	Zip Code 06510
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
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Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E
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Name of Payee LEONARDO RIVERA	Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #647 <input type="radio"/> Debit Card
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Street Address 306 POPULAR STREET	City NEW HAVEN	State CT	Zip Code 006513
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
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Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E
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Name of Payee MILDRED RODRIGUEZ	Date of Payment September 11, 2011	Method of Payment: <input checked="" type="radio"/> Check #648 <input type="radio"/> Debit Card
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Street Address 215 FAIRFIELD DR.	City NEW HAVEN	State CT	Zip Code 06516
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Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
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Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E
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<b>SUBTOTAL Section P — This Page</b>			375
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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
DERRICK JEFF					<input checked="" type="radio"/> Check # <u>654</u> <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
4 VALLEY PLACE N.		NEW HAVEN		CT	06510
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				40
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
VICTOR GOMEZ					<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
321 POPULAR STREET		NEW HAVEN		CT	06510
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
PADRO ORTEGA					<input checked="" type="radio"/> Check # <u>656</u> <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
105 POPLAR STREET		NEW HAVEN		CT	06516
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				75
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
ASHLI JAMES					<input checked="" type="radio"/> Check # <u>657</u> <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				35
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>					250

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NAME OF COMMITTEE				TYPE OF REPORT			
Toni Harp 2013				October 10th Filing			
<b>P. Expenses Paid by Committee</b>							
Name of Payee				Date of Payment		Method of Payment:	
JANIRIS QU9IONES				September 11, 201		<input checked="" type="radio"/> Check #662 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
12 A CINQUE GREEN			NEW HAVEN			CT	06519
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
WAGE	WAGE STAFF					100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
MINDY ORTEGA				September 11, 201		<input checked="" type="radio"/> Check #663 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
102 POPULAR STREET			NEW HAVEN			CT	06516
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
WAGE	WAGE STAFF					100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
NOEMI FALCON				September 11, 201		<input checked="" type="radio"/> Check #664 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
133 FARREN AVENUE			NEW HAVEN			CT	06513
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
WAGE	STAFF					100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
JANIRIS QUIONES				September 11, 201		<input checked="" type="radio"/> Check #665 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
12 A CIRQUE GREEN			NEW HAVEN			CT	06519
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
WAGE	WAGE STAFF					250	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
<b>SUBTOTAL Section P — This Page</b>						550	

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee MAGDALENA TORRES		Date of Payment September 11, 2013	Method of Payment: <input checked="" type="radio"/> Check #671 <input type="radio"/> Debit Card
Street Address 46 BENTON STREET		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 535
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee MARIA QUINONEZ		Date of Payment September 11, 2013	Method of Payment: <input checked="" type="radio"/> Check #672 <input type="radio"/> Debit Card
Street Address 195 STALLONSTALL AVENUE		City NEW HAVEN	State CT
Zip Code 06516			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 365
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee WHITNEY MURPHY		Date of Payment September 11, 2013	Method of Payment: <input checked="" type="radio"/> Check #677 <input type="radio"/> Debit Card
Street Address 909 ELM STREET		City NEW HAVEN	State CT
Zip Code 06516			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee RASHIDA MC ARTHUR		Date of Payment September 11, 2013	Method of Payment: <input checked="" type="radio"/> Check #678 <input type="radio"/> Debit Card
Street Address 123 WEST RD.		City NEW HAVEN	State CT
Zip Code 06519			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee LATANYA GUTTANO		Date of Payment September 11, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #683 <input type="radio"/> Debit Card	
Street Address 604 FORREST ROAD		City WEST HAVEN		State CT
Zip Code 06516				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 60
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee MAKIYAH MCARTHUR		Date of Payment September 11, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #684 <input type="radio"/> Debit Card	
Street Address 29 BASSETT STREET		City NEW HAVEN		State CT
Zip Code 06516				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee LAKAYA COLEMAN		Date of Payment September 11, 201 <sup>+</sup>	Method of Payment: <input type="radio"/> Check #685 <input checked="" type="radio"/> Debit Card	
Street Address 223 COUNTY STREET		City NEW HAVEN		State CT
Zip Code 06519				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee JUAN CANDELARIA SR.		Date of Payment September 11, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #686 <input type="radio"/> Debit Card	
Street Address 30 ARCH STREET		City NEW HAVEN		State CT
Zip Code 06516				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee LUIS DELUC		Date of Payment September 12, 2011	Method of Payment: <input checked="" type="radio"/> Check #640 <input type="radio"/> Debit Card
Street Address		City	State      Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee JAGUAN HARRIS		Date of Payment September 12, 2011	Method of Payment: <input checked="" type="radio"/> Check #6,900 <input type="radio"/> Debit Card
Street Address		City	State      Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee KAREN BRACKEN		Date of Payment September 12, 2011	Method of Payment: <input checked="" type="radio"/> Check #691 <input type="radio"/> Debit Card
Street Address 300 RAY ROAD		City NEW HAVEN	State      Zip Code CT      06516
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee BOBBY MOORE		Date of Payment September 12, 2011	Method of Payment: <input checked="" type="radio"/> Check #692 <input type="radio"/> Debit Card
Street Address 52 DUAY STREET		City NEW HAVEN	State      Zip Code CT      06519
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

<b>SUBTOTAL Section P — This Page</b>	400
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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee NEFTALI ARROYO		Date of Payment September 12, 2011	Method of Payment: <input checked="" type="radio"/> Check #703 <input type="radio"/> Debit Card	
Street Address 182 FARREN AVENUE		City NEW HAVEN	State CT	Zip Code 06516
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee MERCEDES BELTRAN		Date of Payment September 12, 2011	Method of Payment: <input checked="" type="radio"/> Check #704 <input type="radio"/> Debit Card	
Street Address 132 OLD FOXON ROAD		City NEW HAVEN	State CT	Zip Code 06516
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee ABBY FELDMAN		Date of Payment September 12, 2011	Method of Payment: <input checked="" type="radio"/> Check #707 <input type="radio"/> Debit Card	
Street Address 153 ALSTON AVENUE		City NEW HAVEN	State CT	Zip Code 06516
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 135
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee ISMAEL BERRIOS		Date of Payment September 12, 2011	Method of Payment: <input checked="" type="radio"/> Check #710 <input type="radio"/> Debit Card	
Street Address 108 POPLAR STREET		City NEW HAVEN	State CT	Zip Code 06519
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

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NAME OF COMMITTEE				TYPE OF REPORT			
Toni Harp 2013				October 10th Filing			
<b>P. Expenses Paid by Committee</b>							
Name of Payee				Date of Payment		Method of Payment:	
TAISHA MIRANDA				September 12, 2013		<input checked="" type="radio"/> Check #726 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
545 SHURMAN PKWY #19			NEW HAVEN			CT	06516
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
WAGE	WAGE STAFF					100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought						
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
KALIMAN MAURICE				September 12, 2013		<input checked="" type="radio"/> Check #727 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
355 NEWHALL STREET 3RD FLOOR			NEW HAVEN			CT	06516
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
WAGE	WAGE STAFF					100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought						
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
TJ'S CUSTOM DESIGN				September 12, 2013		<input checked="" type="radio"/> Check #730 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
463 WINTHROP AVENUE			NEW HAVEN			CT	06511
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
A-OTHER	ADVERTISING - TEE SHIRTS					825	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought						
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
CLASS LIMOUSINE WORLDWIDE				September 12, 2013		<input checked="" type="radio"/> Check #731 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
419 WHALLEY AVE, SUITE 301			NEW HAVEN			CT	06511
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
TRVL	TRAVEL LIMO SERVICE (2) DAYS					3,220.28	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought						
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
<b>SUBTOTAL Section P — This Page</b>						4,245.28	

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee PENTECOST ASAH		Date of Payment September 13, 2011	Method of Payment: <input checked="" type="radio"/> Check #737 <input type="radio"/> Debit Card
Street Address		City	State      Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee LOUVINE SPEARS		Date of Payment September 13, 2011	Method of Payment: <input checked="" type="radio"/> Check #738 <input type="radio"/> Debit Card
Street Address		City	State      Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee JEROME BOST		Date of Payment September 13, 2011	Method of Payment: <input checked="" type="radio"/> Check #739 <input type="radio"/> Debit Card
Street Address 138 VINEYARD RD.		City HAMDEN	State      Zip Code CT      06517
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b> 60
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee ANTHONY SCOTT		Date of Payment September 13, 2011	Method of Payment: <input checked="" type="radio"/> Check #740 <input type="radio"/> Debit Card
Street Address 419 WHALLEY AVENUE		City NEW HAVEN	State      Zip Code CT      06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee SUNSET JENKINS		Date of Payment September 13, 2013	Method of Payment: <input type="radio"/> Check #745 <input type="radio"/> Debit Card	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b>  100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee TAISHA MIRANDA		Date of Payment September 13, 2013	Method of Payment: <input checked="" type="radio"/> Check #746 <input type="radio"/> Debit Card	
Street Address 545 SHURMAN PARKWAY #19		City NEW HAVEN	State CT	Zip Code 06516
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b>  100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee CHRISTOPHER FASENELA		Date of Payment September 13, 2013	Method of Payment: <input checked="" type="radio"/> Check #747 <input type="radio"/> Debit Card	
Street Address 757 HYDE		City NEW HAVEN	State CT	Zip Code 06516
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b>  100	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee SHUNDUNA DENBY		Date of Payment September 13, 2013	Method of Payment: <input checked="" type="radio"/> Check #748 <input type="radio"/> Debit Card	
Street Address 342 WEST PRIMISN STREET		City NEW HAVEN	State CT	Zip Code 06516
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	<b>Amount</b>  60	
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee CITY OF NEW HAVEN		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #753 <input type="radio"/> Debit Card
Street Address 165 CHURCH STREET		City NEW HAVEN	State CT
Purpose of Expenditure (by code) MISC	Description MISC. PARKING TICKET	Event #	Amount 20
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee LUIS DELUC		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #755 <input type="radio"/> Debit Card
Street Address		City	State
Purpose of Expenditure (by code) TRVL	Description TRAVEL GAS	Event #	Amount 15
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee RAFAEL EHEVARRIA		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #756 <input type="radio"/> Debit Card
Street Address		City	State
Purpose of Expenditure (by code) TRVL	Description TRAVEL GAS	Event #	Amount 15
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee EDNITA LOPEZ		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #757 <input type="radio"/> Debit Card
Street Address 11 FARREN AVENUE		City NEW HAVEN	State CT
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 250
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee EARL KELLY		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #762 <input type="radio"/> Debit Card	
Street Address 143 FRONT STREET		City NEW HAVEN	State CT	Zip Code 06512
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b> 200
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee STEVE FONTANA		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input type="radio"/> Check #763 <input type="radio"/> Debit Card	
Street Address 23 ANGEL PLACE		City NORTH HAVEN	State CT	Zip Code 06473
Purpose of Expenditure (by code) RCW	Description FOOD	Event #		<b>Amount</b> 83.95
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee JOSEPH TARZI		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #764 <input type="radio"/> Debit Card	
Street Address 823 TOWN COLONY ROAD		City MIDDLETOWN	State CT	Zip Code
Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES	Event #		<b>Amount</b> 43
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee MAYA WELFARE		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #765 <input type="radio"/> Debit Card	
Street Address 39 ELMWOOD ROAD		City NEW HAVEN	State CT	Zip Code 06515
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b> 300
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee NOEMI QUINONES		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #770 <input type="radio"/> Debit Card
Street Address 12 A CINQUE GREEN		City NEW HAVEN	State CT
Zip Code 06516			
Purpose of Expenditure (by code) TRVL	Description GAS	Event #	<b>Amount</b>  15
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee JANIRIS QUINONES		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #771 <input type="radio"/> Debit Card
Street Address 12 A CINQUE GREEN		City NEW HAVEN	State CT
Zip Code 16516			
Purpose of Expenditure (by code) TRVL	Description GAS	Event #	<b>Amount</b>  15
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee SIGFREDO MELENDOZ		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input type="radio"/> Check #772 <input checked="" type="radio"/> Debit Card
Street Address 690 WASHINGTON AVENUE		City NEW HAVEN	State CT
Zip Code 06519			
Purpose of Expenditure (by code) TRVL	Description GAS	Event #	<b>Amount</b>  15
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee HEIDI AYALA		Date of Payment September 13, 201 <sup>+</sup>	Method of Payment: <input checked="" type="radio"/> Check #773 <input type="radio"/> Debit Card
Street Address 377 LOMBARD STREET		City NEW HAVEN	State CT
Zip Code 06513			
Purpose of Expenditure (by code) TRVL	Description GAS	Event #	<b>Amount</b>  15
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee NEW DOLLAR		Date of Payment September 14, 2011	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 483 WHALLEY AVENUE		City NEW HAVEN	State CT
Zip Code 06516			
Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES	Event #	Amount 24.07
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee ETHNIC HERITAGE CENTER		Date of Payment September 14, 2011	Method of Payment: <input checked="" type="radio"/> Check #778 <input type="radio"/> Debit Card
Street Address 541 HILL STREET		City HAMDEN	State CT
Zip Code 06514			
Purpose of Expenditure (by code) MISC	Description TICKETS FOR GALLA	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee ETHNIC HERITAGE CENTER		Date of Payment September 14, 2011	Method of Payment: <input checked="" type="radio"/> Check #799 <input type="radio"/> Debit Card
Street Address 541 HILL STREET		City HAMDEN	State CT
Zip Code 06514			
Purpose of Expenditure (by code) A-MAG	Description AD FOR GALLA	Event #	Amount 200
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee NATIONBUILDER		Date of Payment September 14, 2011	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address LIBERTY BANK		City NEW HVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) BNK	Description FEES FOR PAY PAL	Event #	Amount 207
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee SHANIQUA GIBBS		Date of Payment September 16, 2013	Method of Payment: <input checked="" type="radio"/> Check #783 <input type="radio"/> Debit Card	
Street Address 358 ORANGE STREET		City NEW HAVEN		State CT
Zip Code 06516				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee JAMES WALKER		Date of Payment September 16, 2013	Method of Payment: <input checked="" type="radio"/> Check #784 <input type="radio"/> Debit Card	
Street Address		City		State
Zip Code				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		<b>Amount</b> 282.59
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee CITY OF NEW HAVEN		Date of Payment September 16, 2013	Method of Payment: <input checked="" type="radio"/> Check #789 <input type="radio"/> Debit Card	
Street Address 200 ORANGE STREET		City NEW HAVEN		State
Zip Code 06511				
Purpose of Expenditure (by code) MISC	Description PERMIT	Event #		<b>Amount</b> 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee CAROL KENYHERCZ		Date of Payment September 16, 2013	Method of Payment: <input checked="" type="radio"/> Check #790 <input type="radio"/> Debit Card	
Street Address 80 TURTLE BAY DRIVE		City BRANFORD		State
Zip Code 06405				
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #		<b>Amount</b> 2,622.5
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

**SUBTOTAL Section P — This Page** 3,105.09

Section P. ADDITIONAL PAGE <sup>106</sup> of 114

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee PAUL WITHERSPOON	Date of Payment September 19, 2013	Method of Payment: <input type="radio"/> Check # 792 <input checked="" type="radio"/> Debit Card
Street Address	City	State      Zip Code

Purpose of Expenditure (by code) WAGES	Description WAGES STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee CONFERENCE VEST	Date of Payment	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address	City	State      Zip Code

Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES	Event #	Amount 8.75
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee AKEEN ELIOTT	Date of Payment September 23, 2013	Method of Payment: <input checked="" type="radio"/> Check # 785 <input type="radio"/> Debit Card
Street Address 144 DIAMOND STREET	City NEW HAVEN	State      Zip Code CT      06515

Purpose of Expenditure (by code) FNDR	Description FUNDRAISER DJ	Event # 092313-A	Amount 150
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee HOME DEPOT	Date of Payment	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address 1873 DIXWELL AVENUE	City NEW HAVEN	State      Zip Code CT      06514

Purpose of Expenditure (by code) FNDR	Description FUNDRAISER - GENARATOR	Event # 092313-A	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

<b>SUBTOTAL Section P — This Page</b>			358.75
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Section P. ADDITIONAL PAGE <sup>108</sup> of 114

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee PURE LIFE NESTLE		Date of Payment September 25, 2011	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City	State      Zip Code
Purpose of Expenditure (by code) OFFICE	Description OFFICE WATER	Event #	<b>Amount</b> 49.78
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee STAPLES		Date of Payment September 26, 2011	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address DIXWELL AVENUE		City HAMDEN	State      Zip Code CT
Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES	Event #	<b>Amount</b> 43.36
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee POSTMASTER NEW HAVEN		Date of Payment September 26, 2011	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address BREWERY STREET		City NEW HAVEN	State      Zip Code CT      06516
Purpose of Expenditure (by code) POST	Description STAMPS	Event #	<b>Amount</b> 138
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee STOP & SHOP		Date of Payment September 27, 2011	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address WHALLEY AVENUE		City NEW HAVEN	State      Zip Code CT      06516
Purpose of Expenditure (by code) FOOD	Description FOOD	Event #	<b>Amount</b> 177.92
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
<b>SUBTOTAL Section P — This Page</b>			409.06



Section P. ADDITIONAL PAGE <sup>110</sup> of 114

NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 10th Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
CAROL SUBER			September 27, 2011		<input checked="" type="radio"/> Check #799 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
295 STEVENSON ROAD		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGES	WAGES STAFF				280
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
CAROL SUBER			September 27, 2011		<input checked="" type="radio"/> Check #800 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
295 STEVENSON ROAD		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
RCW	FLYERS				62.21
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
RAE JOHNSON			September 27, 2011		<input checked="" type="radio"/> Check #801 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
47 BUTTON STREET		NEW HAVEN		CT	06519
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				400
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
MAYA WELFARE			September 27, 2011		<input checked="" type="radio"/> Check #802 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
39 ELMWOOD ROAD		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
WAGE	WAGE STAFF				300
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
<b>SUBTOTAL Section P — This Page</b>					1,042.21

Section P. ADDITIONAL PAGE <sup>112</sup> of 114

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee KHATIB BILAL ABBUS		Date of Payment September 27, 2013	Method of Payment: <input checked="" type="radio"/> Check #808 <input type="radio"/> Debit Card	
Street Address 720 WINCHESTER AVENUE		City NEW HAVEN		State CT
Zip Code 06512				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		
Expenditure # (if applicable)		Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
		<b>Amount</b> 600		

Name of Payee JASON BARTLETT		Date of Payment September 27, 2013	Method of Payment: <input checked="" type="radio"/> Check #459 <input type="radio"/> Debit Card	
Street Address 135 PENDLETON STREET		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description TICKETS FOR DEMOCRATIC DINNER	Event #		
Expenditure # (if applicable)		Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
		<b>Amount</b> 350		

Name of Payee FACEBOOK		Date of Payment 09/30/2013	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card	
Street Address		City MENLO PARK		State CA
Zip Code				
Purpose of Expenditure (by code) A-OTHER	Description ADVERTISING	Event #		
Expenditure # (if applicable)		Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
		<b>Amount</b> 16.76		

Name of Payee DERICK ECHEVOANA		Date of Payment September 11, 2013	Method of Payment: <input checked="" type="radio"/> Check #624 <input type="radio"/> Debit Card	
Street Address		City		State
Zip Code				
Purpose of Expenditure (by code) WAGE	Description WAGE - CANVASSING	Event #		
Expenditure # (if applicable)		Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
		<b>Amount</b> 100		

**SUBTOTAL Section P — This Page** 1,066.76

Section P. ADDITIONAL PAGE <sup>114</sup> of 114

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10th Filing
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**P. Expenses Paid by Committee**

Name of Payee HERODOTUS CAMPAIGN		Date of Payment 10/03/2013	Method of Payment: <input checked="" type="radio"/> Check #810 <input type="radio"/> Debit Card	
Street Address 17 BROWN STREET APT 21		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) RCW	Description REIMBURSEMENT	Event #		<b>Amount</b> 1,084.71
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee JANIS UNDERWOOD		Date of Payment 10/03/2013	Method of Payment: <input checked="" type="radio"/> Check #812 <input type="radio"/> Debit Card	
Street Address 73 WOODSIDE TERRACE		City NEW HAVEN		State CT
Zip Code 06515				
Purpose of Expenditure (by code) RCW	Description RCW - DUNKIN DONUTS FOR PRIMARY	Event #		<b>Amount</b> 296.23
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # <input type="radio"/> Debit Card	
Street Address		City		State
Zip Code				
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # <input type="radio"/> Debit Card	
Street Address		City		State
Zip Code				
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum P Required</b> <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

**SUBTOTAL Section P — This Page** 1,380.94

**IV. EXPENDITURES (Sections P—T)**

<b>NAME OF COMMITTEE</b>			<b>TYPE OF REPORT</b>	
Toni Harp 2013			October 10 Filing	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>				
Name of Creditor				Date Incurred
Bronstein & Weaver, Inc				
Street Address		City	State	Zip Code
24 N Bryn Mawr Avenue   #206		Bryn Mawr	PA	19010
Purpose of Expenditure (by code)	Description		Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
	Half the balance of TV Ad			2,000
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="radio"/> Coordinated with reimbursement sought			
	<input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor				Date Incurred
Street Address				City
Purpose of Expenditure (by code)	Description		Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="radio"/> Coordinated with reimbursement sought			
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor				Date Incurred
Street Address				City
Purpose of Expenditure (by code)	Description		Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="radio"/> Coordinated with reimbursement sought			
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor				Date Incurred
Street Address				City
Purpose of Expenditure (by code)	Description		Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="radio"/> Coordinated with reimbursement sought			
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
Name of Creditor				Date Incurred
Street Address				City
Purpose of Expenditure (by code)	Description		Event #	<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Expenditure # (if applicable)	Type of Expenditure (if applicable) <b>Itemization in Addendum S Required</b> <input type="radio"/> Coordinated with reimbursement sought			
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			
<b>SUBTOTAL Section S-This Page</b>			2,000	
<b>TOTAL of additional Section S Pages</b>				
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28 of Summary Page Totals)</i>			2,000	
<b>Previously reported Expenses Unpaid and still Outstanding</b>			2,200	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a of Summary Page Totals)</i>			4,200	