

10 October 2013

#### **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 : **Actual Donation : Total adjustment:** 

\$3,875.00 \$ 250.00 [-] \$3,625.00 [overstated] **0**"  $\triangleright$ 

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[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; ဂ [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 Duringthis Beriod 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. 0

Respectfully submitted

Andrea Scott **Deputy Treasurer** 

# **SEEC FORM 20**

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



	Page	1	of	1	7
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Do Not Mark in This Space For Official Use Only

#### COVER PAGE

Toni Harp 2013								
2. TREASURER NAME								
First		МІ		ast		<u></u>		Suffix
Hilda		G	K	Kilpatrick				
3. TREASURER ADDRESS Street Address			- <u>Levis</u>	<u></u>	<u></u>		- <u>La:</u> o	
219 Roydon Road			City New H	laven		itate T	Zip C <b>065</b>	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	GHT (Comple	lete only if	Candidate Committee)			6. DIST	RICT NUMBER
<sup>(mm/dd/yyyy)</sup> Nov 5, 2013	Mayor	<u></u>	Million and an and an			i de la companya	(if applicable	Ŷ
7. CANDIDATE NAME (Complete only ij	] f Candidate or Explorato		<u> </u>				L	
First Toni		мі N		<sub>-ast</sub> Harp				Suffix
8. TYPE OF REPORT (Check One Box)		I	L					1
O January 10 filing	O7th day preced	ding prima	ary	O 7th day preceding referendum		tial Cont Cs ONLY)	ribution o	r Disbursement
O April 10 filing	O30 days follow	wing prima	ary	O 45 days following referendum	_ `	nendmen	t to	
<b>O</b> July 10 filing	O7th day preced	ding electic	on	<b>O</b> Deficit	-	e of Rep		
O October 10 filing	O12th day prece (State Central Con			OTermination	0	ctober	10 Filing	
O Independent Expenditure	O45 days follow		•,			202	27	
Primary Election	not held in No					OCT	RPR	
9. PERIOD COVERED						<u>o</u> -		• •
	Beginning Dat	ite		Ending Date		$\triangleright$	VED	1
	Sep 4, 2013			thru Oct 3, 2013		÷5	T T T T	•
						р Т С	â	
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the pe				l of the information set forth on th complete.	is Itemi	ized Ca	mpaign	Finance
CM. XE	Ð	Medavelation/000000000000000000000000000000000000	Andrea	a Scott			Oct 15,	2013
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)		PRINT 1	NAME OF SIGNER	******		DATE (	mm/dd/yyyy)
			200000201200000000000000000000000000000	EED \$1,000, OR IMPRISONMENT FOR N				

#### **SEEC FORM 20**

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

#### SUMMARY PAGE TOTALS

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 10 Filing	
	COLUMN A This Period	COLUMN B Aggregate
<ol> <li>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</li> </ol>		
12. Balance on hand at the beginning of Reporting Period	33,946	States in the
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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed	A CONTRACTOR OF A CONTRACT	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	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
9. 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)		
4. Receipts of Organization Expenditures (Section O) OPTIONAL		
5. Beginning Loan Balance		
5a. + Loans Received (Section D)		
5b. + Interest and Penalties on Loan		
5c Payments on Loan		
5d. Total Outstanding Loan Amount		
6. Campaign Expenses Paid by Candidate (Section Q)		
7. Expenses Incurred on Committee Credit Card (Section R)		
3. Expenses Incurred by Committee During this Period but Not Paid (Section S)	2,000	
Ba. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	4,200	

Page	4	of	1	7
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NAME OF COMMITTEE TONI HARP 2013							F REPORT ER 10 FILIN	G
	<b>C1.</b>	Contribu	itions	from Ot	her Com		N HAT T	
Name of Committee					Name of Tre	easurer		
CT CORRECTION EMPLOYEES					GREGOR	Y F. RUBINO		
Address 124 COURT STREET, SUITE 100			l f	s this contrib undraising e	vent listed in	ated with a OYes Section L1? , list Event #	S ONO	Amount of Contribution
<sup>City</sup> MIDDLETOWN	State CT	Zip Code 06457	,	Date Receiv		Aggregate Contrib	outions	
Name of Committee					Name of Tre	asurer		
CT ASSOCIATION OF OPTOMET	RISTS				DR. D. PAI			
Address 553 FRAMINGTON AVENUE				s this contrib undraising ev	ent listed in		-	Amount of Contribution
<sup>City</sup> HARTFORD	State CT	Zip Code 06105	I	Date Receive Sep 5, 20	ed	Aggregate Contrib		1,500
Name of Committee CONGRESS POLITICAL ACTION F	FUND				Name of Trea			
Address 907 WETHERSFIELD AVENUE			Is fu	this contribu Indraising ev	ent listed in S	ted with a • Yes Section L1? list Event #090413	•	Amount of Contribution
City	State	Zip Code	l	Date Receive		Aggregate Contribu	******	1,000
HARTFORD	СТ	06114		Sep 5, 20	13			
Name of Committee ROBINSON & COLE STATE				C	Name of Treas	NICO		
280 TRUMBULL AVENUE			fui	this contribu ndraising eve	nt listed in S <i>If yes</i> , 1	Section L1? list Event # 090413	<u>A</u>	Amount of Contribution
HARTFORD	State CT	Zip Code 06106	[	Date Received		Aggregate Contribu	tions	
C2. Rein	ibursements, Pa	yments, c	or Sur	plus Dist	ribution	s from other C	committee	I S
ame of Committee						Treasurer		
ddress					L	Date Received		Amount of Receipt
ity	St	ate Zij	p Code	8		ement for shared exp for goods and service Distribution		
ame of Committee		<u>I</u>			Name of			J
ddress						Date Received	*****	Amount of Receipt
ity	St	ate Zip	) Code		Reimburse Payment f Surplus D	ement for shared exp for goods and service vistribution	ense s	
			SUI	BTOTAL	Section C	— This Page	4,500	
						ection C Pages	13,000	
ta da la construcción de la constru Esta de la construcción de la const	OTAL OF ALL C (Sectio	OMMITT ns C1 + C2	EE CO ) (Enter	NTRIBU' total on Lin	FIONS AN e 14 of Sum	ND RECEIPTS mary Page Totals)	17,500	

SEEC FORM 20 Box 131

	Page	4	of	1	7
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NAME OF COMMITTEE TONI HARP 2013					TYPE OF REPORT OCTOBER 10 FIL	
	<b>C</b> 1.	Contribut	ions from	Other Con		
Name of Committee	in in initialization of the second		ALL OF MARK	Name of T	and the second	
CONNECTICUT HEALTH CARE	- DISTRICT 1199			DAVID Z	EVIN	
Address	****		la thia non			
77 HUYSHOPE AVENUE				g event listed i	iated with a OYes ONo n Section L1? s, list Event #	Amount of Contributi
City	State	Zip Code	Date Re	ceived	Aggregate Contributions	
HARTFORD	СТ	06106	Sep 9	2013		
Name of Committee SEIU LOCAL 32BJ CONNECTICU	TL			Name of Tre KYLE BRA		I
<sup>Address</sup> 25 W 18TH 5TH FLOOR			Is this cont fundraising	event listed in		Amount of Contributio
City	State	Zip Code	Date Rec		list Event #	1,500
NEW YORK	NY	10011	Sep 13		Aggregate Contributions	
lame of Committee		I		Name of Tre	asurer	
UPAT				DOMINIC	CIERI JR.	
492 BERLIN TURNPIKE			ls this contr fundraising	event listed in	ted with a 🔗 Yes 🍘 No Section L1? list Event #	Amount of Contribution
ity	State	Zip Code	Date Rece	ived	Aggregate Contributions	
ERLIN	СТ	06037	Sep 23,	2013		
ame of Committee				Name of Trea	surer	
ON PAC 424				JAMES J. D	OHENY	
ldress		······	Is this contri	L bution associat	ed with a 🗿 Yes 🕖 No	Amount of Contribution
5 BERNHARD ROAD			fundraising e	vent listed in S	Section L1?	1,500
у Э раски стана с	State	Zip Code	Date Recei		Aggregate Contributions	- 1,500
ORTH HAVEN	СТ	06473	Sep 24,	2013		
C2. Rein	nbursements, Pay	ments, or §	Surplus Di	stribution	s from other Committe	es
me of Committee					Treasurer	
dress	· · · · · · · · · · · · · · · · · · ·					
aress					Date Received	Amount of Receipt
y	Sta	te Zip Co	de	Optim		_
				O Payment f	ement for shared expense for goods and services	
ne of Committee			ĺ	O Surplus D		
				Name of 1	reasurer	
ress					Date Received	1
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	Stat	e Zip Coo	le	Reimburse Payment fü Surplus Di	ment for shared expense or goods and services stribution	
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	a da				cuon C 1 ages	
	OTAL OF ALL CO (Section	s C1 + C2) $(E$	CONTRIBU	TIONS AN	DRECEIPTS 17,500	

Page 4 of 1	ge 4 of 1	7
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NAME OF COMMITTEE TONI HARP 2013					TYPE OF REPORT OCTOBER 10 FIL	An and a second s
	<b>C1.</b>	Contributi	ions from (	Other Con	nmittees	
Name of Committee				Name of T	reasurer	
CT STATE COUNCIL OF MACI	HINISTS MNPL			ANTHON	NY TARASCIO	
Address			ls this con	ribution assoc	iated with a OYes ONo	Amount of Contributio
365D NEW BRITAIN ROAD	······································		fundraising	g event listed i If yes	n Section L1? s, list Event #	250
KENSINGTON	State CT	Zip Code 06037	Date Rec Sep 9,		Aggregate Contributions	
Name of Committee CONNECTICUT AFL-CIO OPC				Name of Tr		I
				LORI J. PI	LLETIER	
Address 56 TOWN LINE ROAD			Is this contr fundraising	event listed ir	ated with a Yes ONo Section L1? , list Event #	Amount of Contribution
City	State	Zip Code	Date Rec		Aggregate Contributions	
ROCKY HILL	СТ	<b>Ø</b> 6037	Sep 9, 3	2013		
Name of Committee NEW HAVEN FIRE FIGHTERS				Name of Tre		
Address				ibution associa		Amount of Contribution
350 FERRY STREET, PO BOX 4			fundraising	event listed in If yes,	Section L1? list Event #	1,000
Dity NEW HAVEN	State CT	Zip Code 06513	Date Rece Sep 9, 2		Aggregate Contributions	
lame of Committee				Name of Trea		
EIU STATE COUNCIL PAC				France of Tree		
ddress						
60 CAPITAL AVENUE			Is this contri fundraising e	vent listed in	ted with a WYes ONo Section L1? list Event #	Amount of Contribution
ity	State	Zip Code	Date Recei	ved	Aggregate Contributions	
IARTFORD	СТ	06106	Sep 9, 2	013		
C2. Re	mbursements, Pa	yments, or	Surplus Di	stribution	is from other Committe	es
ane of commutee				Name of	Treasurer	
ddress	*****				Date Received	Amount of Receipt
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ity	St	ate Zip Co	ode	O Payment	sement for shared expense for goods and services Distribution	
ame of Committee		I	I	<u> </u>	Treasurer	
ddress					Date Received	Amount of Receipt
	·····					
ty	St	ate Zip Co	ode		ement for shared expense for goods and services Distribution	
			SUBTOTA	L Section C	C — This Page 2,500	<b></b>
		t d San	OTAL of a	Iditional Se	ection C Pages 15,000	
	TOTAL OF ALL C				ND DECEMPTS	
Market States and States					mary Page Totals) 17,500	

SEEC FORM 20 Rec.Ed.

## I. MONETARY RECEIPTS (Sections A-K)

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TONI HARP 2013					- 17 부모(및 A - 174) 동 -	OCTOBER 10 FIL	and a second data and a second protocol and a second second second second second second second second second s		
	<b>C</b> 1.	Contr	ibutio	ns from (	ther Con				
Name of Committee			**************************************		Name of Ti	reasurer			
OPERATING ENGINEERS CONTIN	NUING				DAVID K	RAUSE			
Address				Is this cont	ibution assoc	iated with a OYes ONo	Amount of Contributio		
1965 DIXWEL AVENUE	55 DIXWEL AVENUE       Is this contribution associated with a fundraising event listed in Section L1?       O Yes ONo         If yes, list Event #       If yes, list Event #         State       Zip Code       Date Received       Aggregate Contributions								
City							1,500		
NEW HAVEN	ст	065	511	Sep 24	, 2013				
Name of Committee		I			Name of Tre	ASCHITAT			
AFT CONNECTICUT					ED LEAVY				
ddress				[					
5 MARSHALL ROAD				Is this contri fundraising	event listed in	ated with a OYes ONo a Section L1? , list Event #	Amount of Contributio		
ity	State	Zip C	Code	Date Rece	ved	Aggregate Contributions	1,500		
OCKY HILL	СТ	0606	57	Sep 26,	2013				
ame of Committee	I				Name of Trea	asurer			
ENTRAL CT CARPENTERS					JOHN RIV	'ERA			
ddress			<u> </u>	In this southil	L				
MAIN STREET						ted with a Yes ONo Section L1? list Event #	Amount of Contribution		
ty	State	Zip Co	ode	Date Recei		Aggregate Contributions	1,500		
ALESVILLE	СТ	0649	2	Sep 26, 2	2013				
ume of Committee					Name of Trea	surer			
ARPENTERS LOCAL 210					MARK ERL				
dress				1 .1					
8 MAIN STREET				Is this contrib fundraising ev	ution associat ent listed in S <i>If yes</i> , 1	Section L1? ONo ist Event #	Amount of Contribution		
	State	Zip Co		Date Receiv		Aggregate Contributions			
ONROE	СТ	06468	8	Sep 30, 2	013				
C2. Reimt	oursements, Pa	yments	s, or Sı	rplus Dis	tribution	s from other Committe	es		
ne of Committee					Name of		17 Tayatan dalah dalam bayasi bilan sa		
lress					I	Date Received	Amount of Receipt		
r			·						
	St	ate	Zip Code		🔿 Payment f	ement for shared expense for goods and services			
ne of Committee					Surplus D Name of T				
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ress						10 . p . : :			
						Date Received	Amount of Receipt		
	Sta	ite	Zip Code		Reimburse	ement for shared expense	-		
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					Surplus Di	istribution			
			SL		Surplus Di				
			ada da	BTOTAL	Surplus Di Section C	istribution	1		

Page	4	of	I	7

NAME OF COMMITTEE TONI HARP 2013						F REPORT	NG
	C1.	Contributi	ons from (	Other Con			
Name of Committee			an an ta ta ga cina di Ad	Name of T			
IBEW LOCAL UNION 90				FRANK J	. HALLORAN		
Address			Is this con	tribution assoc	iated with a OYes	<b>ON</b> O	Amount of Contributio
2 NORTH PLAINS INDUSTRIA	LROAD		fundraisin	g event listed i	n Section L1?	0	
City	State	If yes, list Event #           Zip Code         Date Received         Aggregate Contributions		utions	1,500		
WALLINGFORD	ст	06492	Sep 3	0, 2013			
Name of Committee				Name of Tr	easurer		
Address							
			Is this cont fundraising	gevent listed in		ONo	Amount of Contributio
City	State	Zip Code	Date Rec		Aggregate Contrib		
		Lip coue				nions	
Name of Committee	[						
vane of committee				Name of Tre	easurer		
Address							
Address			Is this contr fundraising	ibution associate event listed in	ated with a $\bigcirc$ Yes Section L1?	O <sup>No</sup>	Amount of Contribution
City	I 84-44			If yes,	list Event #		
	State	Zip Code	Date Rece	nved	Aggregate Contribu	tions	
lame of Committee				Newsoft			
				Name of Trea	asurer		
Address				<u> </u>		_	
			fundraising	event listed in		ON0	Amount of Contribution
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ame of Committee	imbursements, Pay	ments, or	Surplus D		Treasurer	ommitte	es
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ame of Committee			l	<u> </u>	Treasurer		
ddress				I	Date Received		American
							Amount of Receipt
ty	Sta	te Zip Co	de	O Reimburs	sement for shared exp	ense	-
				Payment Surplus E	for goods and service.	5	
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	ing an		SUBTOTA	L Section C	C — This Page	1,500	
		T	OTAL of ac	Iditional Se	ection C Pages	16,000	
	TOTAL OF ALL CO	OMMITTEE	CONTRIB	UTIONS A	ND RECEIPTS	17,500	
	(Section	is C1 + C2) <i>(E</i>	Inter total on L	ine 14 of Sun.	nmary Page Totals)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT	*****
	October 10 Filin	g
Fundraising Event # Description	ser Event Information	
Date of Fundraiser Letter Sep 3, 2013 A Fundraiser - Reception		
Location: Street Address	City	State Zip Code
827 Whalley Avenue	New Haven	СТ 06511
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	Yes ( <i>If yes</i> , go to Section L4 <b>In-Kind Donations</b> and complete required information for purcha beverage and invitations.)	not Considered Contributions ases made by host(s) for food,
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 ( <i>If yes</i> , go to Section L4 <b>In-Kind Donations r</b> and complete required information.)	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes ( <i>If yes</i> , enter Total Receipts here.) ⊙ <sub>No</sub>	\$
<b>Subpart 2:</b> (Town Committees and Municipal Candidate Committees C Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	<ul> <li>ONLY)</li> <li>Yes (If yes, go to Section L3 Purchases of Advertion or on a Sign and complete required information</li> <li>No</li> </ul>	
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?	O Yes ( <i>If yes</i> , enter Total Receipts here.) → O No	\$
Fundraising Event # Description Date of Fundraiser Letter Pp 3, 2013 B Fundraiser - Reception		
ocation: Street Address	City	State Zip Code
8 East Pearl Street	New Haven	CT 06513
ubpart 1: (All Committees) Vas this fundraising event hosted at a personal residence?	<ul> <li>Yes (<i>If yes</i>, go to Section L4 In-Kind Donations no and complete required information for purchase beverage and invitations.)</li> </ul>	ot Considered Contributions es made by host(s) for food,
id this fundraiser include items donated by a business entity of up to 100 or items donated by an individual of up to \$100?	OYes ( <i>If yes</i> , go to Section L4 <b>In-Kind Donations no</b> and complete required information.)	t Considered Contributions
'as this fundraiser a tag sale, auction, or other sale of donated items ith purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.)	\$
<b>ubpart 2:</b> (Town Committees and Municipal Candidate Committees Of Vere there purchases of advertising space in a program book or on a gn associated with this fundraiser?	NLY) O Yes (If yes, go to Section L3 Purchases of Advertis or on a Sign and complete required information O No	
<b>ubpart 3:</b> (Town Committees ONLY) id your committee sell food or beverage at a fair or similar mass athering held within the state with this fundraiser?	• Yes $(If yes, enter Total Receipts here.)$ $\longrightarrow$	\$
SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipt	ts from Sale of Donated Items — This Page	
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total F	Receipts from Food Purchases — This Page	
	TOTAL of additional Section L1 Pages	
OTAL OF ALL RECEIPTS FROM SMALL PURCHASES (	Enter total on Line 16a of Summary Page Totals)	NEX X CE LE L'AGAIN D'AN ANNA ANNA ANNA ANNA ANNA ANNA ANN

Section L1. ADDITIONAL PAGE 2 of 5

NAME OF COMMITTEE			TYPE OF REPORT		
Toni Harp 2013		October 10 Filing			
	L1. Fundrai	iser Event Information	4		
Fundraising Event # Date of Fundraiser Letter Sep 4, 2013 A	Description Fundraiser - Reception				
Location: Street Address		City		State	Zip Code
100 Wooster Street		New Haven		СТ	06510
Subpart 1: (All Committee Was this fundraising even	ees) nt hosted at a personal residence?	OYes ( <i>If yes</i> , go to Section L4 and complete required i beverage and invitation ONo	information for purchases m		
	e items donated by a business entity of up to an individual of up to \$100?	OYes ( <i>If yes</i> , go to Section L4 and complete required i		onsidered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes ( <i>If yes</i> , enter Total Recei	ipts here.)		
	<i>ittees and Municipal Candidate Committees</i> advertising space in a program book or on a fundraiser?	ONLY) O Yes (If yes, go to Section L3	Purchases of Advertising lete required information.)	Space in a	a Program Book
Subpart 3: (Town Comn Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	Yes ( <i>If yes</i> , enter <b>Total Reco</b> No	eipts here.)		
Date of Fundraiser Letter	Description Fundraiser - Reception				
location: Street Address		City		State	Zip Code
667-669 State Street		New Haven		ст	06510
Subpart 1: (All Committee Was this fundraising event	es) hosted at a personal residence?	<ul> <li>Yes (<i>If yes</i>, go to Section L4 I and complete required in beverage and invitations.</li> <li>No</li> </ul>	formation for purchases mad		
	items donated by a business entity of up to n individual of up to \$100?	OYes ( <i>If yes</i> , go to Section L4 I and complete required in:		sidered C	ontributions
Was this fundraiser a tag sa with purchases from an ind	lle, auction, or other sale of donated items ividual of up to \$100?	OYes ( <i>If yes</i> , enter Total Receip ONo	sts here.)		
	ittees and Municipal Candidate Committees C lvertising space in a program book or on a indraiser?	<ul> <li>ONLY)</li> <li>Yes (If yes, go to Section L3 I or on a Sign and comple</li> <li>No</li> </ul>		pace in a l	Program Book
Subpart 3: (Town Commi Did your committee sell for gathering held within the s	od or beverage at a fair or similar mass	<ul> <li>Yes (<i>If yes</i>, enter Total Recei</li> <li>No</li> </ul>	pts here.) \$		
SUBTOTAL Section	on L1Subpart 1 ( <i>All Committees</i> ) Total Recei	pts from Sale of Donated Items	– This Page		
SUBTOTAL Section I	1—Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases -	– This Page		
		TOTAL Section L1	This Page		
			6	****	

#### Section L1. ADDITIONAL PAGE 3 of 5

NAME OF COMMITTEE	TYPE OF REPORT
Toni Harp 2013	October 10 Filing
L1. Fun	draiser Event Information
Fundraising Event # Date of FundraiserDescriptionSep 6, 2013BFundraiser - Reception	
Location: Street Address	City State Zip Code
12 Fountain Street	New Haven CT 06515
<i>Subpart 1: (All Committees)</i> Was this fundraising event hosted at a personal residence?	<ul> <li>Yes (<i>If yes</i>, 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.)</li> <li>No</li> </ul>
Did this fundraiser include items donated by a business entity of up \$100 or items donated by an individual of up to \$100?	<ul> <li>O Yes (<i>If yes</i>, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</li> <li>No</li> </ul>
Was this fundraiser a tag sale, auction, or other sale of donated iten with purchases from an individual of up to \$100?	⊙No \$
Subpart 2: (Town Committees and Municipal Candidate Commit Were there purchases of advertising space in a program book or on sign associated with this fundraiser?	tees ONLY) a O Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) O No
<i>Subpart 3: (Town Committees ONLY)</i> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	<ul> <li>Yes (If yes, enter Total Receipts here.)</li> <li>No</li> </ul>
Fundraising Event #     Description       Date of Fundraiser     Letter       Sep 7, 2013     A   Fundraiser - Reception	
Location: Street Address 261 Orange Street	CityStateZip CodeNew HavenCT06510
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	<ul> <li>Yes (<i>If yes</i>, 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.)</li> </ul>
Did this fundraiser include items donated by a business entity of up to 100 or items donated by an individual of up to \$100?	
Vas this fundraiser a tag sale, auction, or other sale of donated items ith purchases from an individual of up to \$100?	$\mathbf{O}_{N_0}$ $\longrightarrow$ $\mathbf{S}_{N_0}$
Subpart 2: (Town Committees and Municipal Candidate Committee Were there purchases of advertising space in a program book or on a ign associated with this fundraiser?	<ul> <li>Ves (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</li> <li>No</li> </ul>
<b>Subpart 3: (Town Committees ONLY)</b> Did your committee sell food or beverage at a fair or similar mass eathering held within the state with this fundraiser?	<ul> <li>O Yes (If yes, enter Total Receipts here.)</li> <li>S ● No</li> </ul>
SUBTOTAL Section L1—Subpart 1 (All Committees) Total R	eccipts from Sale of Donated Items — This Page
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) To	otal Receipts from Food Purchases — This Page
	TOTAL Section L1 — This Page

Section L1. ADDITIONAL PAGE 4 of 5

NAME OF COMMITTEE			TYPE OF REPORT		
Toni Harp 2013	ni Harp 2013 October 10 Filing				
	L1. Fundra	iser Event Information			
Fundraising Event # Date of Fundraiser Letter Sep 9, 2013 A	Description Fundraiser - Reception				
Location: Street Address		City	*********	State	Zip Code
315 Peck Street		New Haven		СТ	06513
Subpart 1: (All Committ Was this fundraising ever	ees) nt hosted at a personal residence?	OYes ( <i>If yes</i> , go to Section L4 and complete required in beverage and invitations No	nformation for purchases m	onsidered ade by hos	<b>Contributions</b> st(s) for food,
	e items donated by a business entity of up to an individual of up to \$100?	OYes ( <i>If yes</i> , go to Section L4 and complete required in No		onsidered	Contributions
with purchases from an in	•	OYes ( <i>If yes</i> , enter Total Recei ONo	pts here.)		
Subpart 2: (Town Comm Were there purchases of a sign associated with this f	ittees and Municipal Candidate Committees and Municipal Candidate Committees and environmentation of a space in a program book or on a fundraiser?	<b>O</b> Yes ( <i>If yes</i> , go to Section L3	Purchases of Advertising ete required information.)	Space in a	i Program Book
Subpart 3: (Town Comm. Did your committee sell fi gathering held within the	ood or beverage at a fair or similar mass	O Yes ( <i>If yes</i> , enter Total Rece O No	sipts here.)		
Date of Fundraiser Letter Sep 15, 2013 A	Description Fundraiser - Reception				
acation: Street Address 245 Stevenson Road		<sup>City</sup> New Haven		State CT	Zip Code 06515
<b>Subpart 1: (All Committee</b> Was this fundraising event	zs) hosted at a personal residence?	•Yes ( <i>If yes</i> , go to Section L4 In and complete required inf beverage and invitations.) •ONo	formation for purchases mad	isidered C le by host(:	ontributions s) for food,
	items donated by a business entity of up to n individual of up to \$100?	OYes ( <i>If yes</i> , go to Section L4 In and complete required infe		sidered Co	ontributions
Vas this fundraiser a tag sa vith purchases from an indi	le, auction, or other sale of donated items ividual of up to \$100?	OYes ( <i>If yes</i> , enter Total Receipt ONo	ts here.)		
	<i>ttees and Municipal Candidate Committees C</i> vertising space in a program book or on a ndraiser?	ONLY) O Yes (If yes, go to Section L3 P or on a Sign and complet O No		pace in a F	Program Book
Subpart 3: (Town Commit Did your committee sell for athering held within the st	od or beverage at a fair or similar mass	<ul> <li>Yes (<i>If yes</i>, enter Total Receiption No</li> </ul>	pts here.)		
SUBTOTAL Sectio	n L1Subpart 1 (All Committees) Total Recei	pts from Sale of Donated Items —	- This Page		
SUBTOTAL Section L	1-Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases	- This Page		
		TOTAL Section L1 — T	This Page		
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Section L1. ADDITIONAL PAGE 5 of 5

NAME OF COMMITTEE	TYPE OF REPORT
Toni Harp 2013	October 10 Filing
L1. Fundra	iser Event Information
Fundraising Event # Date of FundraiserDescriptionSep 18, 2013AFundraiser - Reception	
Location: Street Address	City State Zip Code
1265 Racebrook Road	Woodbridge CT 06525
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	<ul> <li>Yes (<i>If yes</i>, 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.)</li> </ul>
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	<ul> <li>Yes (<i>If yes</i>, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</li> <li>No</li> </ul>
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.) $ONo$
<b>Subpart 2:</b> (Town Committees and Municipal Candidate Committees Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	<ul> <li>ONLY)</li> <li>O Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</li> <li>No</li> </ul>
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?	<ul> <li>Yes (If yes, enter Total Receipts here.)</li> <li>No</li> </ul>
Fundraising Event #     Description       Date of Fundraiser     Letter       Sep 29, 2013     A   Fundraiser - Reception	
Location: Street Address 47 Old Quarry Road	CityStateZip CodeGuilfordCT06437
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	<ul> <li>Yes (<i>If yes</i>, 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.)</li> <li>No</li> </ul>
Did this fundraiser include items donated by a business entity of up to 100 or items donated by an individual of up to \$100?	<ul> <li>OYes (<i>If yes</i>, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</li> <li>No</li> </ul>
Vas this fundraiser a tag sale, auction, or other sale of donated items vith purchases from an individual of up to \$100?	$OYes (If yes, enter Total Receipts here.)$ $OYes (If yes, enter Total Receipts here.)$ $\qquad \qquad $
Subpart 2: (Town Committees and Municipal Candidate Committees O Were there purchases of advertising space in a program book or on a ign associated with this fundraiser?	<ul> <li>ONLY)</li> <li>Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</li> <li>No</li> </ul>
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass sathering held within the state with this fundraiser?	<ul> <li>O Yes (If yes, enter Total Receipts here.)</li> <li>● No</li> </ul>
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receip	pts from Sale of Donated Items — This Page
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases — This Page

Section	L3.	<b>ADDI</b> '	TIO	NAL	PAGE	2	of 2
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NAME OF COMM	IITTEE			TYPE OF R	EPORT		
Toni Harp 2013				October 1	0 Filing		
L3. P	urchases of Advertis	ing in a Program Boo	k or on a Si	gn (Municipal Candidate and	Town Co	ommittees O	NLY)
Name of Purchaser			*******			nase Made By:	
Acranom Maso	nrv Inc				<b>O</b> I	Business Entity	y <b>O</b> Individu
					Os	ole Proprietor	ship
Street Address			City			State	Zip Code
80 Industrial Par	rk Access Road		Middletowr	n		СТ	06455
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pur	chase	Amount of S	Sign Purchase
2013-09-13	082613A			250			
Name of Purchaser					Purcha	ise Made By:	
					Ов	usiness Entity	OIndividua
					Osa	ole Proprietors	-
treet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of S	ign Purchase
Name of Purchaser					Purcha	se Made By:	
					ΟBu	isiness Entity	<b>O</b> Individua
						le Proprietors	<u> </u>
reet Address			City	***	<u> </u>	State	Zip Code
ate Received	Event #	Aggregate Purchases f	or All Events	Amount of Program Ad Purc	haca	Amount of Si	
				A mount of Program Au Purc		Amount of St	gniurchase
ame of Purchaser		l			Durchas	e Made By:	
					1	siness Entity	OIndividual
						e Proprietorsh	-
reet Address	***************************************		Cíty		1000	State	Zip Code
ate Received	Event #	Aggregate Purchases fo	vr All Events	Amount of Drogroup Ad Durch			<u> </u>
		regionale i menuses ic	A THI LVCM3	Amount of Program Ad Purch	iase A	Amount of Sig	gn Purchase
me of Purchaser							
ane of Purchaser						e Made By:	•
					-	iness Entity	OIndividual
eet Address		Г	lity		OSole	e Proprietorsh	
			. ity			State	Zip Code
te Received	Event #	Aggregate Purchases fo	r All Events	Amount of Program Ad Purch	ase A	mount of Sig	n Purchase
	SUB	TOTAL Section L3 (Munic	cipal Candidate	e and Town Committees ONLY			
		Total Purchases o	f Advertising i	in Program Book — This Page	250		
		SUBT Total Pur	OTAL Section	a L3 ( <i>Town Committees ONLY</i> ) ertising on a Sign — This Page	)		
			WARMOUD UL CLUY	WE DESTREE WILL OF LOTAL TOTAL TOTAL AND THE TRADE	-		
				ection L3 — This Page	250		TT Chine Balance Concerner, And Statemer

#### 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* 

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	TOTAL OF ALL DUDCE	ASES OF ADMEDITIO		of additional Section L3 Pa	CN		
			urchases of Advo	L3 (Town Committees ON ertising on a Sign — This I	Page	Series and the contract of the series of the	
	SUBT	Total Purchases	of Advertising i	<i>and Town Committees ON</i> n Program Book — This I	age 1.0	50	
ep 13, 2013	082613A			250			
ate Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of Sig	n Purchase
2 North Harwintor	n Avenue		Terryville			ст	06786
reet Address			City			State	Zip Code
ichards Corporatio	on					Business Entity fole Proprietorsh	O Individual
ame of Purchaser					Purch	ase Made By:	
ep 13, 2013	090613A			250			
Date Received	Event#	Aggregate Purchases	s for All Events	Amount of Program Ad P	urchase	Amount of Si	gn Purchase
46 Kennedy Road	Unit 5		South Windso	r		СТ	06074
treet Address			City		10	Sole Proprietors	Zip Code
Daniels Caulking Ll	LC				0	Business Entity	OIndividual
Name of Purchaser	L				D	hase Made By:	
Sep 6, 2013	090613A		with	250	urchase	Amount of S	ign Purchase
Date Received	Event #	Aggregate Purchase	1	Amount of Program Ad P	urchasa		1
667-669 State Stree	et		New Haven			CT	Zip Code 06510
Street Address			City		0	Sole Proprietors State	
Letizia Ambrose &	Falls				0	Business Entity	OIndividual
Name of Purchaser	I	I			Purc	chase Made By:	
Sep 6, 2013	082613A			250			
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad I	Purchase	Amount of S	ign Purchase
85 Willow Street			New Haven			ст	06511
Street Address		·····	City			State	Zip Code
Technical Plannin	g Associates Inc				1	Business Entity Sole Proprietors	-
Name of Purchaser					Pur	chase Made By:	
Sep 6, 2013	090613A			50	I ul chase	Amount of	Sign i urchase
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad	Purchasa		Sign Purchase
8 Hazel Terrace			Woodbridge			State	21p Code
Street Address			City			Sole Proprieto	rship Zip Code
Group Insurance	Associates					Business Entit	
Name of Purchaser	Managan da Sana yang di Karakaran na kara sa kana da kara kana kana kana kana kana kana kan	<u> </u>		3		rchase Made By:	
L3. Pt	archases of Advertisin	ig in a Program Bo	ook or on a Si	n (Municipal Candidate a	nd Town	Committees ()	NLY)
Toni Harp 2013					r 10 Filin		
NAME OF COMMI	TTEE		***************************************	TYPEO	F REPORT	v	

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

NAME OF COMMIT	TEE				OF REPO			
Toni Harp 2013					per 10 Fili	ng		
Name of Donor	L	4. In-Kind Donatio	ons Not Consid	dered Contributions	1			
Karen DuBois-Wal	ton							
Street Address			City					17: 0.1
58 East Pearl Stree	۰t		New Have				State CT	Zip Code
Donation Given By:						- <b>r</b>		06513
OBusiness Entity	Description of Donation Food and Beverage	2				Fair	Market V	alue of Donat
	Date Received					166		
OSole Proprietorship		Event # 090313B		Aggregate Value for this Eve	ent			
lame of Donor								
ohn Padilia								
treet Address			City				State	Zip Code
45 Stevenson Roa	d		New Haver	n			ст	06515
Donation Given By:	Description of Donation			******		Parta N		
Business Entity	Food and Beverage					Fair M	larket Va	lue of Donatio
	Date Received	Event #	Aggregate Value for this Event		nt	362		
Sole Proprietorship	Sep 15, 2013	091513A						
ame of Donor		t						
llen Scalettar								
reet Address			City			1	State	Zip Code
265 Racebrook Ro	ad		Woodbridg	je			СТ	06525
onation Given By: Business Entity	Description of Donation Food and Beverage				Ī	Fair M	larket Va	l ue of Donatio
Individual	Date Received	Event #				100		
Sole Proprietorship	Sep 18, 2013	091813A		Aggregate Value for this Even	t I			
me of Donor								
irbara Pearce								
eet Address			City			T	State	Zip Code
Old Quarry Road			Guilford				СТ	06437
nation Given By:	Description of Donation		l	······	T	Fair Ma	arket Vali	le of Donation
Business Entity	Food and Beverage						IINEL VALL	ie of Donation
Individual	Date Received	Event #		Aggregate value for this Event		262		
Sole Proprietorship	Sep 29, 2013	092913A						
			SUBTOTAL S	ection L4 — This Page	890			
			TOTAL of addit	tional Section L4 Pages				
	TOTAL OF ALL IN-H			ED CONTRIBUTIONS	890			

## IV. EXPENDITURES (Sections P-T)

NAME OF COMM Toni Harp 2013	AITTEE		TYPE OF REPO	۲
		P. Expenses Paid by Con		
Name of Payee	******	The Dependence I and by Con	Date of Payment	Method of Payment:
BROWNSTEIN &	WEAVER		09/02/2013	OCheck #
Street Address		City		State Zip Code
24 N. BRYN MAI	OR AVE. # 206	BRYN MAIOR		PA 19010
Purpose of Expenditure (by code)	Description		Event #	
A-Other	Advertising			Amount 2,000
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizat	ion in Addendum P Required C	Coordinated with reimbursement sc	
	OCoordinated without reimbursement s	ought O Independent OOrganizatio		
Name of Payee			Date of Payment	Method of Payment:
ANDREA TROSE	LINA		Sep 2, 2013	Ocheck #400 ODebit Card
Street Address		City		State Zip Code
00 WOOSTER S	IREET	NEW HAVEN		CT 06511
urpose of Expenditure by code)	Description		Event #	Amount
FOOD	FOOD - FUNDRAISER			
Expenditure # fapplicable)	Type of Expenditure (if applicable) Itemizatio	on in Addendum P Required 🛛 🔿	Coordinated with reimbursement sou	1,092.23
	O Coordinated without reimbursement so	ught OIndependent OOrganization		
ame of Payee			Date of Payment	Method of Payment: Check #
DEAL PRINTING			Sep 2, 2013	Ocheck #401 Debit Card
reet Address		City		State Zip Code
O BOX 8488		NEW HAVEN		CT 06531
rpose of Expenditure	Description		Event #	Amount
PRINT	HANDOUTS			1,520.81
pendíture # applicable)	Type of Expenditure (if applicable) Itemization		Coordinated with reimbursement soug	
	OCoordinated without reimbursement sou	ight O Independent O Organization:	$O_A O_B O_C O_D O_E$	
me of Payee			Date of Payment	Method of Payment: Check #
ONY WALKER			Sep 2, 2013	Ocheck # Debit Card
eet Address	ст.	City		State Zip Code
		NEW HAVEN		CT 06515
code) WAGES	Description		Event #	Amount
	STAFF WAGES			300
	Type of Expenditure (if applicable) Itemization		oordinated with reimbursement sough	nt
	Coordinated without reimbursement soug	ght O Independent OOrganization.	DA OB OC OD OE	
		SURTOTAL S	ection P — This Page 4,913.0	Λ
		SODIOTALS	renon i — This rage 4,915.0	**
		TOTAL of addition	onal Section P Pages	
TOTAL OF 4	II EVERNORO BAIN STA			
IUTAL OF A	LL EXPENSES PAID BY COM	MITTEE (Enter total on Line 19 of	f Summary Page Totals)	
			<u>l</u>	

Section P. ADDITIONAL PAGE<sup>15</sup> of \_\_\_\_\_\_

NAME OF COMM	ITTEE		·	<b>TYPE OF REPORT</b>	OF REPORT		
Toni Harp 2013 October 10th Filir			October 10th Filin	g	J		
	P. Expense	s Paid by Committe	ee				
Name of Payee				Pate of Payment	6	of Payment: Check #410	
			S	eptember 2, 2013	5	Debit Card	
Street Address		City	L		State	Zip Code	
142 FRONT STRE	ET	NEW HAVEN			СТ		
Purpose of Expenditure (by code) RXW	Description LAWN SIGNS		Event #		1	Amount	
					40		
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum	· •		reimbursement sought	]		
	O Coordinated without reimbursement sought O Indepen	dent O Organization: OA	ОВО	C O D OE			
Name of Payee			D	ate of Payment		f Payment:	
ANDREA SCOTT			S	eptember 2, 2013	l 8	Check # <u>412</u> Debit Card	
Street Address		City			State	Zip Code	
98 ROGER WHITE	DRIVE	NEW HAVE			СТ	06511	
Purpose of Expenditure (by code)	Description		Event #			Amount	
RCW	STAFF LUNCH						
Expenditure # ()f applicable)	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordir	nated with i	eimbursement sought	33.27		
(j applicante)	O Coordinated without reimbursement sought O Independ						
Name of Payee					Method of	Payment:	
VERIZON WIRELE	SS		Se	ptember 2, 2013	$\mathbf{O}$	Check #413 Debit Card	
Street Address		City			State	Zip Code	
WHALLEY AVENU	JE	NEW HAVEN			CT	06511	
urpose of Expenditure	Description		Event #				
ovhD	WIRELESS PHONE FOR CAMPAIGN MANAGER				Amount 460		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum I	Required O Coordin	ated with r	eimbursement sought			
if applicable)	O Coordinated without reimbursement sought O Independent						
lame of Payee					Method of I	Darmant	
UNKIN DONUTS			1	ptember 2, 2013			
treet Address	T	City			UL State	Zip Code	
23 WHALLEY AV	ENUE	NEW HAVEN			CT	06511	
urpose of Expenditure	Description		Event #			1	
y code) FOOD	FOOD FOR STAFF		L.V CIII #			Amount	
	FOOD FOR STAFF				28.98		
			oted with re	imbursement sought			
xpenditure #	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b>	· •					
xpenditure # (applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> O Coordinated without reimbursement sought O Independe	· •		O D O E			
xpenditure #	O Coordinated without reimbursement sought O Independe	· •	) в Ос	<u> </u>			

Section P. ADDITIONAL PAGE<sup>17</sup> of \_\_\_\_\_

NAME OF COMMIT	ITEE	TYPE OF REPORT	TYPE OF REPORT			
Toni Harp 2013			October 10th Filing	g		
	P. Expenses	s Paid by Committee				
Name of Payee			Date of Payment	Method of Payment:		
VICTOR GOMEZ			September 3, 2013	Check # Debit Card		
Street Address		City		State Zip Code		
321 POPULAR ST	REET	NEW HAVEN		CT 06513		
Purpose of Expenditure (by code) TRVL	Description TRANSPORTATION - GAS		Event #	Amount		
				70		
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> O Coordinated without reimbursement sought O Independ	• •	ted with reimbursement sought $O = O = O = O = O = O = O = O = O = O $			
Name of Payee			Date of Payment	Method of Payment:		
RAYMOND WILLIA	AMS		September 3, 2013	Ocheck #291 Debit Card		
Street Address		City NEW HAVEN		State Zip Code		
672 HOWARD AVI	CT 06511					
Purpose of Expenditure (by code) WAGES				Amount 100		
Expenditure # (if applicable)						
Name of Payee		0.0		Method of Payment:		
GARY WOODSON September 3, 2013				OCheck #404 Debit Card		
Street Address		City	I	State Zip Code		
678 ELM STREET		NEW HAVEN		CT 06511		
Purpose of Expenditure (by code) WAGES	Description STAFF WAGES	E	vent #	Amount 340		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum I	Required O Coordinate	d with reimbursement sought			
(if applicable)	O Coordinated without reimbursement sought O Independent					
Name of Payee			Date of Payment	Method of Payment:		
GARY WOODSON			September 3, 2013	Check #405 Debit Card		
Street Address		City		State Zip Code		
678 ELM STREET		NEW HAVEN		CT 06511		
Purpose of Expenditure by code) WAGES	Description STAFF WAGES	Ev	/ent#	Amount 360		
(if applicable)	I Type of Expenditure <i>(if applicable)</i> Itemization in Addendum P O Coordinated without reimbursement sought O Independe		d with reimbursement sought $\mathbf{B} = \mathbf{O} \mathbf{C} + \mathbf{O} \mathbf{B} = \mathbf{O} \mathbf{F}$			
[`						
	SU	BTOTAL Section P –	– This Page <sup>870</sup>			

Section P. ADDITIONAL PAGE<sup>19</sup> of 114

NAME OF COMM	ITTEI	E			TYPE OF REPORT		
Toni Harp 2013					October 10th Filing	g	
		P. Expenses	Paid by Committee		4		
Name of Payee ELI MARKHAM					Date of Payment September 4, 2013	0	of Payment: Check #416 Debit Card
Street Address	****		City	1		State	Zip Code
48 LINDEN STRE			NEW HAVEN			СТ	06511
Purpose of Expenditure (by code) RCW		Description EIMBURSEMENT - OFFICE SUPPLIES		Event #	ŧ	121.1	Amount 2
Expenditure # (if applicable)		pe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> I Coordinated without reimbursement sought O Independ	• •		th reimbursement sought CODOE		
Name of Payee ELI MARKHAM	-				Date of Payment	0	of Payment: Check # <u>417</u> Debit Card
Street Address 48 LINDEN STRE	ET		City NEW HAVEN	I.		State CT	Zip Code 06511
Purpose of Expenditure (by code) RCW	ode)				Amount 375		
Expenditure # (if applicable)		e of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum P</b> Coordinated without reimbursement sought <b>O</b> Independe			h reimbursement sought		
Name of Payee     Date of Payment       HERODOTUS CAMPAIGN LLC.     September 4, 2013				Method o	f Payment: Check # <mark>418</mark> Debit Card		
Street Address				State CT	Zip Code 06511		
Purpose of Expenditure by code) CNSLT		AMPAIGN CONSULTANT		Event #		Amount 3,000	
Expenditure # (if applicable)		e of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe			reimbursement sought		
Name of Payee				1	Date of Payment September 4, 2013	Method of	Payment: Check #419 Debit Card
treet Address 7 BROWN STREE	T, Af		<sup>City</sup> NEW HAVEN	<b>I</b>		State CT	Zip Code 06511
urpose of Expenditure py code) RCW	1	scription FICE SUPPLIES, MISC.		Event #		32.7	Amount
Expenditure # f applicable)		of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> coordinated without reimbursement sought O Independent	•		reimbursement sought C O D O E		
		SUE	BTOTAL Section P	— Th	is Page 3,525.82		
					490,000 / 140,000,000 / 140,000 / 140,000 / 100,000 / 100,000 / 100,000	an a	

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NAME OF COMMITTEE					TYPE OF REPORT			
Toni Harp 2013					October 10th Filing	I		
		P. Expenses	Paid by Committee					
Name of Payee MAGADALENA TO	DR	RES			Date of Payment September 4, 2013		Payment: Check #424 Debit Card	
Street Address			City			State	Zip Code	
46 BENTON STRE	T		NEW HAVEN			ст	06511	
Purpose of Expenditure (by code) WAGES		Description WAGES STAFF		Event #	4	175	Amount	
Expenditure # (if applicable)		ype of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum F</b> Coordinated without reimbursement sought O Independe			th reimbursement sought $\bigcirc C \bigcirc D \bigcirc C$			
Name of Payee					Date of Payment	Method of F		
FRANCESCO TORI	RES	5			September 4, 2013		heck # <u>425</u> bebit Card	
Street Address 108 PUPULAR STF	REE	T	City NEW HAVEN			State CT	Zip Code 06513	
Purpose of Expenditure (by code) WAGES	y code) WAGES WAGES STAFF					Amount 40		
Expenditure # ( <i>if applicable</i> ) Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought O Independent O Organization: OA O B OC O D OE								
Name of Payee Date of Payment						Method of P	ayment: heck #426	
JANIRIS QUINONES September 4, 2013						ebit Card		
Street Address     City       12A CINQUE COURT     NEW HAVEN			·			State CT	Zip Code 06519	
Purpose of Expenditure (by code) WAGES		Description NAGES STAFF	E	Event #		Amount 100		
Expenditure # (if applicable)		rpe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe			h reimbursement sought C O D OE			
Name of Payee						Method of P	ayment: heck #427	
YESENIA ARCE					September 4, 2013	<u> </u>	ebit Card	
Street Address 604 FERRY STREET	-		City NEW HAVEN			State CT	Zip Code 06510	
Purpose of Expenditure (by code) WAGES		Description VAGES STAFF	E	Event #		100	Amount	
Expenditure # ( <i>if applicable</i> )		pe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought <b>O</b> Independe	· •		h reimbursement sought C O D O E			
		. SUI	BTOTAL Section P -	— T	his Page 415			

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NAME OF COMMI	NAME OF COMMITTEE				TYPE OF REPORT			
Toni Harp 2013					October 10th Filing	October 10th Filing		
		P. Expenses	Paid by Committee	;				
Name of Payee BARBARA WALK	ĒR				Date of Payment September 4, 2013		Payment: Theck # <mark>432</mark> Debit Card	
Street Address	****		City		<u>I</u>	State	Zip Code	
2 MORNING VIEV	V C	OURT	HAMDEN			СТ	06518	
Purpose of Expenditure (by code) RCW		Description FUNDRAISER		Event 0824	# \$13-A	279.69	Amount	
Expenditure # (if applicable)		ype of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum I</b> Coordinated without reimbursement sought O Independent			ith reimbursement sought OC OD DOE			
Name of Payee BARBARA WALK	R				Date of Payment September 4, 2013	Method of F	'ayment: heck # <u>433</u> ebit Card	
Street Address 2 MORNING VIEV	/ C	OURT	City HAMDEN			State CT	Zip Code 06518	
Purpose of Expenditure (by code) RCW	by code)					Amount 739.28		
(if applicable) O Coordinated without reimbursement sought O Independent O Organization: OA OB OC OD OE								
Name of Payee     Date of Payment       WYBC     September 5, 2013						ayment: heck # ebit Card		
Street Address City 142 TEMPLE STREET NEW HAVEN				State CT	Zip Code 06510			
Purpose of Expenditure (by code) A-RAD		Description ADVERTISING RADIO		Event #		Amount 1,200		
Expenditure # (if applicable)		ype of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe			The reimbursement sought $\bigcirc C \bigcirc D \bigcirc E$			
Name of Payee MARCUS PACES	<b>I</b>			1	Date of Payment September 5, 2013	Method of Payment: Ocheck #434 Debit Card		
Street Address 66 HUBINGER STF	REE		City NEW HAVEN			State CT	Zip Code 006511	
Purpose of Expenditure (by code) WAGE		Description STAFF WAGES		Event #		1,050	Amount	
Expenditure # ((f applicable)		rpe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe			h reimbursement sought $DC O D O E$			
		SUI	BTOTAL Section P	— T	his Page 3,268.97			

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NAME OF COMMIT	TE	E			TYPE OF REPORT			
Toni Harp 2013					October 10th Filing			
		P. Expenses	Paid by Committee					
Name of Payee MIA WELFARE					Date of Payment September 5, 2013	Method of I	Payment: Theck #440 Debit Card	
Street Address			City			State	Zip Code	
39 ELMWOOD RC	A	D	NEW HAVEN			СТ	06515	
Purpose of Expenditure (by code) WAGE		Description WAGE STAFF		Event	ŧ	300	Amount	
Expenditure # (if applicable)		ype of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum I</b> Coordinated without reimbursement sought O Independ	· •		th reimbursement sought OC OD OE	500		
Name of Payee					Date of Payment	Method of P		
RAYMOND WILLIA	١M	S			September 5, 2013		heck # <u>441</u> ebit Card	
Street Address 672 HOWARD AV	EN	UE	City NEW HAVEN			State CT	Zip Code 06515	
Purpose of Expenditure (by code) WAGE	code)			Amount 100				
Expenditure # ( <i>if applicable</i> ) Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought O Independent O Organization: OA O B OC O D OE								
Name of Payee				T	Date of Payment	Method of P	ayment:	
ALEXIS PERKINS September 5, 2013					<b>O</b> C D	heck #442 ebit Card		
Street Address			City			State	Zip Code	
234 MUNSON STR	REE	T	NEW HAVEN			СТ	06512	
Purpose of Expenditure (by code) WAGE		Description NAGE STAFF		Event #		Amount 200		
Expenditure # (if applicable)		pe of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independent			th reimbursement sought OC OD OE			
Name of Payee				1	Date of Payment September 5, 2013	Method of Payment: Ocheck #443		
RITEWAY FOR KID	S				September 5, 2015	<u> </u>	ebit Card	
Street Address 48 FOOTE STREET			City NEW HAVEN			State CT	Zip Code 06515	
Purpose of Expenditure (by code) WAGE		Description VAGE STAFF		Event #		800	Amount	
Expenditure # (if applicable)		pe of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe			th reimbursement sought $O O O O E$			
		SU	BTOTAL Section P	— T	his Page 1,400			
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NAME OF COMMITTEE TYPE O				PE OF REPORT				
Toni Harp 2013			October 10th Filing	)				
	P. Expenses	Paid by Committee						
Name of Payee			Date of Payment	Method of I	Payment: Theck #449			
JASON BARTLETT			September 5, 2013		Debit Card			
Street Address		City		State	Zip Code			
14 HIGHVIEW TEP	RRACE	BETHEL		СТ	06801			
Purpose of Expenditure	Description	1	Event #	<u> </u>	Amount			
(by code) CNSLT	CONSULTANT			2.500	2 8 113 13 14 34 6			
			ted with reimbursement sought	2,500				
Expenditure # (if applicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum</b> O Coordinated without reimbursement sought O Independ							
	Coordinated without reimbursement sought O independ							
Name of Payee			Date of Payment	Method of P	ayment: heck #450			
DAWUD SHABAKA September 5, 2013					ebit Card			
Street Address		City		State	Zip Code			
1753 WHITNEY AV	/ENUE	HAMDEN		СТ	06517			
Purpose of Expenditure	Purpose of Expenditure Description Event #				Amount			
(by code) RCW	RCW MILEAGE				7.84			
Expenditure # Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordinated with reimbursement sought								
(if applicable)								
Name of Payee	Method of P	avmant.						
Name of Payee     Date of Payment     N       PAUL BROCK JR.     September 5, 2013					heck #451			
					ebit Card			
Street Address		City		State	Zip Code			
79 EDGEWOOD D	R.	NEW HAVEN		СТ	06515			
Purpose of Expenditure (by code)	Description		Event #		Amount			
MISC	PARKING TICKET			20				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum H	Required O Coordina	ted with reimbursement sought					
(if applicable)	O Coordinated without reimbursement sought O Independent	ent O Organization: O	DB OC OD OE					
Name of Payee	<u></u>		Date of Payment	Method of Pa	ayment:			
JIVAN SOBRINHO-	WHEELER		September 5, 2013		beck #452ebit Card			
Street Address		City		State	Zip Code			
138 PENDLETON S	TREET	NEW HAVEN		СТ	06511			
			Event #					
Purpose of Expenditure (by code) RCW	Description OFFICE SUPPLIES & SENIOR EVENT		Livent #		Amount			
KC VV				37.07				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P		ed with reimbursement sought					
() ( <b>1</b> )	O Coordinated without reimbursement sought O Independent	ent OOrganization OA C	$ B \bigcirc C \bigcirc D \bigcirc E $					
t.	CIT.							
	SU.	BTOTAL Section P	- This Page 2,501.51					

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NAME OF COMMITTEE				Т	TYPE OF REPORT			
Toni Harp 2013					ctober	10th Filin	ig	
		P. Expenses	Paid by Committee	9				
Name of Payee	٩C	LIFF INN			eptemb	ent er 5, 2013	, 0	of Payment: Check #458 Debit Card
Street Address			City	L			State	Zip Code
62 COVE STREET			NEW HAVEN				СТ	06510
Purpose of Expenditure (by code) FOOD		Description FOOD BREAKFAST		Event #			80	Amount
Expenditure # (if applicable)		ype of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum I</b> Coordinated without reimbursement sought O Independ	· •				t	
Name of Payee	1		*****	Dat	e of Payme	ent	Method o	f Payment:
EBONY WALKER				Se	ptembe	er 5, 2013		Check #461 Debit Card
Street Address 481 DAYTON STR	EE.	г	City NEW HAVEN				State CT	Zip Code 06515
Purpose of Expenditure (by code) WAGE	code)				200	Amount 200		
Expenditure # (if applicable)		/pe of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe	· ·			0		
Name of Payee				Date	e of Paymer	nt	Method of	
LISA HOPKINS September 5, 2013				8	Check # <b>462</b> Debit Card			
Street Address 16 FRANCES HUN	reet Address City 6 FRANCES HUNTER DRIVE NEW HAVEN			State CT	Zip Code 06511			
Purpose of Expenditure by code) WAGE		Description VAGES STAFF	E	Event #			300	Amount
Expenditure # (if applicable)		pe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independent	•					
Name of Payee ISA HOPKINS					of Paymen tember	it r 5, 2013		Payment: Check # <b>463</b> Debit Card
freet Address	ER		City NEW HAVEN	<b>-</b>			State CT	Zip Code 06511
urpose of Expenditure by code) WAGE		escription /AGE STAFF	E	Event #			250	Amount
Expenditure # fapplicable)		e of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independer				~		
		SUB	TOTAL Section P -	— This	Page	830		
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NAME OF COMM	TT	EE			TYPE OF REPORT		
Toni Harp 2013					October 10th Filing	]	
		P. Expenses	Paid by Committee				
Name of Payee	M				Date of Payment September 5, 2013	1 0	of Payment: Check #470 Debit Card
Street Address			City			State	Zip Code
238 BARBER STR	EE	ſ	NEW HAVEN			СТ	06511
Purpose of Expenditure (by code) WAGE		Description WAGE STAFF		Event	#	200	Amount
Expenditure # (if applicable)	1	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum F</b> Coordinated without reimbursement sought O Independent	• •		th reimbursement sought OC OD OE		
Name of Payee		******			Date of Payment	Method o	of Payment:
RAE JOHNSON					September 5, 2013	0	Check # <u>471</u> Debit Card
Street Address 47 BUTTON STRE	ΕT		City NEW HAVEN			State CT	Zip Code 06519
Purpose of Expenditure (by code) WAGE	(code)				Amount 500		
Expenditure # ( <i>if applicable</i> ) Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought O Independent O Organization: OA O B OC O D OE							
Name of Payee	<u> </u>				Date of Payment	Method o	f Payment:
A T & T					September 6, 2013		Check # Debit Card
Street Address			City			State	Zip Code
936 CHAPEL STREET NEW HAVEN			СТ	06510			
Purpose of Expenditure (by code) OVHD		Description TELEHONE	F	Event #		100	Amount
Expenditure # (if applicable)	1	/pe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independent			h reimbursement sought CODOE		
Name of Payee A T & T					Date of Payment September 6, 2013	•	f Payment: Check # Debit Card
Street Address			Cíty	<b>I</b>		State	Zip Code
936 CHAPEL STRE	ET	1	NEW HAVEN			СТ	06510
Purpose of Expenditure by code) OVHD		Description ELEPHONE	E	Event #		30	Amount
Expenditure # (if applicable)	~	pe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independer	•		The reimbursement sought CODOE		
		SUE	TOTAL Section P -	— TI	his Page 830		

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NAME OF COMMIT	TE	E			TYPE OF REPORT		
Toni Harp 2013					October 10th Filing	i	
		P. Expenses	Paid by Committee		L		
Name of Payee					Date of Payment	Method of P	ayment:
соѕтсо					September 8, 2013		heck #474 ebit Card
Street Address			City	]		State	Zip Code
	<i>с</i> т		MILFORD			СТ	06460
1718 BOSTON PO	51	ROAD					
Purpose of Expenditure		Description		Event	#		Amount
(by code) (by code) FNDR	ľ	WATER & SODA PRIMARY				881.17	
Expenditure #	T	ype of Expenditure (if applicable) Itemization in Addendum I	P Required O Coordina	ated wi	th reimbursement sought		
(if applicable)		Coordinated without reimbursement sought O Independ		)в (	OC O D OE		
Name of Payee					Date of Payment	Method of P	ayment:
CHRIS CAMPBELL					September 8, 2013	l <b>⊙</b> c	heck #475
							ebit Card
Street Address			City			State	Zip Code
17 BROWN STEET			NEW HAVEN			СТ	06511
Purpose of Expenditure Description Event #					¥		Amount
(by code) RCW REIMBURSEMENT - OFFICE SUPPLIES, PHONES, GAS CARDS					2,909.87		
					2,505.07		
Expenditure # (if applicable)		ype of Expenditure ( <i>if applicable</i> ) Itemization in Addendum I					
	C	Coordinated without reimbursement sought O Independ	ent OOrganization: OA	) в (			
Name of Payee					Date of Payment	Method of P	ayment: heck # <b>476</b>
ELI MARKHAM September 8, 2013						ebit Card	
Street Address			City	L		State	Zip Code
48 LINDEN STREE	Г		NEW HAVEN			СТ	06511
Purpose of Expenditure	-	Description	<u> </u>	Event #	<i>i</i>		Amount
(by code) RCW							linoune
ncvv						107.75	
Expenditure # (if applicable)		ype of Expenditure (if applicable) Itemization in Addendum H	1 0		th reimbursement sought		
	C	) Coordinated without reimbursement sought $igodot$ Independent	ent O Organization: O1		OC O D OE		
Name of Payee				1	Date of Payment	Method of P	ayment: $\#477$
DIDEAL PRINTING					September 8, 2013	ÖD	heck #477 ebit Card
Street Address			City			State	Zip Code
PO BOX 8988			NEW HAVEN			СТ	06511
10 000 0500				Event #			
Purpose of Expenditure (by code)		Description		Even #	r		Amount
(by code) PRINT		PRINTING				659.37	
Expenditure #	T.	ype of Expenditure (if applicable) Itemization in Addendum I	Required O Coordina	ted wi	th reimbursement sought		
(fapplicable)	С	Coordinated without reimbursement sought O Independent	ent OOrganization OA	) в (			
		SU	BTOTAL Section P	— T	his Page 4,558.16		

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	ГТЕЕ		TYPE OF REPORT		· · · · · · · · · · · · · · · · · · ·	
Toni Harp 2013			October 10th Filin			
	P. Expense	s Paid by Committee		-		
Name of Payee			Date of Payment	Method	of Payment:	
CHERYL JAMINSC	DN		September 8, 2013	3 8	Check #482 Debit Card	
Street Address		City		State	Zip Code	
80 DICKERMAN S	TREET	NEW HAVEN		СТ	06510	
Purpose of Expenditure (by code)	Description		Event #		Amount	
WAGE	WAGE STAFF			100		
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum		ted with reimbursement sough			
	O Coordinated without reimbursement sought O Indepen	ident O Organization: OA	) b Oc O d Oe			
Name of Payee			Date of Payment		of Payment:	
YNTHIA MITCHEI	LL		September 8, 2013		Check # <u>483</u> Debit Card	
street Address		City		State	Zip Code	
46 VALLEY STREE	ET	NEW HAVEN		СТ	06510	
urpose of Expenditure by code)	Description	I	Event #		Amount	
WAGE	WAGE STAFF			90		
Expenditure # (f applicable)	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordinate	ed with reimbursement sought			
application (	O Coordinated without reimbursement sought O Independ	lent OOrganization:OA O	B OC O D OE			
ame of Payee			Date of Payment	Method of		
EITH EDWARDS			September 8, 2013		Check #484 Debit Card	
reet Address		City	<u> </u>	State	Zip Code	
26 VALLEY STREE	5 VALLEY STREET NEW HAVEN			ст	06510	
rpose of Expenditure	spenditure Description Event #				Amount	
WAGE	WAGE STAFF		,	110	Amount	
xpenditure #	Type of Expenditure (if applicable) Itemization in Addendum I	P Required O Coordinate	d with reimbursement sought	110		
applicable)	Coordinated without reimbursement sought O Independent					
ame of Payee				Method of	Payment:	
AROL CURTIS			September 8, 2013	8	Check #485 Debit Card	
eet Address		City	t	State	Zip Code	
	FNUE	NEW HAVEN		СТ	06511	
39 WINTHROP AV			I			
pose of Expenditure	Description		ent #		Amount	
39 WINTHROP AV			ent #	6.75	Amount	
pose of Expenditure code) TRAVEL	Description MILEAGE Type of Expenditure (if applicable) Itemization in Addendum P	Ev PRequired O Coordinated	I with reimbursement sought	6.75	Amount	
pose of Expenditure code) TRAVEL	Description MILEAGE	Ev PRequired O Coordinated	I with reimbursement sought	6.75	Amount	
pose of Expenditure code) TRAVEL	Description MILEAGE Type of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe	Ev PRequired O Coordinated	I with reimbursement sought BOCODOE	6.75	Amount	

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(by code) FNDR PRI Expenditure # Type o	AD	Paid by Committee	October 10th Filin Date of Payment September 9, 2013	Method o	f Payment: Check # Debit Card Zip Code	
PARTY CITY Street Address 292 BOSTON POST ROA Purpose of Expenditure (by code) FNDR PRI Expenditure # Type o	AD	City ORANGE		State	Check # Debit Card	
PARTY CITY Street Address 292 BOSTON POST ROA Purpose of Expenditure (by code) FNDR PRI Expenditure # Type o	cription	ORANGE		State	Check # Debit Card	
292 BOSTON POST ROA Purpose of Expenditure Dese (by code) FNDR PRI Expenditure # Type o	cription	ORANGE		State	-	
Purpose of Expenditure Desc <sup>(by code)</sup> FNDR PRI/ Expenditure # Type o	cription	<u> </u>			1	
(by code) FNDR PRI/ Expenditure # Type o	6	Purpose of Expenditure Description			06437	
	PRIMARY NIGHT       091013         Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with			384.84	Amount 4	
((fapplicable)	of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum I</b> boordinated without reimbursement sought $\bigcirc$ Independent	· •	ted with reimbursement sought BOCODDE			
Name of Payee STOP AND SHOP			Date of Payment September 9, 2013		Payment: Check # Debit Card	
Street Address 150 WHALLEY AVENUE		City NEW HAVEN	I	State CT	Zip Code 06510	
(by code)	ade)				Amount 383.2	
(I) applicable)	f Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> ordinated without reimbursement sought O Independe		ed with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$			
Name of Payee GRUBHUB FOOD			Date of Payment September 9, 2013		Payment: Check # Debit Card	
treet Address DIXWELL AVENUE		City NEW HAVEN		State CT	Zip Code 06510	
repose of Expenditure Description Descript	iption ID STAFF	E	vent #	79.76	Amount	
(tapplicable)	Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> ordinated without reimbursement sought O Independer		d with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$			
ame of Payee ACEBOOK ADVERTISING	5		Date of Payment September 9, 2013	Method of P	ayment: heck # ebit Card	
reet Address		City MENLO PARK		State CA	Zip Code	
upose of Expenditure Descrip y code) A-OTHER ADVE	ertising - FACEBOOK	Ev	ent #	27.53	I Amount	
applicable)	Expenditure (if applicable) Itemization in Addendum P F rdinated without reimbursement sought O Independent		with reimbursement sought B OC O D O E			
	SUB	TOTAL Section P	- This Page 875.33			

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Toni Harp 2013 Name of Payee RAYMOND WILLIAMS Street Address	P. Expenses		October 10th Filin		and the second
RAYMOND WILLIAMS	P. Expenses				
RAYMOND WILLIAMS		Paid by Committee			
Street Address			Date of Payment September 9, 2013	, I C	of Payment: Check #493 Debit Card
1 / J - J		City		State	Zip Code
672 HOWARD AVENU	E	NEW HAVEN		СТ	06513
(by code)	scription		Event #		Amount
WAGE W	AGES STAFF			400	
(If applicable)	of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> Coordinated without reimbursement sought $O$ Independent		ated with reimbursement sought BOCODOE		
Name of Payee	endinen men eta idalean din terena na ana ana ana karana ani karana ana ana ana ana ana ana ana ana an		Date of Payment	Method of	f Payment:
MONICA HARRELL			September 9, 2013		Check #494 Debit Card
Street Address 187 DOWNING STREET	-	City NEW HAVEN		State CT	Zip Code 06513
(by code)	cription	Event #			Amount
WAGE WA	AGE STAFF				
(I) applicable)	of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> 1 oordinated without reimbursement sought <b>O</b> Independ	• •	ted with reimbursement sought $\mathbf{D} = \mathbf{D} \mathbf{C} \mathbf{D} \mathbf{D} \mathbf{D} \mathbf{E}$		
Name of Payee					Payment:
5MS CONSULTING			September 9, 2013		Check #496 Debit Card
Street Address 985 ASTER LANE		City WEST CHICAGO	nennen van Konse gester en sonsen en e	State IL	Zip Code
by code)	Erription Event #				Amount
(fapplicable)	of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> pordinated without reimbursement sought O Independe	. –	ted with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$		
lame of Payee	น้ำสามารถการการนี้สาวารการการการการการการการการการการการการกา		Date of Payment	Method of	Payment:
IEAVEN HOPKINS			September 9, 2013		Check #497 Debit Card
treet Address 6 FRANCES HUNTER D	PRIVE	City NEW HAVEN		State CT	Zip Code 06513
v code)		I	Event #		Amount
<u></u>	GE STAFF			1,625.8	5
Capplicable)	f Expenditure (if applicable) Itemization in Addendum P ordinated without reimbursement sought O Independe	-	ed with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$		
		BTOTAL Section P -	- This Page 3,175.85		

Section P. ADDITIONAL PAGE<sup>41</sup> of 414

NAME OF COMM			**************************************	TYPE OF REPORT			
Toni Harp 2013					October 10th Filing		
		P. Expenses	Paid by Committee	¢			
Name of Payee EARL KELLY				Date of Payment September 10, 20	1 9	of Payment: Check #435 Debit Card	
Street Address			City		State	Zip Code	
142 FRONT STR	EET		NEW HAVEN	NEW HAVEN		06510	
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #	250	Amount	
Expenditure # ((fapplicable)	Type of Expenditure <i>(if applicable)</i> <b>Iter</b> O Coordinated without reimbursen			ated with reimbursement sough			
Name of Payee	V			Date of Payment September 10, 201		f Payment: Check # <u>503</u> Debit Card	
Street Address 27 WHITNEY AVE	ENUE		<sup>City</sup> NEW HAVEN	+	State CT	Zip Code 06510	
Purpose of Expenditure (by code) PRINT	Description PRINTING	I		Event #	260.55	Amount	
Expenditure # ( <i>if applicable</i> )	Type of Expenditure <i>(if applicable)</i> <b>Item</b> O Coordinated without reimbursem			B OC O D OE			
Name of Payee CHRIS JENSEN				Date of Payment September 10, 201		Payment: Check # <b>504</b> Debit Card	
Street Address P.O. BOX 4099			Dity HAMDEN		State CT	Zip Code 06519	
Purpose of Expenditure by code) FNDR	Description MUSIC - PRIMARY					Amount	
Expenditure # if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Item</b> O Coordinated without reimburseme		• •	$\begin{array}{c} \text{ied with reimbursement sought} \\ \textbf{B}  \bigcirc \textbf{C}  \bigcirc \textbf{D}  \bigcirc \textbf{E} \\ \end{array}$			
lame of Payee NAURICE CARRIN	GTON			Date of Payment September 10, 201	Method of I	Payment: Check # <u>505</u> Debit Card	
treet Address 87 COUNTY STR	EET		ity IEW HAVEN		State CT	Zip Code 06511	
urpose of Expenditure y code) FNDR	Description DJ - PRIMARY		E	event #	275	Amount	
xpenditure # ( <i>applicable</i> )	Type of Expenditure <i>(if applicable)</i> <b>Itemi:</b> O Coordinated without reimbursement			ed with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$			
		SUB	FOTAL Section P -	— This Page 1,385.55			
			аралын алан алан алан алан алан алан алан		****		

Section P. ADDITIONAL PAGE<sup>43</sup> of \_\_\_\_\_

Toni Harp 2013			TYPE OF REPORT			
Later of the second sec	Toni Harp 2013			October 10th Filing		
Ann an a	P. Expens	es Paid by Committee	the second se			
Name of Payee			Date of Payment	Method	of Payment:	
TASHOMA WILLIA	MS		September 11, 20	1 9	Ocheck #508 Debit Card	
Street Address		City		State	Zip Code	
42 WARNER STREE	ĒT	HAMDEN		СТ	06514	
Purpose of Expenditure by code)	Description		Event #		<u>l</u>	
WAGE	WAGE STAFF			100	Amount	
Expenditure # (fapplicable)	Type of Expenditure (if applicable) Itemization in Addendu	m P Required O Coordin	ated with reimbursement sough	100		
(uppreame)	igO Coordinated without reimbursement sought $igO$ Indepe	endent O Organization: OA				
ame of Payee			Date of Payment		00	
IATTHEW SMITH			September 11, 201		of Payment: Check #509	
reet Address		City	september 11, 20		Debit Card	
D BRISTOL STREET	-	NEW HAVEN		State	Zip Code	
upose of Expenditure	Description			СТ	06510	
y code) WAGE	WAGE STAFF		Event #		Amount	
			ted with reimbursement sought	100		
	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b>	1				
	Coordinated without reimbursement sought O Indeper	ndent OOrganization: OA C	B OC O D OE			
			Date of Payment	Method of		
NA WALLACE			September 11, 201	8	Check #510 Debit Card	
eet Address		City		State	Zip Code	
ELIZABETH STRE	ET	NEW HAVEN		СТ	06511	
code)	Description	E E	ivent #		Amount	
WAGE	WAGE STAFF			100		
penditure # T	ype of Expenditure (if applicable) Itemization in Addendum					
			0			
C	Coordinated without reimbursement sought O Independent	dent O Organization: O	B OC O D OE			
ne of Payee	Coordinated without reimbursement sought O Independent	dent O Organization: OA O		Method of	Pavment:	
ne of Payee	Coordinated without reimbursement sought O Independent	dent O Organization: O1 O			Check #511	
ne of Payee ONY WALKER	Coordinated without reimbursement sought O Independent	dent O Organization: O1 O	Date of Payment	Or	Check #511 Debit Card	
ne of Payee ONY WALKER et Address DAYTON STREET	Coordinated without reimbursement sought O Independent		Date of Payment	State	Check #511 Debit Card Zip Code	
ne of Payee ONY WALKER et Address DAYTON STREET	Coordinated without reimbursement sought O Independ	City NEW HAVEN	Date of Payment September 11, 201	Or	Check #511 Debit Card	
ne of Payee ONY WALKER et Address DAYTON STREET		City NEW HAVEN	Date of Payment	State CT	Check #511 Debit Card Zip Code	
ne of Payee ONY WALKER et Address DAYTON STREET pose of Expenditure code) WAGE	Description VAGE STAFF	City NEW HAVEN	Date of Payment September 11, 201	State	Check #511 Debit Card Zip Code 06515	
Cone of Payee ONY WALKER et Address DAYTON STREET ose of Expenditure (ode) WAGE	Description VAGE STAFF pe of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum I</b>	City NEW HAVEN P Required O Coordinated	Date of Payment September 11, 201	State CT	Check #511 Debit Card Zip Code 06515	
Code) WAGE	Description VAGE STAFF	City NEW HAVEN P Required O Coordinated	Date of Payment September 11, 201	State CT	Check #511 Debit Card Zip Code 06515	

Date of Payment     State     City       Source of Payment     September 11, 201     Method of Payment       Source of Payment     September 11, 201     Method of Payment       Source of Payment     State     City       Need of Payment     September 11, 201     Method of Payment       September 11, 201     Method of Payment     September 11, 201       Method STAFF     NEW HAVEN     State     City       Need Payment     September 11, 201     Method of Payment       September 11, 201     Method State     State     State       September 11, 201     Method State     State     State       September 11, 201     Method State     State     State       September 11, 201     Method State     State     Zip Color       September 11, 201     Method State     State     Zip Color       September 11, 201     State     Zip Color     State     Zip Color       September 11, 201     Method State     State     Zip Color     State       September 11, 201     State     Zip Color     State	NAME OF COMM			*****	TYPE OF REPORT			
Jame of Project     Date of Physical     State     City     State     City       OCCURTS DRIVE     NEW HAVEN     City     State     City     Amount       100     State     City     City     NetWork     City       9 cold     WAGE STAFF     Event #     Date of Physical     NetWork     City       amount Physe     Type of Expenditure diversity     City     Date of Physical     NetWork     NetWork       WAGE STAFF     City     Date of Physical     State     Zap Code       VMTHIA MITCHELL     Date of Physical     State     Zap Code       VMALEY STREET     City     NEW HAVEN     State     Zap Code       100     State     Zap Code     City     State     Zap Code       Need STAFF     NEW HAVEN     State     Zap Code     City     State     Zap Code       Note of Physical     City     NEW HAVEN     State     Zap Code     City     Occordinated with reimbursement sought     Network     State     Zap Code       Note of Physical     Variation in Addender P Required     O coordinated with reimbursement sought     Network     State     Zap Code       Occordinated without reimbursement sought     Independent Organization OA     O B     C D     D     D	Toni Harp 2013							
Date of Ryman     Date of Ryman     Method Phyman       September 11, 201     Method Phyman     Chock # 16       A GURTS DRIVE     NEW HAVEN     Ctr     Øc.Cake # 06       3 CURTS DRIVE     NEW HAVEN     Ctr     Øc.Cake # 06       Marked Expenditure     Description     WAGE STAFF     New HAVEN     New HAVEN       OC condinated without teinbursement sought     Organization     O B     C O D     Oc       and of Phyme     September 11, 201     Method of Phyment     September 11, 201     Method of Phyment       September 11, 201     Occordinated without teinbursement sought     Independent Organization     O B     C D O E       Method of Phyment     September 11, 201     Method of Phyment     September 11, 201     Method of Phyment       September 11, 201     Occordinated without teinbursement sought     Independent O Organization     O B     C T     Øc511       Procest Street     NEW HAVEN     Event #     Annowat     100     Method of Phyment       September 11, 201     Occordinated without teinbursement sought     Independent O Organization     O D D E     Method of Phyment       September 11, 201     Occordinated without teinbursement sought     Independent O Organization     O D O E     New Alters       Carbot State     Type of Expenditure (// wyndcadr/) Itemization in Addendum P R	**************************************		P. Expenses	Paid by Committe	e			
September 17, 20     Spetember 17, 20       3 CURTIS DRIVE     State       argond flagmendituer     Description       wAGE     WAGE STAFF       condinated without reimbursement sought     Date of Payment       September 11, 20     State       condinated without reimbursement sought     Date of Payment       september 20     Date of Payment       september 30     State       condinated without reimbursement sought     Date of Payment       September 11, 20     State       condinated without reimbursement sought     Date of Payment       september 30     September 30       vote 4     Date of Payment       september 30     State 2       condinated without reimbursement sought     Firent #       preduce 2     Date of Payment       september 30     Date of Payment       september 11, 201     Method of Payment    <	Name of Payee				Date of Payment	Method	of Payment:	
State       Zip Code         S CURTIS DRIVE       Description         WAGE       Description         WAGE       Type of Expenditure         Operating of processing       Coordinated without reimbursement sought O independent O Organization O O B O O D O E         Interest of Payment       State         State of Payment       State of Payment         September 11, 201       State of Payment         State of Payment       State of Payment         Coordi	LOREY MERRITT	-			September 11, 20	11 8	Ocheck #516	
3 CURTIS DRIVE     NEW HAVEN     CT     06515       arrows of transmitter     WAGE STAFF     Even #     Amount       100     Type of Expenditure     Coordinated without reimbursement sought     100       arrow of Payce     Type of Expenditure // applicable/ Itemization in Addendum P Required     Coordinated with reimbursement sought     100       Info VALLEY STREET     Crip     State     Zip Code       me of Payce     Description     WAGE STAFF     Event #     Amount       Info VALLEY STREET     NEW HAVEN     CT     Ø6511       proved Expenditure     Description     WAGE STAFF     Event #     Amount       Info VALLEY STREET     Description     WAGE STAFF     Event #     Amount       proved Expenditure     Description     WAGE STAFF     Event #     Amount       proved Expenditure // applicable/ if (applicable/) Itemization in Addendum P Required     O Coordinated with reimbursement sought     Independent Organization (A O B C O D O E     Method of Paymant       september 11, 201     Method of Paymant     State     Zip Code     Office Call       ord WAGE     Description     WAGE STAFF     Independent Organization (A O B C O D O E     Office Call       rem of Rivee     Mace     City     NEW HAVEN     State     Zip Code       CATHERINE WAY     Ci	Street Address			City		<b>a</b>		
ye odd) WAGE       WAGE STAFF       Image: Construction of Co				NEW HAVEN				
Speedfunce if (graduckky)       Type of Expenditure (if applicable) Itemization in Addendum P Required       O coordinated with reimbursement sought       Method of Payment         ame of Payee       Date of Payment       Speedfunce (if applicable) Itemization in Addendum P Required       Date of Payment         Method of Payment       State       Zip Code         O coordinated without reimbursement sought       NeW HAVEN       State       Zip Code         MAGE       WAGE STAFF       NeW HAVEN       State       Zip Code         productive if (graduckie)       Type of Expenditure (if applicable) Itemization in Addendum P Required       O coordinated with reimbursement sought       Method of Payment         productive if (graduckie)       Type of Expenditure (if applicable) Itemization in Addendum P Required       O coordinated with out reimbursement sought       Method of Payment         productive if (graduckie)       Type of Expenditure (if applicable) Itemization in Addendum P Required       O coordinated with out reimbursement sought       Method of Payment         set Address       City       NEW HAVEN       State       Zip Code         O coordinated without reimbursement sought       Independent O organization: O O B O C       Nethod of Payment         Set Address       City       NEW HAVEN       State       Zip Code         O cordinated without reimbursement sought       Independent O	by code)				Event #	100	Amount	
ame of Paysee     Date of Payment     State     Check #512       VNTHIA MITCHELL     State     City     State     Zip Code       160 VALLEY STREET     NEW HAVEN     City     State     Zip Code       100     Description     WAGE STAFF     100     Method of Payment       100     Type of Expenditure     Occordinated without reimbursement sought     Occordinated without reimbursement sought     100       100     Type of Expenditure     Occordinated without reimbursement sought     Occordinated without reimbursement sought     NetHod of Payment       100     Card     State     Zip Code     Date of Payment       100     Coordinated without reimbursement sought     Independent     Occordinated without reimbursement sought       100     Type of Expenditure     City     NEW HAVEN     State     Zip Code       100     CATHERINE WAY     NEW HAVEN     State     Zip Code     06510       100     Coordinated without reimbursement sought     Independent     Occordinated with reimbursement sought     100       100     Valees     City     NEW HAVEN     State     Zip Code       100     Coordinated without reimbursement sought     Independent     Occordinated with reimbursement sought     100       100     Valees of Payment     September 11, 201 <td>Expenditure # (Fapplicable)</td> <td></td> <td></td> <td></td> <td>O B O C O D O E</td> <td>1</td> <td></td>	Expenditure # (Fapplicable)				O B O C O D O E	1		
YNTHIA MITCHELL     September 11, 201     OCneck #517       Wadess     City     NEW HAVEN     CT     Ø6511       You Address     Mage     Mage Staff     Type of Expenditure (# applicable) Itemization in Addendum P Required     O coordinated with reimbursement sought     O coordinated with reimbursement sought     Independent O organization (A O B O C O D O E)       Interview     Type of Expenditure (# applicable) Itemization in Addendum P Required     O coordinated with reimbursement sought     Method of Payment       State     Zip Code     O6510     Ocneck #519       Ocnordinated without reimbursement sought     Independent O organization (A O B O C O D O E)     Method of Payment       State     Zip Code     O6510       Operative (# applicable) Itemization in Addendum P Required     Coordinated with reimbursement sought     O coordinated with reimbursement sought       O coordinated without reimbursement sought     Independent O organization     O B O C O D O E     Method of Payment       State     Zip Code     Ocordinated without reimbursement sought     Independent O organization     O B O C O D O D E       New HAVEN     City     NEW HAVEN     State     Zip Code       O coordinated without reimbursement sought     Independent O organization     O B O C O D O D E       New HAVEN     State     Zip Code     Ocheck # 519       Obeit Card     NEW HAVEN </td <td>ame of Payee</td> <td></td> <td></td> <td></td> <td></td> <td>Mathod</td> <td>of Decements</td>	ame of Payee					Mathod	of Decements	
Vert Address       City       State       Zip Code         NEW HAVEN       City       MeW HAVEN       October 1000000000000000000000000000000000000		ELL			September 11, 201	9	Check #517	
Prove of Expenditure readed     Description     CI     UST1       WAGE     WAGE STAFF     Event #     Amount       100     Ocordinated with reimbursement sought     Independent     O coordinated with reimbursement sought       Imme of Payee     Card Address     City     Date of Payment       ICATHERINE WAY     State     Zip Code       Ocordinated without reimbursement sought     NEW HAVEN     CT     Ø6510       Obse of Expenditure     Description     Wethod of Payment:     State     Zip Code       CATHERINE WAY     NEW HAVEN     CT     Ø6510     06510       Obse of Expenditure     Description     WaGE STAFF     Method of Payment:       Immediate #     Type of Expenditure (# applicable) Itemization in Addendum P Required     O Coordinated with reimbursement sought     0       Obse of Expenditure     Description     WaGE STAFF     Independent     0     0       In address     City     NEW HAVEN     CT     Ø610     0       In address     City     NEW HAVEN     CT     06610       In				City			Zip Code	
<sup>code</sup> WAGE         WAGE STAFF <sup>redult</sup>	46 VALLEY STRE	:ET		NEW HAVEN		СТ	06511	
WAGE       WAGE STAFF       100         Type of Expenditure #       Type of Expenditure (# applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought Organization. A B C D D E       Date of Payment         Method of Payment       September 11, 201       Method of Payment         September 11, 201       Occordinated without reimbursement sought O Independent O Organization. A B C D D E       State       Zip Code         CATHERINE WAY       NEW HAVEN       CT 06510       06510         Does of Expenditure (# applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O Independent O Organization: A B C D D E       Method of Payment         set of Payment       September 11, 201       Method of Payment         set of Payment       Description       City       Amount         of Payment       Description       Coordinated with reimbursement sought O coordinated without reimbursement sought O coordinated with reimbursement sought O follower O	irpose of Expenditure	Description	L		Event #	+		
Spect Capenditure () diplocable) itemization in Addendum P Required       O Coordinated with reimbursement sought         Organization       A       B       C       D         Date of Payment       September 11, 201       Method of Payment:       Occordinated without reimbursement sought         CATHERINE WAY       NEW HAVEN       City       State       Zip Code         Occordinated without reimbursement sought       Description       WAGE       WAGE STAFF       Independent       O coordinated with reimbursement sought         enditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       O coordinated with of Payment:       September 11, 201       Method of Payment:         September 11, 201       Type of Expenditure (if applicable) Itemization in Addendum P Required       O coordinated with reimbursement sought       O coordinated without reimbursement sought       Method of Payment:         September 11, 201       September 11, 201       Method of Payment:       O coordinated without reimbursement sought         of Paymee       City       NEW HAVEN       NEW Adverse       City       O coordinated with reimbursement sought         VINCHESTER AVENUE, 1ST FL.       City       NEW HAVEN       City       O coordinated with reimbursement sought         Ocoordinated without reimbursement sought       Organization       A       B       C </td <td>WAGE</td> <td>WAGE STAFF</td> <td></td> <td colspan="3">Event #</td> <td>Amount</td>	WAGE	WAGE STAFF		Event #			Amount	
O Coordinated without reimbursement sought O Independent O Organization O O B O C O D O E         Image: Date of Payment         September 11, 201         O Coordinated without reimbursement sought O Independent O Organization O O B O C O D O E         Image: O Coordinated without reimbursement sought O Independent O Organization O O B O C O D O E         Description         O Coordinated without reimbursement sought O Independent O Organization: O O B O C O D O E         Image: O Coordinated without reimbursement sought O Independent O Organization: O O B O C O D O E         Image: O Coordinated without reimbursement sought O Independent O Organization: O O B O C O D O E         Image: O Coordinated without reimbursement sought O Independent O Organization: O O B O C O D O E         Image: O Coordinated without reimbursement sought O Independent O Organization: O O B O C O D O E         Image: O Coordinated without reimbursement sought O Independent O Organization: O O B O C O D O E         Image: O Coordinated without reimbursement sought O Independent O Organization: O O B O C O D O E         Image: O Coordinated without reimbursement sought O Independent O Organization O A O B O C D O E         Image: O Coordinated without reimbursement sought O Independent O Organization O A O B O C D O E         Image: O Coordinated without reimbursement sought O Independent O Organization O A O B O C D D O E         Image: O Coordinated without reimbursement sought O Independent O Organization O A O B O C D D O E	xpenditure # <sup>(</sup> applicable)				ated with reimbursement sought			
Date of Payment     Method of Payment       September 11, 201     Check #518       Ocheck #518     Ocheck #519       Ocheck #519     Ocheck #519 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
September 11, 20       Openit Card         CATHERINE WAY       City         Image: CATHERINE WAY       NEW HAVEN         CATHERINE WAY       Description         WAGE       Wage State         WAGE       Description         WAGE       WAGE STAFF         enditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sought         Ite of Payee       Date of Payment       September 11, 201         CIEN POWELL       Date of Payment       September 11, 201         Y WINCHESTER AVENUE, 1ST FL.       NEW HAVEN       City         Ose of Expenditure       Description       WaGE STAFF         WAGE       WAGE STAFF       State       Zip Code         Of the water of the water of the water of the payment sought       New HAVEN       City       Octoordinated with reimbursement sought         VINCHESTER AVENUE, 1ST FL.       NEW HAVEN       City       Of 0610         Obe of Expenditure       Description       WAGE STAFF       Amount         Indutare #       Mage Staff       Independent O organization A O B OC O D OE       Imount         Indutare #       Type of Expenditure (if applicable) Itemization in Addendum P Required       C coordinated with reimbursement sought       Independent O Organ	-				Date of Payment			
City       NEW HAVEN       State       Zip Code         OCATHERINE WAY       Description       City       NEW HAVEN       CT       06510         Does of Expenditure       Description       WAGE STAFF       Event #       Amount         enditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought       O B       OC       O D       DE         at Address       Date of Payment       September 11, 201       Method of Payment:       Ocheck #519       Debit Card         at Address       City       NEW HAVEN       State       Zip Code       CT       06610         at Address       City       NEW HAVEN       State       Zip Code       CT       06610         at Address       City       NEW HAVEN       Ctity       State       Zip Code       CT       06610         at Address       City       NEW HAVEN       CT       06610       Ocordinated with reimbursement sought       Description       Method of Payment       Ocordinated with reimbursement sought       Description       Amount         vMAGE       WAGE       VENCHESTER AVENUE, 1ST FL.       Description       Event #       Amount       100         ode       WAGE       Type of Expenditure	ARON MORRIS	ON			September 11, 201			
CATHERINE WAY       NEW HAVEN       CT       06510         oose of Expenditure code)       Description WAGE       Description WAGE STAFF       Amount         of Payee       Coordinated without reimbursement sought       Organization: OX OB OC OP OE       Date of Payment September 11, 201       Method of Payment September 11, 201         of Address       City NEW HAVEN       Date of Payment September 11, 201       State       Zip Code Of 0610         of Expenditure (# applicable)       Itemization in Addendum P Required       Coordinated with reimbursement sought       Method of Payment September 11, 201       State       Zip Code Of 0610         of Address       City NEW HAVEN       NEW HAVEN       CT       06610         of State       Zip Code Of 0610       CT       06610         of Ode       WAGE STAFF       Independent Organization Organization OA OB OC OD OE       Amount	eet Address			City		<u> </u>		
code)       WAGE       WAGE STAFF       Amount         enditure #       Type of Expenditure (if applicable)       Itemization in Addendum P Required Organization: Ox OB OC OD OE       Date of Payment         code       Date of Payment       September 11, 201       Method of Payment:         code       City       September 11, 201       Ocheck #519         vertication       Description       NEW HAVEN       CT       06610         ose of Expenditure (if applicable)       Itemization in Addendum P Required Organization OA OB OC OD OE       Amount         under the inductive #       Type of Expenditure (if applicable)       Itemization in Addendum P Required Organization OA OB OC OD OE       Amount         ode       Ocordinated without reimbursement sought O Independent Organization OA OB OC OD OE       Description       Amount		AY	1	NEW HAVEN		1		
enditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required Organization: O OB C O D OE       Itemization in Addendum P Required Organization: O OB C O D OE         te of Payee       Date of Payment       September 11, 201       Method of Payment:         click POWELL       State       Zip Code         et Address       City       NEW HAVEN       State       Zip Code         Obsolution       Description       WAGE STAFF       Event #       Amount         militure #       Ocordinated without reimbursement sought Organization OA OB C O D OE       Description       Amount	rpose of Expenditure	Description			Event #		Amount	
enditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O Independent O Organization: O O B O O D OE       Date of Payment September 11, 201       Method of Payment: O Coordinated with reimbursement sought O Debit Card         te Address       City       September 11, 201       O Coordinated with reimbursement sought O Debit Card         te Address       City       NEW HAVEN       State       Zip Code         O de 000       WAGE       WAGE STAFF       NEW HAVEN       CT       06610         unditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought       Amount       100	WAGE	WAGE STAFF				100		
O Coordinated without reimbursement sought O Independent O Organization: OA O B OC O D OE     Date of Payment   September 11, 201   O Check #519   O Check #519  <	penditure #	Type of Expenditure (if applicable) Itemizati	on in Addendum P	Required O Coordina	ted with reimbursement sought	100		
he of Payee   CIEN POWELL   City   rt Address   VWINCHESTER AVENUE, 1ST FL.   Description   WAGE   WAGE STAFF   Indicable)   Type of Expenditure (if applicable)   Itemization in Addendum P Required   Ocordinated without reimbursement sought   Independent   Organization   A O B OC O D O E	ррисавіеј							
CIEN POWELL       Date of Payment       Method of Payment:         September 11, 20       Ocheck # 519         Obe       Debit Card         V WINCHESTER AVENUE, 1ST FL.       NEW HAVEN         Description       CT         WAGE       WAGE STAFF         Inditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       O Coordinated with reimbursement sought         Ocordinated without reimbursement sought       Independent       Organization	me of Payee							
et Address       City       State       Zip Code         7 WINCHESTER AVENUE, 1ST FL.       NEW HAVEN       CT       06610         ose of Expenditure ode)       Description       Event #       Amount         WAGE       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       O Coordinated with reimbursement sought       100         Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       O Coordinated with reimbursement sought       0	CIEN POWELL				· · · · ·	$\odot$	Check #519	
P WINCHESTER AVENUE, 1ST FL.     NEW HAVEN     CT     06610       obse of Expenditure ode)     Description     Event #     Amount       WAGE     WAGE STAFF     100       militable)     Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required Organization Organization O B OC O D OE     Amount	eet Address		C	City				
ode)     WAGE     WAGE STAFF     Amount       militure # unificable)     Type of Expenditure (if applicable)     Itemization in Addendum P Required     O Coordinated with reimbursement sought       O Coordinated without reimbursement sought     O Independent     O organization     O B     O C     D     O E			N	IEW HAVEN			1	
anditure #       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       O Coordinated with reimbursement sought         O Coordinated without reimbursement sought       O Independent       O organization         O Coordinated without reimbursement sought       O Independent       O organization	code)			]	Event #		Amount	
Indicable       Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required       O Coordinated with reimbursement sought         O Coordinated without reimbursement sought       O Independent       O Organization       O B       O C       D       O E	WAGE WAGE STAFF							
						100		
SUBTOTAL Section P — This Page 400		Coordinated without reimbursement so	ught O Independent	Organization OA	B OC O D OE			
			SUB	TOTAL Section P -	— This Page 400			

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Expenditure # (if applicable) Name of Payee DEBORAH J. BOWEN Street Address 275 SHERMAN AVENUE Purpose of Expenditure by code) WAGE Expenditure # (if applicable) Type of 1	otion E STAFF Expenditure <i>(if applicable)</i> <b>Itemization in Addendu</b> rdinated without reimbursement sought O Indep	•	Date of Payment September 11, 20 Event # inated with reimbursement sough	Method State CT 220 t Method	d of Payment: OCheck #524 Debit Card Zip Code 06511 Amount
SUNDIATA KEITAZULU Street Address 329 NEWHALL STREET Purpose of Expenditure (by code) WAGE Expenditure # (if applicable) Name of Payee DEBORAH J. BOWEN Street Address 275 SHERMAN AVENUE Purpose of Expenditure by code) WAGE Purpose of Expenditure by code) WAGE Type of I	otion E STAFF Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendu</b> rdinated without reimbursement sought O Indepu-	City NEW HAVEN m P Required O Coordi endent O Organization: OA	Date of Payment         September 11, 20         Event #         inated with reimbursement sough         O B OC O D OE         Date of Payment         September 11, 201	State CT 220 t Method	Check #524 Debit Card Zip Code 06511
SUNDIATA KEITAZULU Street Address 329 NEWHALL STREET Purpose of Expenditure (by code) WAGE Expenditure # (if applicable) DEBORAH J. BOWEN Street Address 275 SHERMAN AVENUE urpose of Expenditure by code) WAGE WAGE Coco DEBORAH J. BOWEN Street Address 275 SHERMAN AVENUE urpose of Expenditure bescription Type of Coco	E STAFF Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendu</b> rdinated without reimbursement sought O Indep Indepution	MEW HAVEN	Event #	State CT 220 t Method	Check #524 Debit Card Zip Code 06511
329 NEWHALL STREET Purpose of Expenditure (by code) WAGE Expenditure # (if applicable) DEBORAH J. BOWEN Street Address 275 SHERMAN AVENUE urpose of Expenditure yy code) WAGE Expenditure # (applicable) Type of	E STAFF Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendu</b> rdinated without reimbursement sought O Indep Indepution	MEW HAVEN	Event # inated with reimbursement sough O B OC O D OE Date of Payment September 11, 201	State CT 220 t Method	Zip Code 06511
Purpose of Expenditure by code) WAGE Expenditure # ( <i>if applicable</i> ) Vame of Payee DEBORAH J. BOWEN treet Address V75 SHERMAN AVENUE urpose of Expenditure ty code) WAGE VAGE Vagenditure # ( <i>applicable</i> ) Vage of Type of Typ	E STAFF Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendu</b> rdinated without reimbursement sought O Indep Indepution	m P Required O Coordi endent O Organization: OA	inated with reimbursement sough O B OC O D OE Date of Payment September 11, 201	t 220	
by code) WAGE WACE Expenditure # Type of ( <i>applicable</i> ) Coo Vame of Payee DEBORAH J. BOWEN treet Address 75 SHERMAN AVENUE upose of Expenditure y code) WAGE WAGE ( <i>applicable</i> ) Type of Type	E STAFF Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendu</b> rdinated without reimbursement sought O Indep Indepution	endent O Organization: OA	inated with reimbursement sough O B OC O D OE Date of Payment September 11, 201	t Method	Amount
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PEBORAH J. BOWEN treet Address 75 SHERMAN AVENUE upose of Expenditure y code) WAGE WAGE Type of		-	September 11, 201	6	
treet Address 75 SHERMAN AVENUE urpose of Expenditure Descrip y code) WAGE WAG xpenditure # Type of		-	September 11, 201	6	of Payment:
75 SHERMAN AVENUE prose of Expenditure Descrip y code) WAGE wage wage type of Type of Ty		-		1 1	Check # <u>525</u> Debit Card
y code) WAGE WAG xpenditure # Type of				State CT	Zip Code 06511
(applicable)			Event #	100	Amount
	xpenditure ( <i>if applicable</i> ) <b>Itemization in Addendur</b> linated without reimbursement sought <b>O</b> Indepe	•	nated with reimbursement sought		
ame of Payee AMMY BOWEN			Date of Payment September 11, 201	6	of Payment: Check #526 Debit Card
reet Address 4 ORANGE STREET, APT	716	City NEW HAVEN		State CT	Zip Code 06510
rpose of Expenditure Descrip (code) WAGE WAGI	ion STAFF		Event #	100	Amount
appricable)	spenditure (if applicable) Itemization in Addendun		ated with reimbursement sought		
me of Payee /ETTE M. BROWN			Date of Payment September 11, 201	•	f Payment: Check #527 Debit Card
eet Address 6 SHEFFIELD AVENUE		City NEW HAVEN		State CT	Zip Code 06510
pose of Expenditure Descript code) WAGE WAGE	STAFF		Event #	100	Amount
www.cablei	penditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> nated without reimbursement sought O Indepen	• •	ated with reimbursement sought BOCODEE	100	
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Toni Harp 2013	11TTEE		TYPE OF REPORT	***	
Octo				ng	
Name of Payee		P. Expenses Paid by Committ	ee		
ANGELA BARNE	.c		Date of Payment		of Payment:
			September 11, 20		Check #532 Debit Card
Street Address		City		State	Zip Code
	VE., 2ND FL. APT #10	NEW HAVEN		СТ	06511
Purpose of Expenditure (by code)			Event #		Amount
WAGE	WAGE STAFF			100	
Expenditure # (f applicable)	Type of Expenditure (if applicable) Itemiz	ation in Addendum P Required O Coord	linated with reimbursement sough		
	O Coordinated without reimbursemen	t sought O Independent O Organization: OA	OB OC OD OE		
√ame of Payee			Date of Payment	Method c	of Payment:
IAMES BECKETT	•		September 11, 20	l C	Check #533
treet Address		City		State	Debit Card Zip Code
25 DIXWELL AV	'ENUE	NEW HAVEN		CT	06511
urpose of Expenditure	Description	I	Event #	ļ	
WAGE	WAGE STAFF		Event #		Amount
xpenditure #		(		100	
fapplicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemiza</b>		nated with reimbursement sought		
ame of Payee	Coordinated without reinbursement	sought O Independent O Organization: OA	O B OC O D OE		
Date of Payee Date of Payment				Method of	Payment: Check # <b>534</b>
	9		September 11, 201		Debit Card
reet Address		City		State	Zip Code
78 ELM STREET		NEW HAVEN		СТ	06511
rpose of Expenditure (code)	Description		Event #		Amount
WAGE	WAGE STAFF			100	
penditure # applicable)	Type of Expenditure (if applicable) Itemizat		ated with reimbursement sought		
,	O Coordinated without reimbursement s	ought O Independent O Organization: O			
me of Payee			Date of Payment	Method of I	Payment:
IOENIX RUMLEY	/		September 11, 20 <u>1</u>	$\mathbf{Q}_{r}$	Check #535 Debit Card
eet Address		City	±	State	Zip Code
ROGER WHITE	DRIVE	NEW HAVEN		CT	06511
pose of Expenditure	Description		Event #		
wAGE	WAGE STAFF		LY VILL IT		Amount
penditure #	Turne of Groups Altern Of an Institute Manual and			100	
pplicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemizatio</b>	built O Independent O Organization OA	nted with reimbursement sought		
,	Coordinated without refinibulisement sc	Augur O Independent O Organization OA	) B OC O D O E		
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		SUBTOTAL Section P	- This Page 400		

Section P. ADDITIONAL PAGE<sup>51</sup> of \_//4

Toni Harp 2013     October 10th Filing       P. Expenses Paid by Committee       Name of Payse       IAN BEOMON     September 11, 20     Nethod of Payment       Steet Address     City     September 11, 20     Nethod of Payment       19 BLAKE STREET, APT. 300     Network     City     Network     City       Proper of Expenditure     Octoolariated without reimbursement sought O Independent O organization O O B C O D O E     Network     Amount       100     Type of Expenditure of approximate organization O O B C O D O E     Network of Payment     September 11, 20     Network of Payment       State of Payment organization O O B C O D O E     Data of Payment     September 11, 20     Network of Payment       Names of Payse     Data of Payment     September 11, 20     Network of Payment       Names of Payse     Data of Payment     September 11, 20     Network of Payment       Names of Payse     Description     Network of Payment     September 11, 20     Network of Payment       Names of Payse     Description     Network of Payment     September 11, 20     Network of Payment       Names of Payse     Description     WAGE STAFF     Data of Payment     Data of Payment       September 11, 201     State of Payment     September 11, 201     Nethod of Payment       Septemanitary     Occordina	1ITTEE		******	ТҮРЕ	OF REPORT		
Name of Paynec     Data of Paynec     NetWeb Add Paynect       IAN BEOMON     September 11, 201     NetWeb Add Paynect       State     City     NetWeb Add Paynect       119 BLAKE STREET, APT. 300     NetWeb Add Paynect     City       NetWeb Addres     Description     Ref Paynect       WAGE     Type of Expenditure     Description     Ameount       100     Type of Expenditure     Octoardinated without reimbursement sought O Independent Organization OA O B OC O D OE       State     Zip Code     City     NetWeb Addres       313 DIXWELL AVENUE     City     NetWeb Addres     State     Zip Code       Note of Paynect     State     Zip Code     Octoardinated without reimbursement sought O Independent Organization O A O B OC O D OE     State     Zip Code       313 DIXWELL AVENUE     City     NEW HAVEN     City     State     Zip Code       mean of Paynect     Description     WAGE STAFF     Data of Paynect     September 11, 201       Note of Paynect     Description     State     Zip Code     City       Note of Paynect     September 11, 201     State     Zip Code       Note of Paynect     September 11, 201     State     September 11, 201       Note of Paynect     September 11, 201     State     Zip Code       Netwood of Paynect </td <td></td> <td></td> <td></td> <td>Octo</td> <td colspan="3">October 10th Filing</td>				Octo	October 10th Filing		
AN BEOMON September 11, 201 Se		P. Expenses P	aid by Committe	ee			
Street Address       City       State       Zip Code         119 BLAKE STREET, APT. 300       New HAVEN       Cit       Ø6511         Impose of Expenditure       Description       WAGE STAFF       Amount         Coordinated without reimbursement sought       Ondependent of Cognization       O       B       CC       D       D         ame of Project       Coordinated without reimbursement sought       Ondependent of Cognization       O       B       CC       D       D         ame of Project       Coordinated without reimbursement sought       City       Date of Project       State       Zip Code         AMESA       City       September 11, 201       State       Zip Code       Code Site       September 12, 201       Difference       Difference       Difference       Difference       City       Difference       City       Difference       City       O Coordinated without reimbursement sought       Independent       O Coordinated with reimbursement sought       Independent       City       Amount       Independent       City       City       Difference       Zip Code       City       City       City       City Coordinated without reimbursement sought       Independent       City       City Coordinated without reimbursement sought       City Coordinated without reimbursement sought <t< td=""><td></td><td></td><td></td><td></td><td>mber 11, 201</td><td>1 0</td><td>Check #540</td></t<>					mber 11, 201	1 0	Check #540
upped of Expenditure by odd?)       Description       Event #       Amount         100       Type of Expenditure (#/opplicable/) Itemization in Addendum P Required       Coordinated with reimbursement sought       Independent O organization Ox O B OC O D OE         atter of Payee       Date of Payment       September 11, 201       Metod of Payment         atter of Payee       Octordinated without reimbursement sought       Independent O organization Ox O B OC O D OE       Metod of Payment         atter of Payee       Date of Payment       September 11, 201       Metod of Payment       September 11, 201       Metod of Payment         atter of Payee       New HAVEN       City       State       Zip Code       CT       06511         anount       Occordinated without reimbursement sought       Independent O organization Ox O B OC O D OE       Metod of Payment         speeddure #       Type of Expenditure #       Opprediate #       Opprediate #       Opprediate #       Opprediate #         of Payee       Item of Payment       September 11, 201       Metod of Payment       September 11, 201       Metod of Payment         south #       Type of Expenditure #       Type of Expenditure #       Opprediate #       Opprediate #       Opprediate #       Opprediate #         south #       Type of Expenditure #       Coordinated without reimbursement sou		C	lity				-
by code/ (wAGE       WAGE STAFF       mmm       Amount         100       100         Septembra # (pppblack)       Type of Expenditure (#cppblack)/ Itenization in Addendum P Required Construction (A O B C O D O E)       Date of Payment September 11, 201       Method of Payment September 11, 201         State       Cirity (ppblack)/       Description       Event #       Cirity (Coordinated without reimbursement sought O Independent O Organization (A O B C O D O E)       State       Zip Code (Cirity O Coordinated without reimbursement sought O Independent O Organization (A O B O C O D O E)         me of Payme       Description       Event #       Amount         to prove of Expenditure # (probably)       Type of Expenditure (/copplacably) Itenization in Addendum P Required O Coordinated with reimbursement sought (D coordinated without reimbursement sought O Independent O Organization (A O B O C O D O E)       Method of Payment (D coordinated without reimbursement sought O Independent O Organization (A O B O C O D O E)         me of Payme       Date of Payment (Cirity HAMDEN       State       Zip Code (Cirity HAMDEN         50 CHURCH STREET       Description       Valed of Payment (O coordinated without reimbursement sought O Independent O Organization (A O B O C O D O E)       Netlod of Payment (D coordinated without reimbursement sought O Independent O Organization (A O B O C O D O E)         me of Payment (S code)       Type of Expenditure (/copplacably) Itenization in Addendum P Required O Coordinated with reimbursement sought O Independent O Organization (		N	EW HAVEN			ст	06511
diragebackley       Coordinated without reimbursement sought       Independent O organization O O B C O D O E         Same of Payee       Date of Payment       State       Zip Code         AMESA P. BERRY       Description       State       Zip Code         33 DIXWELL AVENUE       City       NEW HAVEN       State       Zip Code         y code)       WAGE       Description       WAGE STAFF       Amount       100         spendture #       Ocordinated without reimbursement sought       Ocordinated without reimbursement sought       Network of Payment       September 11, 20       Method of Payment         spendture #       Operations       Ocordinated without reimbursement sought       Ocordinated without reimbursement sought       Ocordinated without reimbursement sought       Network of Payment         spendture #       Operations       City       HAMDEN       City       Method of Payment         September 11, 20       State       City Code       Ocordinated without reimbursement sought       Ocordinated without reimbursem	· ·			Event #		100	Amount
AMESA P. BERRY       September 11, 201       September 201       Sep							
Jepterine III, 20       Obelit Card         33 DIXWELL AVENUE       State       Zip Code         association       Obelit Card       Obelit Card         apprenditure       WAGE STAFF       Item in a state       Item in a state         and of Payce       Type of Expenditure (# applicable)       Itemization in Addendum P Required       Coordinated with reimbursement sought       Item in a state         IELTON R. BOST       Date of Payment       September 11, 201       Method of Payment.         State       City       HAMDEN       Cit       Obelit Card         and of Payce       Event #       Amount       Dobit Card         State       Zip Code       City       State       Zip Code         State       City       September 11, 201       Method of Payment.         State       Size (Zip Code       Of Sit 1       Obelit Card         of Algoes       Description       State       Zip Code         O Coordinated without reimbursement sought       Independent O Organization (A ) B ) C ) D )E       Ocoordinated with cermbursement sought         of Payee       Description       WAGE STAFF       Itemization in Addendum P Required ) Coordinated with reimbursement sought       Ocoordinated without reimbursement sought         O Coordinated without reimbursement sought				Date of I	Payment	Method c	of Payment:
33 DIXECL AVENUE       City       NEW HAVEN       CT       06511         arpose of Expenditure # order of Payee       Type of Expenditure (# applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought       100         area of Payee       Date of Payment       September 11, 201       Method of Payment.         SOCHURCH STREET       City       HAMDEN       CT       06514         area of Payee       Description       WAGE STAFF       Method of Payment.         September 11, 201       September 11, 201       Method of Payment.       Creck # 542         So CHURCH STREET       City       HAMDEN       CT       06514         argenetative (# applicable) Itemization in Addendum P Required       Coordinated with reimbursement sought       Independent O organization. (A O B C: O D OE       Amount         100       WAGE STAFF       Independent O organization. (A O B C: O D OE       Amount       Independent O organization. (A O B C: O D OE       State       Zip Code         So CHURCH STREET       Type of Expenditure (# applicable) Itemization in Addendum P Required       Coordinated with reimbursement sought       Independent O organization. (A O B C: O D OE       Method of Payment.         september 11, 201       September 11, 201       Scheek # 543       Obebit Card       Scheek # 543         OC CHURCH STREET	Y			Septe	mber 11, 201		
ys code)       WAGE       WAGE STAFF       Independent Organization OA OB OC O D OE         ame of Payce       Coordinated without reimbursement sought O Independent Organization OA OB OC O D OE       Method of Payment         September 11, 201       Method of Payment       September 11, 201       Method of Payment         September 11, 201       Date of Payment       September 11, 201       Method of Payment         September 11, 201       Date of Payment       September 11, 201       Method of Payment         Ye code       WAGE       Description       City       MADEN       CT       06514         mos of Payee       Description       View of Expenditure #       Independent Organization Organization       O O O O O O       Event #       Amount         100       Type of Expenditure #       Ocoordinated without reimbursement sought O Independent O Organization       O B O C O D OE       Description         wyredeb       WAGE       Type of Expenditure #       Method of Payment       Ocheck #543         Ocoordinated without reimbursement sought O Independent O Organization       A O B O C O D OE       Ocheck #543         OCheck #Stare       City       State       Zip Code       Ocheck #543         OCheck #Stare       City       State       Zip Code       Ocheck #543         OCheck #Stare <td>/ENUE</td> <td></td> <td></td> <td></td> <td></td> <td> </td> <td></td>	/ENUE						
Appenditure #       Type of Expenditure (// applicable)       Itemization in Addendum P Required O Coordinated with reimbursement sought O coordinated without reimbursement sought O coordinated with reimbursement sought O coordi					100	Amount	
AELTON R. BOST       September 11, 201       Description       September 11, 201       October # 542         50 CHURCH STREET       HAMDEN       CT       06514         arpose of Expenditure y code)       WAGE STAFF       Event #       Amount         Type of Expenditure (f applicable)       Type of Expenditure (f applicable)       Itemization in Addendum P Required       O Coordinated with reimbursement sought       0         amount of Payment       September 11, 201       State       Zip Code         amount of Payment       O Coordinated without reimbursement sought       Date of Payment         September 11, 201       State       Zip Code         Obsolution       City       Amount       Date of Payment         September 11, 201       State       Zip Code       Octock # 543         Obsolution of Payment       September 11, 201       State       Zip Code         Stot CHURCH STREET       City       HAMDEN       CT       Øcheck # 543         Stot CHURCH STREET       Description       WAGE STAFF       Method of Payment:       State       Zip Code         Stot CHURCH STREET       Description       WAGE STAFF       Itemization in Addendum P Required       O Coordinated with reimbursement sought       Itemization in Addendum P Required       O coordinated with reimbursement sought <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
50 CHURCH STREET       HAMDEN       CT       06514         mpose of Expenditure # applicable       Description       Event #       Amount         100       Type of Expenditure (f applicable) Itemization in Addendum P Required       C coordinated with reimbursement sought       100         ame of Payee       Date of Payment       September 11, 201       Method of Payment       Ocheck #543         ATRICIA L. BOST       City       State       Zip Code       Zip Code         50 CHURCH STREET       City       State       Zip Code       Cocheck #543         Soo CHURCH STREET       Description       State       Zip Code       Cocheck #543         Ochurch STREET       City       State       Zip Code       Cocheck #543         Obe CHURCH STREET       Description       Event #       Amount       100         recet Address       City       Cocheck #543       Ocheck #543       Ocheck #543         50 CHURCH STREET       HAMDEN       CT       06514       Amount         rpose of Expenditure       Description       Event #       Amount       100         recet Address       City       Coordinated without reimbursement sought       Ocoordinated with reimbursement sought       100         penditure #       Type of Expenditure (					nber 11, 201	0	Check #542
y code)       WAGE       WAGE STAFF       100         xpenditure #       Type of Expenditure (if applicable)       Itemization in Addendum P Required Organization: Ox O B OC O D OE       D OE         ame of Payee       Date of Payment       September 11, 201       Method of Payment:         ATRICIA L. BOST       September 11, 201       Ocheck #543         So C HURCH STREET       City       HAMDEN       CT         State       Zip Code       Of514         rpose of Expenditure (if applicable)       Itemization in Addendum P Required Organization O Coordinated with reimbursement sought       Mount         yeode       WAGE       WAGE STAFF       Independent O Organization O Coordinated with reimbursement sought       Of514         Troose of Expenditure / code)       WAGE STAFF       Event #       Amount       Independent O Organization O Coordinated with reimbursement sought       Independent O Organization O Coordinated with reimbursement sought         penditure #       Type of Expenditure (if applicable)       Itemization in Addendum P Required O Coordinated with reimbursement sought       Independent O Organization O A O B O C O D O E       Independent O Organization O A O B O C O D O E	REET						
Image: Construction of the second state of the state						100	Amount
ATRICIA L. BOST       September 11, 201       September 11, 201       School of rayment         reet Address       City       Baber 11, 201       Check # 543         50 CHURCH STREET       HAMDEN       CT       06514         roode)       WAGE       Description       CT       06514         wAGE       Vage of Expenditure (if applicable)       Itemization in Addendum P Required       O Coordinated with reimbursement sought       Amount         100       Coordinated without reimbursement sought       Independent       Organization       A       B       C       D       D							
50 CHURCH STREET     HAMDEN     CT     06514       reode)     WAGE     Description     Event #     Amount       wAGE     Type of Expenditure (if applicable)     Itemization in Addendum P Required     O Coordinated with reimbursement sought     Itemization in Addendum P Required     O coordinated with reimbursement sought       O Coordinated without reimbursement sought     Independent     Organization     A     B     O C     D     E					·	$\odot$	Check #543
prose of Expenditure ( code) WAGE       Description       Event #       Amount         WAGE STAFF       100         ippenditure # applicable)       Type of Expenditure (if applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought O Independent O Organization OA O B OC O D O E       Amount		City	1	L		State	Zip Code
Code     WAGE     WAGE STAFF     100       penditure #     Type of Expenditure (if applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought     Coordinated without reimbursement sought     D Coordinated with reimbursement sought       Coordinated without reimbursement sought     Independent O Organization OA O B OC O D O E     D	EET	HA	MDEN			СТ	06514
Coordinated without reimbursement sought O Independent O Organization OA O B OC O D O E					100	Amount	
SUBTOTAL Section P This Page 400			· •		- 1		
		SUBT	OTAL Section P	9 — This Pag	ge 400		
		ET, APT. 300 Description WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemizat O Coordinated without reimbursement Y  KENUE Description WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization Coordinated without reimbursement set EET Description WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization EET Description WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization EET Description WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization EET Description WAGE STAFF	P. Expenses P         EET, APT. 300         Description         WAGE STAFF         Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P F         O Coordinated without reimbursement sought () Independent         Y         //ENUE         Description         WAGE STAFF         Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P R         O Coordinated without reimbursement sought () Independent         Coordinated without reimbursement sought () Independent         Description         WAGE STAFF         Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Re         O Coordinated without reimbursement sought () Independent         EET         Description         WAGE STAFF         Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Re         O Coordinated without reimbursement sought () Independent ()         EET       City         Description         WAGE STAFF         Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Re         O Coordinated without reimbursement sought () Independent ()         Description         WAGE STAFF         Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Re         O Coordinated without reimbursement soug	P. Expenses Paid by Committe  ET, APT. 300  Description  WAGE STAFF  Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordi O Coordinated without reimbursement sought O Independent O Organization O  City  REET  Description  WAGE STAFF  Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordi O Coordinated without reimbursement sought O Independent O Organization O  City  REET  Description  WAGE STAFF  Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordin  Coordinated without reimbursement sought O Independent O Organization O  REET  Description  WAGE STAFF  Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordin O Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  Coordinated without reimbursement sought O Independent O Organization O  C		P. Expenses Paid by Committee      P. Expenses Paid by Committee      Date of Payment September 11, 201      Date of Payment     September 11, 201      Description      WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated without reimbursement sought     Coordinated without reimbursement sought     Coordinated without reimbursement sought     Description      WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated with reimbursement sought     Coordinated without reimbursement sought     Coordinated without reimbursement sought     Coordinated without reimbursement sought     Coordinated without reimbursement sought     Description     WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated with reimbursement sought     Coordinated without reimbursement sought     Coordinated without reimbursement sought     Coordinated without reimbursement sought     Description     WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated with reimbursement sought     Description     WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated with reimbursement sought     Description     WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated with reimbursement sought     Description     WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated without reimbursement sought     Description     WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated without reimbursement sought     Description     WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated without reimbursement sought     Description     WAGE STAFF      Type of Expenditure ( <i>d applicable</i> ) Itemization in Addendum P Required     Coordinated	Orthon Notion I         Orthon Notion I         Orthon Notion I         Date of Payment         State         City         Method         State         Orthon NEW HAVEN         Operation         WAGE STAFF         Type of Expendisture (if applicable) Itemization in Addendum P Required       Coordinated with reimbursement sought       Method         City       Date of Payment         September 11, 201       Method         City       Date of Payment         September 11, 201       Method         City       Date of Payment         September 11, 201         WAGE STAFF       Orthon         WAGE STAFF       Date of Payment         Description       Method         WAGE STAFF       Date of Payment         September 11, 201       September 11, 201         Description       Method         WAGE STAFF       City         Date of Payment       September 11, 201         September 11, 201

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NAME OF COMM	TTEE			TYPE OF REPORT			
Toni Harp 2013				October 10th Filin	October 10th Filing		
		P. Expenses	Paid by Committee	e			
Name of Payee SHELIA FORD		99-1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 1992 - 199		Date of Payment September 11, 201		f Payment: Check # <b>548</b> Debit Card	
Street Address	/*************************************		City		State	Zip Code	
192 WEST STREE	Τ		NEW HAVEN		ст	06519	
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #	100	Amount	
Expenditure # (if applicable)		e) Itemization in Addendum I pursement sought 🔘 Independ		$ \begin{array}{c} \mathbf{D} \\ \mathbf{D} \\ \mathbf{B} \\ \mathbf{O} \\ \mathbf{C} \\ \mathbf{O} \\ \mathbf{D} \\ \mathbf{D} \\ \mathbf{D} \\ \mathbf{D} \\ \mathbf{C} \\ \mathbf{D} \\ \mathbf{D} \\ \mathbf{D} \\ \mathbf{C} \\ \mathbf{D} \\ \mathbf{D} \\ \mathbf{D} \\ \mathbf{C} \\ \mathbf{D} \\ \mathbf$			
Name of Payee DARLENE FULLE	3			Date of Payment September 11, 201		Payment: Check # <u>549</u> Debit Card	
Street Address 1 AUGUSTINE ST	REET		City NEW HAVEN		State CT	Zip Code 06519	
Purpose of Expenditure (by code) WAGE	code)				100	Amount	
Expenditure # ( <i>if applicable</i> ) Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought O Independent O Organization: OA O B OC O D OE							
Name of Payee     Date of Payment       BEVERLY GARY     September 11, 201					Method of I	Payment: Check # <u>550</u> Debit Card	
Street Address City 309 DIXWELL AVENUE NEW HAVEN				State CT	Zip Code 06519		
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #	100	Amount	
Expenditure # (if applicable)		) Itemization in Addendum P ursement sought O Independe		$ \begin{array}{c} \text{ ated with reimbursement sought} \\ B & \bigcirc C & \bigcirc D & \bigcirc E \\ \end{array} $			
Name of Payee				Date of Payment September 11, 201	Method of F	Payment: Theck # <b>551</b> Debit Card	
Street Address	TER DRIVE		<sup>City</sup> NEW HAVEN		State CT	Zip Code 06511	
Purpose of Expenditure by code) WAGE	Description WAGE STAFF			Event #	320	Amount	
Expenditure # if applicable)	Type of Expenditure <i>(if applicable)</i> O Coordinated without reimbu	Itemization in Addendum P irsement sought O Independer		ted with reimbursement sought <b>) B</b> $\bigcirc$ <b>C</b> $\bigcirc$ <b>D</b> $\bigcirc$ <b>E</b>			
		SUE	BTOTAL Section P	— This Page 620			

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NAME OF COMM	ITTEE				TYPE OF REPORT		999-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Toni Harp 2013					October 10th Filing		
		P. Expenses	Paid by Committe	ee	• · · · · · · · · · · · · · · · · · · ·		
Name of Payee KEVIN MCCORM	ІСК				Date of Payment September 11, 201	1 0	of Payment: )Check #556 )Debit Card
Street Address			City		+	State	Zip Code
221 ASHMUN ST	REET		NEW HAVEN			ст	06519
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #	ŧ	100	Amount
Expenditure # ()f applicable)	Type of Expenditure ( <i>if applicable</i> ) Iten O Coordinated without reimbursen				th reimbursement sought $OC O D OE$		
Name of Payee HOWARD MCGIN	lΥ			1	Date of Payment September 11, 201		f Payment: Check # <u>557</u> Debit Card
Street Address City 1877 CHAPEL STREET NEW HAVEN				State CT	Zip Code 06515		
Purpose of Expenditure (by code) WAGE	by code)					100	Amount
Expenditure # ( <i>if applicable</i> ) Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought O Independent O Organization: OA O B OC O D OE							
Name of Payee     Date of Payment       LASHAY MCQUEEN     September 11, 201					Method of Payment: Ocheck #558 Debit Card		
Street Address     City       73 FOWLER STREET     NEW HAVEN				State CT	Zip Code 06515		
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #		100	Amount
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Item</b> O Coordinated without reimburseme				reimbursement sought C O D OE		
Name of Payee EBONY WALKER					Date of Payment September 11, 201	Method of I	Payment: Check # <b>560</b> Debit Card
Street Address	ET		<sup>City</sup> NEW HAVEN			State CT	Zip Code 06575
Purpose of Expenditure by code) WAGE	Description WAGE STAFF			Event #		220	Amount
Expenditure # (f applicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemi</b> O Coordinated without reimburseme				reimbursement sought CODOE		
		SUI	<b>3TOTAL Section F</b>	P — Th	iis Page 520		

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NAME OF COMM	ITTEE				TYPE OF REPORT			
Toni Harp 2013					October 10th Filing			
		P. Expenses	Paid by Commit	tee				
Name of Payee DAISY SALAS					Date of Payment September 11, 201	0	Method of Payment: OCheck #567 Debit Card	
Street Address			City		+	State	Zip Code	
315 EASTERN ST	REET		NEW HAVEN			ст	06513	
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Even	t #	Amount 470		
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemizat</b> O Coordinated without reimbursement s		•		vith reimbursement sought			
Name of Payee PATRICK SKULLY					Date of Payment September 11, 201	Method of	f Payment: Check # <u>568</u> Debit Card	
Street Address	Street Address     City       119 WEST WYOMING AVENUE, SUITE A     MELROSE				State MA	Zip Code 02176		
Purpose of Expenditure (by code) CNSLT	(code)					600	Amount	
Expenditure # (if applicable)								
Name of Payee     Date of Payment       FAHIM HANEET     September 11, 201					Method of Payment: Ocheck #569 Debit Card			
Street Address 720 WINCHESTEF					State CT	Zip Code 06511		
Purpose of Expenditure by code) WAGE	Description WAGE STAFF	L		Event	4	100	Amount	
Expenditure # ([f applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemizatio</b> O Coordinated without reimbursement so				th reimbursement sought OC OD OE			
Name of Payee				1	Date of Payment September 11, 201	Method of Payment: Ocheck #570 Debit Card		
Treet Address	I CT.	1	City NEW HAVEN			State CT	Zip Code 06519	
urpose of Expenditure by code) WAGE	Description WAGE STAFF			Event #		100	Amount	
Expenditure # Fapplicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemizatio</b> O Coordinated without reimbursement sou				h reimbursement sought C O D OE			
		SUE	BTOTAL Section	P — T	his Page 1,270			

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	ITTEE		TYPE OF REPORT			
Toni Harp 2013			October 10th Filir	October 10th Filing		
	P. Expense	es Paid by Committee	••••••••••••••••••••••••••••••••••••••			
Name of Payee			Date of Payment	Method o	f Payment:	
ROGER SIM			September 11, 20		Check #575 Debit Card	
Street Address		City	<u>h</u>	State	Zip Code	
	REET 1ST, FLOOR	NEW HAVEN		СТ	06519	
Purpose of Expenditure (by code)	Description		Event #		Amount	
WAGE	WAGE STAFF			80		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendur		ated with reimbursement sough	t		
	O Coordinated without reimbursement sought O Indepe	ndent O Organization: OA (	) b Oc O d Oe			
Name of Payee			Date of Payment	Method of	Payment:	
TYRONE GRANT			September 11, 201		Check # <u>577</u>	
Street Address		City	Đ	State	Debit Card Zip Code	
		•		State	Lip coue	
Purpose of Expenditure	Description	1	Event #			
wAGE	WAGE STAFF			80	Amount	
Expenditure #	xpenditure # (mulicable) Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P Required</b> O Coordinated with reimbursement sought					
(f applicable)	O Coordinated without reimbursement sought O Indepen	· •				
Jame of Payee			Date of Payment	Method of	N	
NATE CRAVEON				0	Check #578	
treet Address			September 11, 201		Debit Card	
139 DAY STREET, APT. 9 NEW HAVEN				State CT	Zip Code 06519	
urpose of Expenditure	Description	1	Event #		Amount	
wAGE	WAGE STAFF			80	Amount	
xpenditure #	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordinat	ed with reimbursement sought			
f applicable)	O Coordinated without reimbursement sought O Independ					
ame of Payee			Date of Payment	Method of P	avment:	
AMELA DONEGA	N		September 11, 201	Check # <u>579</u> Debit Card		
reet Address		City		State	Zip Code	
85 EDGEWOOD	AVENUE	NEW HAVEN		CT	06519	
rpose of Expenditure	Description	I E	Event #		LAmount	
rpose of Expenditure (v code) WAGE	Description WAGE STAFF	E	ivent #		lAmount	
(code) WAGE	WAGE STAFF			75	Amount	
(code) WAGE	WAGE STAFF Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordinate	ed with reimbursement sought		lAmount	
vertication were the second se	WAGE STAFF	P Required O Coordinate	ed with reimbursement sought		A mount	
verence (weighted) weighted (weighted) weighte	WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum I O Coordinated without reimbursement sought O Independ	P Required O Coordinate	ed with reimbursement sought $\mathbf{B} \bigcirc \mathbf{C} \bigcirc \mathbf{D} \bigcirc \mathbf{E}$		A mount	

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NAME OF COMMITTEE TYPE OF REPORT						
Toni Harp 2013				October 10th Filing	)	
		P. Expenses	Paid by Committee	<u>na (fan in gan in g</u>		
Name of Payee				Date of Payment	Method of I	ayment:
DAWUD SHABAK				September 11, 201		heck #585 bebit Card
Street Address			City		State	Zip Code
1753 WHITNEY A	/EI	NUE	NEW HAVEN		СТ	06519
Purpose of Expenditure	Т	Description	Eve	nt #		Amount
(by code) (by code) WAGE	١	WAGE STAFF			100	
Expenditure # (if applicable)						
Name of Payee				Date of Payment	Method of P	
DAWUD SHABAK				September 11, 201	OD	heck # <u>586</u> ebit Card
Street Address			City		State	Zip Code
1753 WHTENEY A	VE	NUE	NEW HAVEN		CT	06519
Purpose of Expenditure	1	Description	Eve	nt#		Amount
(by code) WAGE	V	VAGE STAFF			107.84	
Expenditure #		pe of Expenditure (if applicable) Itemization in Addendum P	Required O Coordinated	with reimbursement sought		
(if applicable) O Coordinated without reimbursement sought O Independent O Organization: $OA OB OC OD OE$						
Name of Payee Date of Payment						ayment:
FADRIKA HOLMES September 11, 201						neck # <u>587</u> ebit Card
Street Address			City		State	Zip Code
537 SHERMAN AV	ΕN	IUE, APT.#5	NEW HAVEN		СТ	06515
Purpose of Expenditure (by code)	ľ	Description	Ever	n #	100	Amount
Expenditure # ( <i>if applicable</i> )		pe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe		with reimbursement sought OC O D OE		
Name of Payee				Date of Payment	Method of Pa	yment:
KEITH EVANS				September 11, 201	OD	eck # <u>588</u> bit Card
Street Address			City		State	Zip Code
159 BASSETT STRE	ET	-	NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	E	Description	Even	1 #	100	Amount
Expenditure # (if applicable)		pe of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independent		vith reimbursement sought OC O D O E		
		SUI	BTOTAL Section P —	This Page 407.84		
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NAME OF COMMI	TTEE			TYPE OF REPORT			
Toni Harp 2013				October 10th Filing	October 10th Filing		
	P. 1	Expenses	Paid by Committee				
Name of Payee	5	******		Date of Payment September 11, 201	Method of Payment: OCheck #594 ODebit Card		
Street Address			City	H H	State	Zip Code	
151 ROGER WHIT	E DRIVE		NEW HAVEN		СТ	06510	
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #	60	Amount	
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in</b> A O Coordinated without reimbursement sought			ated with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$			
Name of Payee PATRICIA REED			*****	Date of Payment		of Payment: Check #595	
				September 11, 201		Debit Card	
Street Address 105 THOMSON S	05 THOMSON STREET, 2ND FLOOR NEW HAVEN			State CT	Zip Code 06510		
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #	75	Amount	
Expenditure # ( <i>fapplicable</i> ) Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required O Coordinated with reimbursement sough O Coordinated without reimbursement sought O Independent O Organization: OA OB OC OD OE							
Name of Payee     Date of Payment       ATAVIA WILSON     September 11, 201				l C	f Payment: Check #596 Debit Card		
				State	Zip Code		
162 THOMPSON S	STREET, 2ND FLOOR		NEW HAVEN		СТ	06510	
Purpose of Expenditure by code) WAGE	Description WAGE STAFF	<b>.</b>		Event #	75	Amount	
Expenditure # if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in A</b> O Coordinated without reimbursement sought			$\begin{array}{c} \begin{array}{c} \text{ed with reimbursement sought} \\ \textbf{B}  \bigcirc \\ \hline \begin{array}{c} O \\ \end{array}  \bigcirc \\ \hline \begin{array}{c} O \\ \end{array}  D \\ \hline \end{array}  \bigcirc \\ \hline \begin{array}{c} O \\ \end{array}  \\ \hline \end{array}  \\ \begin{array}{c} \end{array}  \\ \hline \begin{array}{c} O \\ \end{array}  \\ \hline \end{array}  \\ \begin{array}{c} O \\ \end{array}  \\ \end{array}  \\ \begin{array}{c} O \\ \end{array}  \\ \begin{array}{c} O \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \begin{array}{c} O \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \begin{array}{c} O \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \begin{array}{c} O \\ \end{array}  \\ \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \\ \end{array}  \\ \\ \end{array}  \\ \\ \end{array}  \\ \\ \end{array}  \\ \\ \end{array}  \\ \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \\ \end{array}  \\ \\ \end{array}  \\ \end{array}  \\ \end{array} \\ \end{array}$			
lame of Payee SARY STEWART				Date of Payment September 11, 201	$\odot$	Method of Payment: Ocheck # <u>597</u> Debit Card	
treet Address 8 HOTCHKISS STI	REET		City NEW HAVEN		State CT	Zip Code 06510	
urpose of Expenditure y code) WAGE	Description WAGE STAFF	Ł.	1	Event #	100	Amount	
xpenditure # fapplicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Ac</b> O Coordinated without reimbursement sought			ed with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$			
		SUB	STOTAL Section P	— This Page <sup>310</sup>			

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NAME OF COMMITTEE TYPE OF REPORT						
Toni Harp 2013			October 10th Filing	3		
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of	Payment:	
MICHAEL ROSS			September 11, 201	Ocheck #602 Debit Card		
Street Address		City		State	Zip Code	
91 ROSETTE STRE	ET	NEW HAVEN		ст	06519	
Purpose of Expenditure	Description		Event #		Amount	
(by code) (by code) WAGE	WAGE STAFF			100		
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b>		ted with reimbursement sought $\sum_{n=0}^{\infty} \sum_{i=1}^{\infty} \sum_{j=1}^{\infty} \sum_{j=1}^{\infty} \sum_{j=1}^{\infty} \sum_{i=1}^{\infty} \sum_{j=1}^{\infty} \sum_{j=1}^{\infty} \sum_{j=1}^{\infty} \sum_{i=1}^{\infty} \sum_{j=1}^{\infty} \sum_{i=1}^{\infty} \sum_{j=1}^{\infty} \sum_{i=1}^{\infty} \sum_{j=1}^{\infty} \sum_{j=1}^{\infty$			
	O Coordinated without reimbursement sought O Independ	ent OOrganization: OA				
Name of Payee			Date of Payment	Method of	Payment: Check #603	
DONNA SANDS			September 11, 201		Debit Card	
Street Address		City		State	Zip Code	
91 ROSETTE STREE	ET, # 302	NEW HAVEN		СТ	06519	
Purpose of Expenditure	Description		Event #		Amount	
(by code) WAGE	WAGE STAFF			100		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum I	P Required O Coordinat	ted with reimbursement sought			
(if applicable)	O Coordinated without reimbursement sought O Independent	ent OOrganization: OA	) B OC O D OE			
Name of Payee	Method of					
KELLY JASINKA September 11, 201				Check #604 Debit Card		
Street Address City					Zip Code	
82 ROSETTE STREE	T	NEW HAVEN		СТ	06519	
Purpose of Expenditure	Description		Event #		Amount	
(by code) WAGE	WAGE STAFF			100		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum F	Required O Coordinat	ed with reimbursement sought			
(i) appressive)	O Coordinated without reimbursement sought O Independent	ent O Organization: O C	$) B \bigcirc C \bigcirc D \bigcirc E$			
Name of Payee			Date of Payment	Method of I	Payment: Check #605	
LISA HOPKINS			September 11, 201	Ö	Debit Card	
Street Address		City		State	Zip Code	
16 FRANCES HUN	TER DRIVE					
Purpose of Expenditure	Description	1	Event #		Amount	
(by code) WAGE	WAGE STAFF			100		
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum P	Required O Coordinat	ed with reimbursement sought			
(if applicable)	Coordinated without reimbursement sought O Independent					
	SU	BTOTAL Section P -	— This Page 400			
ti and the second s						

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NAME OF COMMITTEE TYPE OF REPORT					·		
Toni Harp 2013				October 10th Filing	J		
		P. Expenses	Paid by Committee				
Name of Payee ALLISON TRACZ				Date of Payment September 11, 201	Method of Payment Check # Debit C	<sub>∲</sub> 610	
Street Address			City		State Zip C		
75 DAGGETT STR	EET, UNIT 1-1		NEW HAVEN		<b>CT</b> 065	10	
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #	Amou 35	int	
Expenditure # ((f applicable)	Type of Expenditure <i>(if applicable)</i> <b>Ite</b> O Coordinated without reimburser			ated with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$			
Name of Payee	1			Date of Payment	Method of Payment	- - -	
BENNIE MORRIS				Sèptember 11, 201	Ocheck #	6 <u>11</u> ird	
Street Address City 91 ROSSETTE STREET, # 102 NEW HAVEN				State         2.000           CT         065			
Purpose of Expenditure (by code) WAGE	v code)					nt	
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought         O Coordinated without reimbursement sought       O Independent       O Organization:       O A       O B       O C       O D       E							
Name of Payee				Date of Payment	Method of Pa		
ANTHONY FORLES September 11, 201				Oche	512 ird		
Street Address			City		State Zapara	vde	
672 HOWARD AV	ENUE		NEW HAVEN		<b>CT</b> 065	10	
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #	Anzen 100	it	
Expenditure # (if applicable)	Type of Expenditure <i>(if applicable)</i> <b>Iten</b> O Coordinated without reimbursen		1 0	ted with reimbursement sought $B \cap C \cap D \cap E$			
Name of Payee				Date of Payment	Method of Pa	513	
SIGFREDO MELEN	DEZ			September 11, 201	×	rd	
Street Address 690 WASHINGTOI	N AVENUE	1	City NEW HAVEN		State CT (Control of the second secon	ie 9	
Purpose of Expenditure by code) WAGE	Description WAGE STAFF			Event #	A	ź	
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Item</b> Coordinated without reimbursem		, ,	ted with reimbursement sought $D \cap C \cap D \cap E$			
		SUI	BTOTAL Section P	— This Page 335			

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NAME OF COMMIT	TEE	NAME OF COMMITTEE TYPE OF REPOR					
Toni Harp 2013		<u></u>		0	October 10th Filing		
		P. Expenses	Paid by Committee	e			
Name of Payee MARIA QUINONE	S				ate of Payment	Method of F	ayment: heck #618 bebit Card
Street Address			City	L		State	Zip Code
195 STATTANSTA	LL ST.		NEW HAVEN			СТ	06519
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #		135	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Ite		• –		reimbursement sought C O D OE		
Name of Payee PASTOR ESTRAD	Name of Payee     Date of Payment       PASTOR ESTRADA     September 11, 201					Method of P	hyment: heck # <u>619</u> obit Card
Street Address City 175 ENGLISH STREET NEW HAVEN			<b></b>	State CT	Zip Code 06513		
Purpose of Expenditure (by code) WAGE	pose of Expenditure Description Event #					100	Amount
Expenditure # (if applicable)							
Name of Payee     Date of Payment       LUISA BERRIOS     September 11, 201					eck #620		
Street Address     City       57 LIBERTY STREET     NEW HAVEN				State CT	Zip Code 06519		
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #		100	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(if applicable)</i> <b>Ite</b> O Coordinated without reimburse				reimbursement sought	and the second	ž. 2020-00-00-00-00-00-00-00-00-00-00-00-00
Name of Payee GENOVEVA VASQ	UEZ			1	te of Payment eptember 11, 201		obit Card
Street Address 311 EASTERN STF	EET, APT E-412		City NEW HAVEN			State CT	Zip Code 06513
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #		100	Amount
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Ite</b> O Coordinated without reimburse				reimbursement sought		x:05
		SU	BTOTAL Section F	P — Th	is Page 435	and a second	· olare
anna an				<u></u>	and an a stand of the stand of th		

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NAME OF COMMITTEE TYPE OF REPORT							
Toni Harp 2013					October 10th Filing	)	
	P.	Expenses	Paid by Committee	e			
Name of Payee CHARISSE TOWN	NVERT				Date of Payment September 11, 201		f Payment: OCheck # <b>627</b> Debit Card
Street Address			City			State	Zip Code
95 IVY STREET			NEW HAVEN			СТ	06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #	ŧ	100	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemization</b> O Coordinated without reimbursement soug				th reimbursement sought $\bigcirc C \bigcirc D \bigcirc C $		
Name of Payee CAROLYN OHERE					Date of Payment September 11, 201		Payment: Check # <u>628</u> Debit Card
Street Address     City       52 FOXEN HILL ROAD     NEW HAVEN				State CT	Zip Code 06510		
Purpose of Expenditure (by code) WAGE					100	Amount	
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought         O Coordinated without reimbursement sought       O Independent       O Organization:       O B       O C       O D       O E							
Name of Payee     Date of Payment       TINA HOLDEN     September 11, 201				Method of Payment: OCheck #630 Debit Card			
					State	Zip Code	
52 FOOTE STREET			NEW HAVEN			CT	06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	I		Event #		Amount 100	
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization i</b> O Coordinated without reimbursement sough		• -		n reimbursement sought		
Name of Payee BARBARA HOLDEN	١			I	Date of Payment September 11, 201	Method of Payment: Ocheck #631 Debit Card	
Street Address		T	City	l		State	Zip Code
52 FOOTE STREET			NEW HAVEN			СТ	06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF			Event #		100	Amount
Expenditure # ( <i>if applicable</i> )	Type of Expenditure <i>(if applicable)</i> <b>Itemization in</b> O Coordinated without reimbursement sough				$ \begin{array}{c} \text{reimbursement sought} \\ \textbf{OC O D O E} \end{array} $		
		SUI	BTOTAL Section P	' — TI	nis Page 400		

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NAME OF COMMITTEE TYPE OF REPORT								
Toni Harp 2013			October 10th Filing	ļ				
	P. Expenses	Paid by Committee						
Name of Payee			Date of Payment	Method of Payment: Ocheck #636				
VALLERIE MCKINN	IEY		September 18, 201		Debit Card			
Street Address		City		State	Zip Code			
98 FOOTE STREET		NEW HAVEN		СТ	06519			
			Г <i>и</i>					
Purpose of Expenditure (by code) WAGE	Description		Event #		Amount			
WAGE	WAGE STAFF			100				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordina	ted with reimbursement sought					
O Coordinated without reimbursement sought O Independent O Organization: OA O B OC O D OE								
Name of Payee			Date of Payment	Method of I				
DAVID CORDERO September 11, 201					heck # <u>637</u> Debit Card			
Street Address		City	<b>±</b>	State	Zip Code			
				CT	06519			
6A STATION COU	۲I	NEW HAVEN			00517			
Purpose of Expenditure	Description		Event #		Amount			
(by code) WAGE	WAGE STAFF			75	-			
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	ted with reimbursement sought	-					
(if applicable)	(if applicable) Occordinated without reimbursement sought O Independent O Organization: OA O B OC O D OE							
Name of Payee	Method of F	avment:						
Name of Payee     Date of Payment       DEBORAH YOUNG     September 11, 2				<b>O</b> C	heck #638			
	L		0		ebit Card			
Street Address		City		State	Zip Code			
Purpose of Expenditure	Description	]	Event #		Amount			
(by code) (by code) WAGE	WAGE STAFF			100				
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordinat	ted with reimbursement sought					
(if applicable)	O Coordinated without reimbursement sought O Independ							
Maria CD			Date of Payment	Method of F	avment:			
Name of Payee			September 11, 201	QC	heck #639 ebit Card			
JANE VASQUEZ				<u> </u>				
Street Address		City		State	Zip Code			
80 EAST PEARL ST	REET, 2ND FLOOR	NEW HAVEN		СТ	06513			
Purpose of Expenditure	Description	1	Event #		Amount			
(by code) (by code) WAGE	WAGE STAFF			100				
	Type of Expenditure (if applicable) Itemization in Addendum	P. Paguirad O Coordinat	ted with reimbursement sought	1				
Expenditure # (if applicable)	O Coordinated without reimbursement sought O Independ							
	O Coordinated without reimbursement sought O Independ							
	ST	BTOTAL Section P	- This Page 375					
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NAME OF COMMIT	TEE		TYPE OF REPORT		
Toni Harp 2013			October 10th Filing	)	
	P. Expenses	Paid by Committee			
Name of Payee KAREN JARVIS			Date of Payment September 18, 201	Method of Payment: Check #645 Debit Card	
Street Address		City		State Zip Code	
119 BLAKE STREE	T	NEW HAVEN		СТ 06510	
Purpose of Expenditure (by code) WAGE	openditure         Description         Event #           AGE         WAGE STAFF			Amount 75	
Expenditure # (if applicable)					
Name of Payee			Date of Payment	Method of Payment:	
KENNETH REVEZ			September 11, 201	Ocheck # <u>646</u> Debit Card	
Street Address 75 DAGGETT STRE	ET UNIT 2-3	City NEW HAVEN		StateZip CodeCT06510	
Purpose of Expenditure	Description	L	Event #	Amount	
(by code) WAGE	WAGE STAFF			100	
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> O Coordinated without reimbursement sought O Independent		ed with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$		
Name of Payee			Date of Payment	Method of Payment:	
LEONARDO RIVER	A		September 11, 201	Ocheck # <u>647</u> Debit Card	
Street Address		City		State Zip Code	
306 POPULAR STR	REET	NEW HAVEN		CT 006513	
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	E	ivent #	Amount 100	
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> O Coordinated without reimbursement sought O Independent		ed with reimbursement sought $D O O D O E$		
Name of Payee			Date of Payment	Method of Payment: Ocheck #648	
MILDRED RODRIG	UEZ		September 11, 201	Debit Card	
Street Address 215 FAIRFIELD DR		City NEW HAVEN		StateZip CodeCT06516	
Purpose of Expenditure	Description	   E	went #	Amount	
(by code) WAGE	WAGE STAFF			100	
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> O Coordinated without reimbursement sought O Independent		ed with reimbursement sought <b>B</b> $\bigcirc$ <b>C</b> $\bigcirc$ <b>D</b> $\bigcirc$ <b>E</b>		
	SU	BTOTAL Section P -	— This Page 375		

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NAME OF COMMIT	TEE		TYPE OF REPORT		
Toni Harp 2013			October 10th Filing	)	
	P. Expens	ses Paid by Committee			
Name of Payee DERRICK JEFF			Date of Payment	Method of	Payment: Check # <b>654</b> Debit Card
Street Address		City		State	Zip Code
4 VALLEY PLACE	I.	NEW HAVEN		СТ	06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		rent #	40	Amount
Expenditure # (if applicable)	O Coordinated without reimbursement sought O Independent O Organization: OA O B OC O D OE				
Name of Payee VICTOR GOMEZ			Date of Payment		Payment: Check # Debit Card
Street Address 321 POPULAR STF	EET	City NEW HAVEN		State CT	Zip Code 06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		ent #	100	Amount
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addende</b> O Coordinated without reimbursement sought O Indep				
Name of Payee			Date of Payment	Method of	Payment: Check # <u>656</u>
PADRO ORTEGA				ŭ j	Debit Card
Street Address 105 POPLAR STRE	ET	City NEW HAVEN		State CT	Zip Code 06516
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		ent#	75	Amount
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addende</b> O Coordinated without reimbursement sought O Indep				
Name of Payee ASHLI JAMES			Date of Payment	Method of	Payment: Check # <mark>657</mark> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		ent #	35	Amount
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addende</b> O Coordinated without reimbursement sought O Indep		d with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$		
		SUBTOTAL Section P –	– This Page 250		
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NAME OF COMMI	TT	EE		TYPE OF REPORT		
Toni Harp 2013				October 10th Filin	g	
		P. Expenses	Paid by Committee			
Name of Payee JANIRIS QU9ION	ES		en han di dela kaya a dan kaya ang kay	Date of Payment September 11, 201		Payment: Check #662 Debit Card
Street Address			City		State	Zip Code
12 A CINQUE GR	EEI	N	NEW HAVEN		СТ	06519
Purpose of Expenditure (by code) WAGE		Description WAGE STAFF	Ev	ent #	100	Amount
Expenditure # (if applicable)	1	Fype of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum I</b> Coordinated without reimbursement sought O Independ				
Name of Payee MINDY ORTEGA				Date of Payment September 11, 201	Method of	Payment: Check # <mark>663</mark> Debit Card
Street Address 102 POPULAR ST	REI	ET	City NEW HAVEN		State CT	Zip Code 06516
Purpose of Expenditure Description (by code) WAGE WAGE STAFF			Evo	ent #	100	Amount
Expenditure # (if applicable)		ype of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe	· ·	with reimbursement sought		
Name of Payee				Date of Payment September 11, 201		Payment: Check # <mark>664</mark> Debit Card
Street Address 133 FARREN AVE	٩U		City NEW HAVEN		State CT	Zip Code 06513
Purpose of Expenditure (by code) WAGE		Description STAFF	Eve	100	Amount	
Expenditure # (if applicable)		pe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe		with reimbursement sought OC O D OE		
Name of Payee				Date of Payment September 11, 201	Method of P OD	ayment: heck # <mark>665</mark> ebit Card
Street Address	EN		<sup>City</sup> NEW HAVEN		State CT	Zip Code 06519
Purpose of Expenditure by code) WAGE		Description VAGE STAFF	Ever	ıt #	250	Amount
Expenditure # (fapplicable)		pe of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independer	· •	With reimbursement sought		
		SUE	BTOTAL Section P —	This Page 550		
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			TYPE OF REPORT October 10th Fil		
	P. Expens	es Paid by Committe			
Name of Payee MAGDALENA TO			Date of Payment September 11, 2	01 (	of Payment: Check #671
Street Address		City		State	ODebit Card Zip Code
46 BENTON STRE	ET	NEW HAVEN		CT	06511
Purpose of Expenditure (by code) WAGE	Description		Event #		Amount
	WAGE STAFF			535	
Expenditure # if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> O Coordinated without reimbursement sought O Indepe		$\bigcirc B \bigcirc C \bigcirc D \bigcirc E$	sht	
vame of Payee			Date of Payment	Method of	of Payment:
ARIA QUINONEZ	<u>7</u>		September 11, 20		Check #672
treet Address		City		State	Debit Card Zip Code
95 STALLONSTAI	LL AVENUE	NEW HAVEN		СТ	06516
urpose of Expenditure by code)	Description		Event #		Amount
WAGE	WAGE STAFF			365	Amount
xpenditure # ( <i>applicable</i> )	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordir	ated with reimbursement sough		
	O Coordinated without reimbursement sought O Indepen	ident OOrganization: OA			
ame of Payee			Date of Payment	Method of	f Payment:
HITNEY MURPHY	/		September 11, 20	1 0	Check # <u>677</u>
reet Address		City		State	Debit Card
09 ELM STREET		NEW HAVEN		СТ	06516
rpose of Expenditure	Description	NEW HAVEN	Event #		06516
rpose of Expenditure	Description WAGE STAFF	NEW HAVEN	Event #	ст	
rpose of Expenditure (code) WAGE penditure #	WAGE STAFF			СТ 100	06516
prose of Expenditure (code) WAGE penditure #	WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum	P Required O Coordina	ited with reimbursement sought	СТ 100	06516
ppose of Expenditure (code) WAGE penditure # applicable)	WAGE STAFF	P Required O Coordina	ated with reimbursement sought $B \cap C \cap D \cap E$	CT 100	06516 Amount
rpose of Expenditure (code) WAGE (penditure # applicable) me of Payee	WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum Coordinated without reimbursement sought O Independent	P Required O Coordina	ited with reimbursement sought	CT 100 Method of	06516 Amount Payment: Check #678
penditure #	WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum Coordinated without reimbursement sought O Independent	P Required O Coordina	Ated with reimbursement sought BOCODOE Date of Payment	CT 100 Method of	06516 Amount Payment: Check #678 Debit Card
rpose of Expenditure (code) WAGE (penditure # applicable) (me of Payee (SHIDA MC ARTH	WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum Coordinated without reimbursement sought O Independent	P Required O Coordina lent O Organization: O1	Date of Payment September 11, 201	CT 100 Method of	06516 Amount Payment: Check #678
rpose of Expenditure ( code) WAGE ( penditure # applicable) ( ) me of Payee ASHIDA MC ARTH set Address 3 WEST RD.	WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum Coordinated without reimbursement sought O Independent	P Required O Coordina tent O Organization: O ( City NEW HAVEN	Date of Payment September 11, 201	CT 100 Method of State	06516 Amount Payment: Check #678 Debit Card Zip Code 06519
prose of Expenditure (code) WAGE penditure # applicable) me of Payee ASHIDA MC ARTH set Address 3 WEST RD. pose of Expenditure code)	WAGE STAFF Fype of Expenditure ( <i>if applicable</i> ) Itemization in Addendum Coordinated without reimbursement sought O Independ UR	P Required O Coordina tent O Organization: O ( City NEW HAVEN	ated with reimbursement sought → B → C → D → E Date of Payment September 11, 201	CT 100 Method of State CT	06516 Amount Payment: Check #678 Debit Card Zip Code
rpose of Expenditure ( code) WAGE penditure # applicable) me of Payee ASHIDA MC ARTH eet Address 3 WEST RD. pose of Expenditure code) WAGE menditure #	WAGE STAFF  Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum Coordinated without reimbursement sought O Independ UR  Description WAGE STAFF	P Required O Coordination: O C	Ated with reimbursement sought BOCODOE Date of Payment September 11, 201	CT 100 Method of State	06516 Amount Payment: Check #678 Debit Card Zip Code 06519
pose of Expenditure code) WAGE penditure # <i>spplicable</i> ) me of Payee SHIDA MC ARTH et Address 3 WEST RD. pose of Expenditure code) WAGE enditure # <i>splicable</i>	WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum Coordinated without reimbursement sought O Independ UR Description WAGE STAFF ype of Expenditure ( <i>if applicable</i> ) Itemization in Addendum F	P Required O Coordina dent O Organization: O ( City NEW HAVEN P Required O Coordinat	Atted with reimbursement sought DBOCODOE Date of Payment September 11, 201 Event #	CT 100 Method of State CT	06516 Amount Payment: Check #678 Debit Card Zip Code 06519
pose of Expenditure code) WAGE penditure # pplicable) ne of Payee SHIDA MC ARTH et Address 3 WEST RD. ose of Expenditure code) WAGE enditure # micable)	WAGE STAFF  Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum Coordinated without reimbursement sought O Independ UR  Description WAGE STAFF	P Required O Coordina dent O Organization: O ( City NEW HAVEN P Required O Coordinat	Atted with reimbursement sought DBOCODOE Date of Payment September 11, 201 Event #	CT 100 Method of State CT	06516 Amount Payment: Check #678 Debit Card Zip Code 06519

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	3			TYPE OF REPORT		
		P. Expenses Paid by Com	nmittee	October 10th Fili	ng	
Name of Payee	TANO			Date of Payment September 11, 20	1 (	l of Payment: OCheck #683
Street Address		City			3 \	ODebit Card
604 FORREST R	OAD	WEST HAVEN			State	Zip Code 06516
Purpose of Expenditur (by code) WAGE		<u>_</u>	Event #			Amount
Expenditure #	60			60		
(if applicable)	Type of Expenditure <i>(if applicable)</i> <b>Item</b> O Coordinated without reimburseme	ization in Addendum P Required O ent sought O Independent O Organization	Coordinated wit	h reimbursement sough	t	
Name of Payee NAKIYAH MCAF	RTHUR		1	Date of Payment September 11, 201	1 0	of Payment: Check #684
Street Address		City		+		Debit Card
29 BASSETT STR		NEW HAVEN			State CT	Zip Code 06516
Purpose of Expenditure by code) WAGE	Description WAGE STAFF		Event #			Amount
Expenditure # If applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemiz</b> Coordinated without reimbursemen	ation in Addendum P Required	Coordinated with	reimbursement sought	100	
lame of Payee				ate of Payment		
AKAYA COLEMA	4N			eptember 11, 201		f Payment: Check # <mark>685</mark> Debit Card
23 COUNTY STR	REET	City NEW HAVEN			State CT	Zip Code 06519
wpose of Expenditure y code) WAGE	Description WAGE STAFF		Event #		100	Amount
kpenditure # applicable)	Type of Expenditure <i>(if applicable)</i> Itemiza O Coordinated without reimbursement	tion in Addendum P Required O C sought O Independent O Organization:	$O^{A} O^{B} O^{A}$	$\begin{array}{c} \text{eimbursement sought} \\ C & \bigcirc \mathbf{D} & \bigcirc \mathbf{E} \end{array}$	100	
ume of Payee			Dat	e of Payment	Method of I	
JAN CANDELARI	IA SR.		Se	ptember 11, 201		Check # <mark>686</mark>
JAN CANDELARI eet Address ARCH STREET	IA SR.	City NEW HAVEN	Se	±	<u>Ö</u> Ľ State	Debit Card Zip Code
VAN CANDELARI eet Address ARCH STREET	Description WAGE STAFF	-	Event #		OL State CT	Debit Card
VAN CANDELARI eet Address O ARCH STREET pose of Expenditure code) WAGE	Description WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) <b>Itemizat</b>	NEW HAVEN	Event #	imbursement sought	Or State CT	Debit Card Zip Code 06516

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NAME OF COMMI	TTEE		T	YPE OF REPORT		
Toni Harp 2013			0	ctober 10th Filing	9	
		P. Expenses Paid by Com	ımittee			
Name of Payee			Da	te of Payment ptember 12, 201	Method of	Payment: Check #640 Debit Card
Street Address		City	<u>l</u>	+	State	Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		100	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought         O Coordinated without reimbursement sought       O Independent       O organization:         OA       OB       OC       OD         OE       O Organization:       OE       OE					
Name of Payee JAGUAN HARRIS				e of Payment ptember 12, 201		Payment: Check # <u>6,900</u> Debit Card
Street Address		City			State	Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		100	I Amount
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemiza</b> O Coordinated without reimbursement	•		imbursement sought		
Name of Payee KAREN BRACKEN				of Payment otember 12, 201		ayment: heck # <b>691</b> ebit Card
Street Address 300 RAY ROAD		City NEW HAVEN			State CT	Zip Code 06516
Purpose of Expenditure by code) WAGE	Description WAGE STAFF		Event #		100	Amount
Expenditure # ( <i>f applicable</i> )	Type of Expenditure <i>(if applicable)</i> <b>Itemizat</b> <b>O</b> Coordinated without reimbursement	• •	Coordinated with re $O^{A} O^{B} O^{C}$	- 1		
lame of Payee OBBY MOORE				of Payment Ditember 12, 201		ayment: 1eck # <b>692</b> ebit Card
treet Address		City NEW HAVEN			State CT	Zip Code 06519
urpose of Expenditure by code) WAGE	Description WAGE STAFF		Event #		100	Amount
xpenditure # f applicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemizat</b> O Coordinated without reimbursement s		Coordinated with rei $O^A O^B O^C$	-		
		SUBTOTAL Sec	tion P — This	Page <sup>400</sup>		
					1	

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	ITTEE		TYPE OF REPORT		
Toni Harp 2013			October 10th Filin	g	
Name of Payee	P. 1	Expenses Paid by Committe			
NEFTALI ARROY	0		Date of Payment	Method of P	ayment: heck #703
Street Address	~		September 12, 201		ebit Card
182 FARREN AVI		City		State	Zip Code
		NEW HAVEN		СТ	06516
Purpose of Expenditure (by code) WAGE			Event #		Amount
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) Itemization in A		inated with reimbursement sought	1	
	O Coordinated without reimbursement sought	Independent O Organization: OA	O B OC O D OE		
Name of Payee			Date of Payment	Method of Pa	yment:
MERCEDES BELTI	RAN		September 12, 201		eck # <u>704</u> bit Card
Street Address		City		<u> </u>	Zip Code
132 OLD FOXON	ROAD	NEW HAVEN		СТ	06516
Purpose of Expenditure by code)	Description	1	Event #	<u> </u>	mount
WAGE	WAGE STAFF			100 A	mount
Expenditure # if applicable)	Type of Expenditure (if applicable) Itemization in A	ddendum P Required O Coordir	ated with reimbursement sought	100	
η αρρικάσικη	O Coordinated without reimbursement sought (		$\cap B \cap C \cap D \cap E$		
ame of Payee				Method of Pay	ment
BBY FELDMAN			September 12, 201	•Che	ck #707
treet Address		City	+		oit Card Zip Code
53 ALSTON AVE	NUE	NEW HAVEN			06516
rpose of Expenditure	Description		Event #		
wAGE	WAGE STAFF				nount
<penditure #<="" td=""><td>Type of Expenditure (if applicable) Itemization in Ad</td><td>dendum P Required O Coording</td><td>ated with reimbursement sought</td><td>135</td><td></td></penditure>	Type of Expenditure (if applicable) Itemization in Ad	dendum P Required O Coording	ated with reimbursement sought	135	
applicable)	O Coordinated without reimbursement sought C		$A = C \cap D$		
ime of Payee				1.4.1.60	
				Method of Payn	nent:
MAEL BERRIOS			September 12, 201	• Chec	k #710
MAEL BERRIOS		City	September 12, 201	ODebi	t Card
	T	City NEW HAVEN	<b>f</b>	ODebi State Zi	t Card
eet Address 08 POPLAR STREE		NEW HAVEN	<b>F</b>	ODebi State Zi	t Card
eet Address 08 POPLAR STREE	Description	NEW HAVEN	<b>f</b>	ODebi State Zi CT 0	t Card
eet Address 08 POPLAR STREE pose of Expenditure <sup>code)</sup> WAGE	Description WAGE STAFF	NEW HAVEN	Event #	ODebi State Zi CT 0	t Card p Code 6519
eet Address 28 POPLAR STREE pose of Expenditure code) WAGE penditure # unbicable)	Description WAGE STAFF Type of Expenditure <i>(if applicable)</i> Itemization in Add	NEW HAVEN	Event #	ODebi State Zi CT 0 Am	t Card p Code 6519
eet Address 28 POPLAR STREE pose of Expenditure code) WAGE penditure # unbicable)	Description WAGE STAFF	NEW HAVEN	Event #	ODebi State Zi CT 0 Am	t Card ip Code 6519
eet Address 28 POPLAR STREE pose of Expenditure code) WAGE penditure # unbicable)	Description WAGE STAFF Type of Expenditure <i>(if applicable)</i> Itemization in Add	NEW HAVEN	Event #	ODebi State Zi CT 0 Am	t Card p Code 6519

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of	

NAME OF COMM	ITT	EE			TYPE OF REPORT		
Toni Harp 2013					October 10th Filin	g	
		P. Expenses	Paid by Committee	;			
Name of Payee	A				Date of Payment September 12, 201		Payment: Check # <mark>726</mark> Debit Card
Street Address			City			State	Zip Code
545 SHURMAN I		· · · · ·	NEW HAVEN			СТ	06516
Purpose of Expenditure (by code) WAGE	1	Description Event # WAGE STAFF					Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought         O Coordinated without reimbursement sought       O Independent O Organization: OA OB OC OD OE						
Name of Payee					Date of Payment	Method of	Payment:
KALIMAN MAUR	ICE				September 12, 201		Check # <u>727</u> Debit Card
Street Address 355 NEWHALL S	TRE	ET 3RD FLOOR	City NEW HAVEN			State CT	Zip Code 06516
Purpose of Expenditure (by code) WAGE		Description WAGE STAFF		Event	#	100	Amount
Expenditure # (if applicable)	1	ype of Expenditure <i>(if applicable)</i> <b>Itemization in Addendum I</b> Coordinated without reimbursement sought O Independe			ith reimbursement sought		
Name of Payee					Date of Payment	Method of F	ayment:
TJ'S CUSTOM DESIGN					September 12, 201	<b>•</b>	heck #730 bebit Card
Street Address 463 WINTHROP /	٧E	NUE	City NEW HAVEN			State CT	Zip Code 06511
Purpose of Expenditure by code) A-OTHER		Description ADVERTISING - TEE SHIRTS		Event	4	825	Amount
Expenditure # (if applicable)	1	pe of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum P</b> Coordinated without reimbursement sought O Independe			th reimbursement sought OC OD OE		
Name of Payee	1				Date of Payment	Method of P	ayment:
CLASS LIMOUSIN	E W	/ORLDWIDE			September 12, 201	8ci	heck #731ebit Card
treet Address	E, S		<sup>City</sup> NEW HAVEN			State CT	Zip Code 06511
urpose of Expenditure py code) TRVL		Description RAVEL LIMO SERVICE (2) DAYS		Event #		Amount 3,220.28	
Expenditure # (fapplicable)		pe of Expenditure (if applicable) Itemization in Addendum P Coordinated without reimbursement sought OIndependen			h reimbursement sought C O D O E		
		SUE	BTOTAL Section P	— T	his Page <b>4,245.28</b>		

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NAME OF COMM				TYPE OF REPORT			
Toni Harp 2013				October 10th Filin	ing		
		P. Expenses Paid by Comm	ittee				
Name of Payee				Date of Payment	Method o	f Payment:	
PENTECOST AS	АН			September 13, 201	<u>ı</u>   🛛	Check #737 Debit Card	
Street Address		City			State	Zip Code	
					Suite	Lip code	
Purpose of Expenditure	Description						
(by code) WAGE	WAGE STAFF		Ever	nt #	Amount		
Expenditure #					100		
(if applicable)	Type of Expenditure ( <i>if applicable</i> ) Itemiz	· •		with reimbursement sought	.]		
	O Coordinated without reimbursemen	nt sought O Independent O Organization:	ΟΛ ΟΒ	OC O D OE			
Name of Payee				Date of Payment	Method of		
LOUVINE SPEAR	S			September 13, 201		Check # <mark>738</mark> Debit Card	
Street Address	***************************************	City		Đ	State	Zip Code	
Purpose of Expenditure	Description	l	Even	• <sup>11</sup>	ļ		
by code) WAGE	WAGE STAFF		Even	ſ#		Amount	
					100		
Expenditure # if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemiz</b>			with reimbursement sought			
	O Coordinated without reimbursement	t sought O Independent O Organization C	$A \cap B$	Oc O d O e			
lame of Payee				Date of Payment	Method of F		
EROME BOST				September 13, 201		heck #739 Debit Card	
treet Address	***************************************	City		0	State	Zip Code	
38 VINEYARD RI	D.	HAMDEN			ст	06517	
urpose of Expenditure	Description		Event	#		]	
WAGE	WAGE STAFF					Amount	
xpenditure #					60		
(applicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemiza</b>		ordinated w	ith reimbursement sought			
	Coordinated without reimbursement	sought O Independent O Organization: O	у Ов	OC O D OE			
ame of Payee					Method of Pa	ayment:	
NTHONY SCOTT				September 13, 201		neck #740	
reet Address		City	d			Zip Code	
19 WHALLEY AV	ENUE	NEW HAVEN			СТ	06511	
rpose of Expenditure	Description		Event #	4			
(vode) WAGE	WAGE STAFF					Amount	
penditure #	Trans C.F				100		
applicable)	Type of Expenditure <i>(if applicable)</i> Itemizat			th reimbursement sought			
	Coordinated without reimbursement s	sought OIndependent OOrganization O	VOB (	OC O D O E			
		SUPTOTAL Section	- D T	his Page 360			
		SUBTOTAL Section	ur — 1	ms Page 500			

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Toni Harp 2013 Name of Payee			TYPE OF REPO	<u>PRT</u>
Name of Payee			October 10th	Filing
Name of Payee	I	P. Expenses Paid by Comm	ittee	
SUNSET JENKINS			Date of Payment	Method of Payment:
			September 13	3, 201 Scheck #745 Debit Card
Street Address		City	L	State Zip Code
Purpose of Expenditure	Description	l	Event #	
<sup>(by code)</sup> WAGE	WAGE STAFF			Amount
Expenditure #				100
(if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization</b>		ordinated with reimbursement s	ought
	O Coordinated without reimbursement sou	ght O Independent O Organization:	OA OB OC OD OE	
Name of Payee			Date of Payment	Method of Payment:
AISHA MIRANDA			September 13,	201 OCheck #746
Street Address		City		
545 SHURMAN PA	RKWAY #19	NEW HAVEN		State Zip Code
urpose of Expenditure	·			CT 06516
by code)	Description		Event #	Amount
WAGE	WAGE STAFF			100
Expenditure # fapplicable)	Type of Expenditure (if applicable) Itemization	in Addendum P Required O Coo	ordinated with reimbursement so	
	O Coordinated without reimbursement soug			
ame of Payee			Date of Payment	
HRISTOPHER FAS	ENELA			Method of Payment: OCheck #747
reet Address			September 13,	Debit Card
57 HYDE		City		State Zip Code
		NEW HAVEN		CT 06516
rpose of Expenditure	Description		Event #	Amount
(code) WAGE	WAGE STAFF			
cpenditure #	Type of Expenditure <i>(if applicable)</i> Itemization i	n Addendum P Required O Coor	dinated with reimbursement so	100
	Coordinated without reimbursement sough			agn
me of Payee	-			
IUNDUNA DENBY	/		Date of Payment	Method of Payment: OCheck #748
			September 13, 2	Debit Card
eet Address		City		State Zip Code
2 WEST PRIMISN	STREET	NEW HAVEN		CT 06516
pose of Expenditure	Description		Event #	
<sup>code)</sup> WAGE	WAGE STAFF			Amount
				60
milicable	ype of Expenditure ( <i>if applicable</i> ) <b>Itemization in</b>		dinated with reimbursement sou	ght
	Coordinated without reimbursement sough	t O Independent O Organization OA	O B OC O D O E	
			2.00	
		SUBTOTAL Section	P — This Page 360	

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NAME OF COMM					TYPE OF REPORT		
Toni Harp 2013				1	October 10th Filin	g	
		P. Expense	s Paid by Committee	e			
Name of Payee				1	Date of Payment		Payment:
CITY OF NEW H	AVEN			9	September 13, 201		Check #753 Debit Card
Street Address			City	I		State	Zip Code
165 CHURCH ST	REET		NEW HAVEN			СТ	06511
Purpose of Expenditure (by code)	1	zription		Event #		1	Amount
MISC	MIS	SC. PARKING TICKET				20	
Expenditure # if applicable)		of Expenditure (if applicable) Itemization in Addendum	· ·		reimbursement sought	1	
	0c	pordinated without reimbursement sought $igodoldsymbol{O}$ Indepen	dent O Organization: OA (	Ов С	C O D OE		
lame of Payee				D	ate of Payment	Method of I	Payment:
UIS DELUC				S	eptember 13, 201		Check # <u>755</u> Debit Card
treet Address			City		<u>H</u>	State	Zip Code
rpose of Expenditure	Desc	ription	L	Event #			
<sup>y code)</sup> TRVL	TRA	VEL GAS				Amount 15	
xpenditure #	Type o	f Expenditure (if applicable) Itemization in Addendum	P. Pagninad O. Caradia	-42.4			
(applicable)		ordinated without reimbursement sought O Independ	· •		reimbursement sought $C \cap P \cap CF$		
ame of Payee						Mada 6 CD	
AFAEL EHEVARI	RIA				eptember 13, 201		heck #756
reet Address			City				ebit Card
			Chy			State	Zip Code
rpose of Expenditure	Descr	ption	ľ	Event #			
rode) TRVL		/EL GAS		EVCIR #		Amoui	
penditure #	<u> </u>					15	
applicable)		Expenditure (if applicable) Itemization in Addendum F rdinated without reimbursement sought O Independe			eimbursement sought		
me of Payee		rumated whilour remoursement sought O mdepende					
DNITA LOPEZ						Method of Pa	iyment: ieck # <u>757</u>
eet Address				se	ptember 13, 201	<u> </u>	bit Card
FARREN AVENI			City			1	Zip Code
	UE		NEW HAVEN			CT	06513
code)	Descri		I	Event #		A	mount
WAGE	WAG	E STAFF				250	
penditure # pplicable)		Expenditure (if applicable) Itemization in Addendum P			imbursement sought		
	O Cool	dinated without reimbursement sought $igodot$ Independe	nt OOrganization OA O	) в Ос	O D O E		
L				- And I.			
		SUI	<b>BTOTAL Section P</b> -	— This	Page   <sup>300</sup>		

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	<b>IITTEE</b>			TYPE OF REPORT		
Toni Harp 2013	Harp 2013 October 10th Filir			g		
	1	P. Expenses Paid by Comm	nittee			
Name of Payee				Date of Payment September 13, 201	1 9	of Payment: Check # <b>762</b> Debit Card
Street Address		City	Manatulia	<u> </u>	State	Zip Code
143 FRONT STR		NEW HAVEN			СТ	06512
<sup>ourpose</sup> of Expenditure by code) WAGE			Event	4	1	Amount
	WAGE STAFF				200	
Expenditure # if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization</b> O Coordinated without reimbursement sou		Coordinated wi	th reimbursement sought		
iame of Payee			Ī	Date of Payment	Method o	of Payment:
TEVE FONTAN				September 13, 201	l C	Check # <u>763</u> Debit Card
treet Address		City			State	Zip Code
3 ANGEL PLACI		NORTH HAVEN			СТ	06473
rpose of Expenditure y code)	Description	nn an a	Event #			 Amount
RCW	FOOD				83.95	
xpenditure #	Type of Expenditure (if applicable) Itemization	in Addendum P Required O C	oordinated wit	h reimbursement sought	05.75	
fapplicable)	O Coordinated without reimbursement soug			C O D OE		
ume of Payee					Method of	Payment:
DSEPH TARZI				September 13, 201		Check # <b>764</b> Debit Card
reet Address 23 TOWN COLC	NYROAD	City MIDDLETOWN			State CT	Zip Code
rpose of Expenditure (code)	Description		Event #		*****	Amount
OFFICE	OFFICE SUPPLLIES				43	
penditure # applicable)	Type of Expenditure (if applicable) Itemization i	•		reimbursement sought		
	O Coordinated without reimbursement sough	ht O Independent O Organization: (	О ОВ С	C O D OE		
me of Payee			D	ate of Payment	Method of I	
AYA WELFARE			s	eptember 13, 201		Check # <b>765</b> Debit Card
eet Address		City	L		State	Zip Code
ELMWOOD RC	AD	NEW HAVEN			CT	06515
oose of Expenditure	Description		Event #			Amount
	WAGE STAFF				300	imount
WAGE					300	
enditure #		Addendum P Required O Coo	ordinated with	reimbursement sought L		
enditure #	Type of Expenditure (if applicable) Itemization in	· · · · · ·	ordinated with $A \cap B \cap O$	<i>Q</i> .		
enditure #		· · · · · ·		<i>Q</i> .		
wAGE	Type of Expenditure (if applicable) Itemization in	· · · · · ·		C O D O E		

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	VAME OF COMMITTEE TYPE OF REPO				
	October 10th Filin				
Name of Payee	P. Expens	es Paid by Committee			
NOEMI QUINONE	ES		Date of Payment	0	of Payment: Check #770
Street Address			September 13, 20	c	Debit Card
12 A CINQUE GRI	FEN	City		State	Zip Code
		NEW HAVEN		CT	06516
Purpose of Expenditure (by code) TRVL	Description		Event #		Amount
	GAS			15	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendur		ted with reimbursement sought	-	
	O Coordinated without reimbursement sought O Indepe	ndent O Organization: OA C	) b Oc O d Oe		
Name of Payee			Date of Payment		f Payment:
JANIRIS QUINONE	-5		September 13, 201		Check #771 Debit Card
Street Address		City	Ŧ	State	Zip Code
12 A CINQUE GRE	EN	NEW HAVEN		СТ	16516
Purpose of Expenditure	Description	   E	Event #	<u> </u>	
by code) TRVL	GAS			15	Amount
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordinate	ed with reimbursement sought	15	
(fapplicable)	O Coordinated without reimbursement sought O Indepen		$B \cap C \cap D \cap F$		
Name of Payee			Date of Payment	Method of	D
IGFREDO MELENI	DOZ		September 13, 201	0	Check #772
treet Address		City		<u> </u>	Debit Card
90 WASHINGTON	N AVENUE	NEW HAVEN		State CT	Zip Code 06519
urpose of Expenditure	Description		vent #		
TRVL	GAS		/ent#		Amount
xpenditure #				15	
(applicable)	Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum Coordinated without reimbursement sought O Independ		d with reimbursement sought		
ame of Payee	Coordinated window reinbursement sought O maepend	ient O Organization: O O	B OC O D OE		
EIDI AYALA			1	Method of P	ayment: heck #773
2.017(17(2))		·	September 13, 201		ebit Card
aat Address				<u> </u>	
	CCT	City		State	Zip Code
reet Address 77 LOMBARD STR		City NEW HAVEN			
77 LOMBARD STR	Description	NEW HAVEN	ent #	State CT	Zip Code
		NEW HAVEN	ent #	State CT	Zip Code 06513
77 LOMBARD STR (pose of Expenditure (code) TRVL penditure #	Description GAS Type of Expenditure <i>(if applicable)</i> Itemization in Addendum F	NEW HAVEN	ent #	State CT	Zip Code 06513
77 LOMBARD STR	Description GAS	NEW HAVEN	ent #	State CT	Zip Code 06513
77 LOMBARD STR (pose of Expenditure (code) TRVL penditure #	Description GAS Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum F</b> Coordinated without reimbursement sought O Independe	NEW HAVEN	with reimbursement sought	State CT	Zip Code 06513

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Toni Harp 2013	IITTEE			TYPE OF REPORT		
			October 10th Filin			
Name of Payee	P. Ex	penses Paid by Comn	nittee			
NEW DOLLAR				Date of Payment		d of Payment:
				September 14, 20		OCheck # Debit Card
Street Address		City			State	Zip Code
483 WHALLEY A	VENUE	NEW HAVEN			СТ	06516
Purpose of Expenditure (by code)	Description		Eve	nt #		Amount
OFFICE	OFFICE SUPPLIES				1240	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Add	dendum P Required	Coordinated	with reimbursement sough	24.0	/
() opposition()	O Coordinated without reimbursement sought O			$\bigcirc \bigcirc $		
Name of Payee				Date of Payment		6 D
THNIC HERITAG	E CENTER			September 14, 201		of Payment: OCheck #778
Street Address		City		September 14, 201	1 1	Debit Card
541 HILL STREET		HAMDEN			State	Zip Code
					CT	06514
Purpose of Expenditure by code) MISC	Description TICKETS FOR GALLA		Even	:#	1	Amount
					100	
Expenditure # (fapplicable)	Type of Expenditure (if applicable) Itemization in Add		pordinated w	ith reimbursement sought	1	
	O Coordinated without reimbursement sought O I	ndependent OOrganization:		Oc O d Oe		
ame of Payee				Date of Payment	Method c	of Payment:
THNIC HERITAG	ECENTER			September 14, 201		Check # <mark>799</mark> Debit Card
reet Address		City			State	Zip Code
41 HILL STREET		HAMDEN			СТ	06514
rpose of Expenditure	Description		Event	4		
A-MAG	AD FOR GALLA					Amount
xpenditure #	Type of Expenditure (if applicable) Itemization in Adde	ndum P. Paquirad			200	
applicable)	O Coordinated without reimbursement sought O In			th reimbursement sought		
me of Pavee		dependent O'Organization.		OC O D OE		
ATIONBUILDER				1		Payment: Check #
eet Address				September 14, 201	ŏ	Debit Card
BERTY BANK		City			State	Zip Code
		NEW HVEN			СТ	06511
pose of Expenditure code)	Description		Event #			Amount
BNK	FEES FOR PAY PAL				207	
	Type of Expenditure (if applicable) Itemization in Adden		rdinated wit	h reimbursement sought		
	igodot Coordinated without reimbursement sought $igodot$ Ind	lependent OOrganization				
		~				
		SUBTOTAL Section	n P — T	his Page 531.07		

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Tonillana 2012	TTEE			TYPE OF REPORT		
Toni Harp 2013				October 10th Filin		
Name of Payee	P.	Expenses Paid by Comm	nittee			
SHANIQUA GIBBS	5			Date of Payment September 16, 201	1 9	of Payment: Check #783 Debit Card
Street Address		City			State	Zip Code
358 ORANGE STR	EET	NEW HAVEN			СТ	06516
by code) WAGE	Description WAGE STAFF		Eve	nt #	100	Amount
xpenditure # f applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in</b> O Coordinated without reimbursement sough	• •		with reimbursement sought $\bigcirc C \bigcirc D \bigcirc E$		
ame of Payee		1999 - Marine Marine, and an	*******	Date of Payment September 16, 201		f Payment: Check # <u>784</u> Debit Card
treet Address		City			State	Zip Code
xpose of Expenditure y code) WAGE xpenditure # applicable)	Description WAGE STAFF Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in</b>			vith reimbursement sought	282.59	Amount 9
ame of Payee ITY OF NEW HAV	O Coordinated without reimbursement sought	Undependent Organization:	DA O B	OC O D OE Date of Payment September 16, 201		Payment: Check # <mark>789</mark> Debit Card
reet Address DO ORANGE STRE	ET	Cíty NEW HAVEN			State CT	Zip Code 06511
pose of Expenditure code) MISC	Description PERMIT		Event	ť	100	Amount
	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in</b> A Coordinated without reimbursement sought (		bordinated w D = O B	ith reimbursement sought $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $		
ne of Payee	<u>Z</u>			Date of Payment September 16, 201		Payment: Check # <mark>790</mark> Debit Card
et Address	IVE	City BRANFORD			State CT	Zip Code 06405
code) CNSLT	Description CONSULTANT		Event #	Ļ	2,622.5	Amount
	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in A</b> Coordinated without reimbursement sought (			th reimbursement sought $DC \bigcirc D \bigcirc E$		
		SUBTOTAL Sectio	n P T	his Page 3,105.09		

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NAME OF COMMI	ГТЕЕ			TYPE OF REPORT		
Toni Harp 2013				October 10th Filin	g	
		P. Expenses	Paid by Committee			
Name of Payee PAUL WITHERSP	DON			Date of Payment September 19, 201		Payment: Check # <b>792</b> Debit Card
Street Address		n	City		State	Zip Code
Purpose of Expenditure (by code) WAGES	Description WAGES STAFF		I	Event #	100	Amount
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemizat</b> O Coordinated without reimbursement		• –	ated with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$		
Name of Payee	5T			Date of Payment		Payment: Check # Debit Card
Street Address			City		State	Zip Code
Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES Type of Expenditure ( <i>if applicable</i> ) <b>Itemizat</b>	ion in Addendum P	<b>Required</b> O Coordina	Event # ated with reimbursement sought	8.75	Amount
(if applicable) Name of Payee	O Coordinated without reimbursement s	ought 🔿 Independe	ent O Organization: OA	B OC O D O E	Method of I	Darmanti
AKEEN ELIOTT				September 23, 201	<b>O</b> C	Theck #785
Street Address 144 DIAMOND ST	REET		City NEW HAVEN		State CT	Zip Code 06515
Purpose of Expenditure (by code) FNDR	Description FUNDRAISER DJ			Event # 092313-A	150	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemizati</b> O Coordinated without reimbursement set			ted with reimbursement sought $B \bigcirc C \bigcirc D \bigcirc E$		
Name of Payee HOME DEPOT				Date of Payment	Method of P	Payment: heck # Debit Card
Street Address	'ENUE		<sup>City</sup> NEW HAVEN		State CT	Zip Code 06514
Purpose of Expenditure by code) FNDR	Description FUNDRAISER - GENARATOR			Event # 092313-A	100	Amount
Expenditure # (fapplicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemizati</b> O Coordinated without reimbursement so			ted with reimbursement sought $\mathbf{B} \cap \mathbf{C} \cap \mathbf{D} \cap \mathbf{E}$	and the second s	
		SUI	BTOTAL Section P	— This Page 358.75		

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Toni Harp 2013	ITTEE		TYPE OF REPORT		
			October 10th Fil	ng	
Name of Payee	P	P. Expenses Paid by Com	mittee		
PURE LIFE NESTL	F		Date of Payment	Metho	d of Payment:
			September 25, 20	)1	Ocheck # Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure	Description		Event #		
<sup>by code)</sup> OFFICE	OFFICE WATER			49.7	Amount '8
Expenditure # if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization</b> O Coordinated without reimbursement sour	in Addendum P Required O	Coordinated with reimbursement soug	1	0
lame of Payee			Date of Payment		
TAPLES			September 26, 20	1 9	of Payment: Check # Debit Card
treet Address		City		State	Zip Code
DIXWELL AVENUE		HAMDEN		СТ	
rpose of Expenditure y code) OFFICE	Description OFFICE SUPPLIES		Event #		Amount
xpenditure #				43.36	5
(applicable)	Type of Expenditure <i>(if applicable)</i> <b>Itemization</b> in <b>O</b> Coordinated without reimbursement soug		Coordinated with reimbursement sough $\bigcirc A \bigcirc B \bigcirc C \bigcirc D \bigcirc E$	t	
ime of Payee			Date of Payment		of Payment:
OSTMASTER NEV	V HAVEN		September 26, 201		Check #
eet Address		City		<u>e</u>	Debit Card
REWERY STREET		NEW HAVEN		State CT	Zip Code 06516
pose of Expenditure code) POST	Description STAMPS		Event #		Amount
penditure #				138	
(pplicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in</b> Coordinated without reimbursement sough		boordinated with reimbursement sought $\bigcirc A \bigcirc B \bigcirc C \bigcirc D \bigcirc E$		
ne of Payee			Date of Payment	Lethod o	f Payment:
OP & SHOP			September 27, 201	0	Check #
et Address		City			Debit Card
HALLEY AVENUE		NEW HAVEN		State CT	Zip Code 06516
ose of Expenditure	Description		Event #		Amount
				177.92	2
onlicable	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in</b> Coordinated without reimbursement sought		pordinated with reimbursement sought $A \cap B \cap C \cap D \cap E$		
			on P — This Page 409.06		
FOOD enditure #	FOOD Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in</b> Coordinated without reimbursement sought	O Independent O Organization	bordinated with reimburse $\mathbf{A} \cap \mathbf{B} \cap \mathbf{C} \cap \mathbf{D}$	OE .	nent sough O E

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

NAME OF COMMIT	TEE		TYPE OF REPORT		
Toni Harp 2013			October 10th Filing	J	
	P. Expenses	Paid by Committee			
Name of Payee			Date of Payment	Method of P	ayment:
CAROL SUBER			September 27, 201		heck #799 ebit Card
Street Address		City		State	Zip Code
295 STEVENSON	ROAD	NEW HAVEN		СТ	06515
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGES	WAGES STAFF			280	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum		ted with reimbursement sought		
	O Coordinated without reimbursement sought O Independ	lent O Organization: OA C	) B OC O D OE		
Name of Payee			Date of Payment	Method of P	ayment: heck #800
CAROL SUBER			September 27, 201	Ö	ebit Card
Street Address		City		State	Zip Code
295 STEVENSON	СТ	06515			
Purpose of Expenditure	Description		Event #		Amount
<sup>(by code)</sup> RCW	FLYERS			62.21	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	P Required O Coordinat	ted with reimbursement sought	1	
(if applicable)	O Coordinated without reimbursement sought O Independ	ent OOrganization: OA	) B OC O D OE		
Name of Payee			Date of Payment	Method of P	
RAE JOHNSON			September 27, 201		neck #801 ebit Card
Street Address		City	I	State	Zip Code
47 BUTTON STREE	ET	NEW HAVEN		СТ	06519
Purpose of Expenditure	Description	1	Event #		Amount
(by code) WAGE	WAGE STAFF			400	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I	P Required O Coordinat	ed with reimbursement sought		
	O Coordinated without reimbursement sought O Independ	ent O Organization: O4 C	) B OC O D OE		
Name of Payee			Date of Payment	Method of Pa	iyment: heck #802
MAYA WELFARE			September 27, 201		ebit Card
Street Address		City		State	Zip Code
39 ELMWOOD RO	AD	NEW HAVEN		СТ	06515
Purpose of Expenditure	Description	I	Event #	ŀ	Amount
(by code) WAGE	WAGE STAFF			300	
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum I	P Required O Coordinat	ed with reimbursement sought		
(if applicable)	O Coordinated without reimbursement sought O Independent	ent OOrganization OA	B OC O D O E		
			- This Page 1,042.21		
	SU	BTOTAL Section P	— This Page [1,042.21		

Section P.	ADD	<b>ITIONA</b>	L PAGE	112 of 114
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Toni Harp 2013	TTEE			TYPE OF REPORT		
		D Francisco D 111		October 10th Filin	ng	
Name of Payee		P. Expenses Paid by	7 Committee			
KHATIB BILAL AB	BUS			Date of Payment September 27, 20	1 9	of Payment: Check #808 Debit Card
Street Address		City			State	Zip Code
720 WINCHESTER		NEW HA	VEN		ст	06512
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Even	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure <i>(if applicable)</i> Iten Coordinated without reimbursem	nization in Addendum P Required	anization: OA OB	with reimbursement sough $OC O D OF$	600 t	
Name of Payee IASON BARTLETT	L			Date of Payment September 27, 201		f Payment: Check # <b>459</b>
Street Address		City		september 27, 201		Debit Card
135 PENDLETON	STREET	NEW HA	VEN		State CT	Zip Code 06511
urpose of Expenditure by code) RCW	Description TICKETS FOR DEMOCRATIC	DINNER	Event	#	1	Amount
Expenditure # if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Item</b> Coordinated without reimburseme	ization in Addendum P Required	O Coordinated w	ith reimbursement sought	350	
ame of Payee						
ACEBOOK				Date of Payment 09/30/2013		Payment: Check # Debit Card
treet Address		City MENLO P	ARK		State CA	Zip Code
wpose of Expenditure y code) A-OTHER	Description ADVERTISING		Event #	ł	16.76	Amount
xpenditure # <i>(applicable)</i>	Type of Expenditure <i>(if applicable)</i> Itemiz Coordinated without reimbursemer	cation in Addendum P Required	Coordinated wit	h reimbursement sought CODOE	10.70	
me of Payee					Method of P	avment:
	IA		1	September 11, 201	<b>⊙</b> C	heck #624 bebit Card
NEN MULTIPEE		City			State	Zip Code
eet Address				1		
pose of Expenditure <sup>code)</sup> WAGE	Description WAGE - CANVASSING		Event #			Amount
pose of Expenditure code) WAGE penditure # 7	•		O Coordinated with	$\frac{1}{D} = \frac{1}{D} = \frac{1}$	100	Amount

Section P. ADDITIONAL PA	AGE <sup>114</sup> of4
	1

Name of Payse       City       Date of Payment       Method of Payment         10/03/2013       Occordinated without reimbursement sought       Independent       0.06511         Name of Payse       Date of Payment       10/03/2013       Occordinated without reimbursement sought         Purpose of Expenditure #       Occordinated without reimbursement sought       Independent       0.00511         Name of Payse       Date of Payment       10/03/2013       Occordinated without reimbursement sought       10/03/2013         Name of Payse       Date of Expenditure #       Occordinated without reimbursement sought       0.00511       10/03/2013       Occordinated without reimbursement sought         JANIS UNDERWOOD       Date of Payment       10/03/2013       State       2/g Code         State Address       City       NEW HAVEN       City       Amount         Viscold Payments       10/03/2013       State       2/g Code       Occordinated without reimbursement sought       Occordi				TYPE OF REPOR	and the second		
Name of Payseet     Date of Paysment     10/03/2013     Method of Paysment       HERDODTUS CAMPAIGN     City     State     2/p Code       17 BROWN STREET APT 21     City     State     2/p Code       Propose of Expenditure #     Description     Event #     1.068.71       Propose of Expenditure #     Type of Expenditure for other introduction in Addendum P Required     C coordinated without reimbursement sought     0.06511       Annount     Event #     1.068.71     State     2/p Code       ANIS UNDERWOOD     Date of Paysment     1.068.71     State     2/p Code       ANIS UNDERWOOD     Date of Paysment     1.0/03/2013     State     2/p Code       ANIS UNDERWOOD     Date of Paysment     1.0/03/2013     State     2/p Code       ANIS UNDERWOOD     Date of Paysment     1.0/03/2013     State     2/p Code       ANIS UNDERWOOD     Net of Paysment     1.0/03/2013     State     2/p Code       ANIS UNDERWOOD     Date of Paysment     1.0/03/2013     State     2/p Code       ANIS UNDERWOOD     RCW - DUNKIN DONUTS FOR PRIMARY     Net of Paysment     2/p Code       Yap of Expenditure #     Occordinated without reimbursement sought     Ondependent O Organization (\Lambda O B) C: O D O E     Amount       Annount #     Coordinated without reimbursement sought <t< th=""><th colspan="3">Octob</th><th></th><th colspan="3">10th Filing</th></t<>	Octob				10th Filing		
HERODOTUS CAMPAIGN       10/03/2013       State: 4810.2         Street Address       City       State: 728 (Code)         17 BROWN STREET APT 21       NEW HAVEN       City         Pupper of Expenditure       Description       RELMBURSEMENT       Losenplote of the population of the populating the population of the population of the population	Name of Payee	norializă și de currente de concercio d	P. Expenses Paid by Com				
State       City       State       Zip Code         17 BROWN STREET APT 21       NEW HAVEN       CT       6511         Puppes of Expenditure       Description       REIMBURSEMENT       1,084.71         Expenditure       Type of Expenditure (// applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought       0         Name of Payce       Date of Payment       10/03/2013       Method of Payment         AMISS UNDERWOOD       State       Zip Code       City         Street Address       City       NEW HAVEN       CT       06515         Amount       Occordinated without reimbursement sought       Ondependent O Organization O A O B OC O D O E       Amount         Street Address       City       Street Zip Code       Decordinated without reimbursement sought       Occordinated with reimbursement sought       Occordinated without reimb		MPAIGN			Ocheck #810		
Purpose of Expenditure (fy code) RCW       Description REIMBURSEMENT       Event #       Amount         Expenditure # (fy code) (fy			City		_		
(by code) RCW       REIMBURSEMENT       Image: Constraints of the properties of the properis of the properi			NEW HAVEN		CT 06511		
Expenditure #       Type of Expenditure (# applicable) Itemization in Addendum P Required Organization Ox O B OC O D OE         Name of Payee       Date of Payment 10/03/2013       Method of Payment 20 Check # # 10/03/2013         ANIS UNDERWOOD       Date of Payment 10/03/2013       State       Zip Code         3WOODSIDE TERRACE       City       New Address       State       Zip Code         3WOODSIDE TERRACE       City       State       Zip Code       O6515         Amount       Description       RCW - DUNKIN DONUTS FOR PRIMARY       Event #       Amount 296.23         Speediture #       Type of Expenditure (# applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought       O Coordinated without reimbursement sought O Independent O Organization A O B O C O D O E       Amount         State       Zip Code       Date of Payment       Method of Payment:       O Coordinated with reimbursement sought O Independent O Organization A O B O C O D O E       Amount         State       Zip Code       Date of Payment       Method of Payment:       O Coordinated with reimbursement sought O Independent O Organization A O B O C O D O E       Amount         State       Zip Code       Date of Payment       Method of Payment:       O Coordinated with reimbursement sought O Independent O Organization: Ox O B O C O D O E       Method of Payment:       O Coordinated without reimbursement sought O Independent O Organiza	(by code) RCW			Event #			
Name of Payee     Date of Payment     Method of Payment:       JANIS UNDERWOOD     City     State     Zip Code       73 WOODSIDE TERRACE     City     NEW HAVEN     State     Zip Code       73 WOODSIDE TERRACE     Description     RCW     RCW - DUNKIN DONUTS FOR PRIMARY     Event #     Amount       296.23     Type of Expenditure #     Type of Expenditure (f applicable) Itemization in Addendum P Required     O Coordinated with reimbursement sought     Date of Payment     Method of Payment       Iame of Payee     City     State     Zip Code     City     State     Zip Code       applicable)     Description     City     State     Zip Code     City     State     Zip Code       applicable     Type of Expenditure (f applicable) Itemization in Addendum P Required     O Coordinated with reimbursement sought     State     Zip Code       applicable     Description     Event #     Amount     State     Zip Code       applicable     City     State     Zip Code     Decord inated without reimbursement sought     Independent O organization     O D O E       applicable     City     Description     State     Zip Code     Code       applicable     Coordinated without reimbursement sought     Independent O organization     O D O D OE     Decof Payment       applic		Type of Expenditure ( <i>if applicable</i> ) <b>Itemiza</b> O Coordinated without reimbursement	tion in Addendum P Required O				
JANS UNDERWOOD       10/03/2013       Check #812 Description         Street Address       City       State       Zip Code         73 WOODSIDE TERRACE       NEW HAVEN       CT       06515         Type of Expenditure # implicable)       Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought       O lade of Payment         Address       City       Date of Payment       Wethed of Payment       Object Address         appose of Expenditure # applicable)       Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought       Date of Payment       Wethed of Payment:         Spenditure # appose of Expenditure # applicable)       Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought       O coordinated with reimbursement sought         Spenditure # applicable)       Type of Expenditure (if applicable) Itemization in Addendum P Required       O Coordinated with reimbursement sought       Method of Payment:         City       State       Zip Code         applicable)       Coordinated without reimbursement sought       O reganization (\cdot O D O E)       Method of Payment:         City       State       Zip Code       D oc ordinated without reimbursement sought       City Coordinated of Payment:       City Code         Coord	Name of Payee						
73 WOODSIDE TERRACE     State     Zip Code       Durpose of Expenditure # (arphicable)     Description RCW     RCW - DUNKIN DONUTS FOR PRIMARY     Event #     Amount       Stependiture # (arphicable)     Type of Expenditure (f/ arphicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought O Independent O Organization (A O B OC O D O E)     Method of Payment       State     City     State     Zip Code       Type of Expenditure # (arphicable)     Date of Payment     Method of Payment       State     City     State     Zip Code       Treet Address     City     State     Zip Code       uppose of Expenditure # (arphicable)     Type of Expenditure (f/ arphicable) Itemization in Addendum P Required     O Coordinated with currents and the current of the current		OD			Ocheck #812		
by code)       RCW       RCW-DUNKIN DONUTS FOR PRIMARY       Levent #       Amount 296.23         Expenditure #       Type of Expenditure (# applicable) Itemization in Addendum P Required Organization OA O B OC O D O E       D O O E         Same of Payee       Date of Payment       Method of Payment:       Occordinated without reimbursement sought O Independent O Organization OA O B OC O D O E       State       Zip Code         urpose of Expenditure       Description       Event #       Amount       Amount         xspenditure #       Type of Expenditure (# applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O applicable)       State       Zip Code         urpose of Expenditure       Description       Event #       Amount         xspenditure #       Type of Expenditure (# applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O coordinated with reimbursement sought O coordinated without reimbursement sought O independent O organization: Ox O B OC O D OE       Amount         ame of Payee       Date of Payment       Occordinated without reimbursement sought O independent O organization: Ox O B OC O D OE       Description         ame of Payee       Date of Payment       Method of Payment: Occordinated without reimbursement sought O independent O organization: Ox O B OC O D OE       Description       State       Zip Code         reset Address       City       State       Zip Code		RRACE					
Expenditure #       Type of Expenditure (if applicable) Itemization in Addendum P Required Organization: A B C D D E         Name of Payce       Date of Payment         Name of Payce       Date of Payment         Method of Payment       Occordinated without reimbursement sought Check #         Operative Address       City         State       Zip Code         A mount       Payment         Method of Payment       Method of Payment         Operative #       Description         State       Zip Code         A mount       Payment         A mount       Operative #         A mount       Operative #         A payment       Operative #         A mount       Operative #         A payment       Operative #         A mount       Operative #         A mount       Operative #         A payment       Operative #<	by code)						
Name of Payee     Date of Payment     Method of Payment:       treet Address     City     State     Zip Code       urpose of Expenditure (applicable)     Description     Event #     Amount       xpenditure # (applicable)     Type of Expenditure (if applicable)     Itemization in Addendum P Required     O Coordinated with reimbursement sought     Amount       ame of Payee     Date of Payment     Method of Payment:     Check #     Check #       reet Address     City     State     Zip Code							
treet Address          City       State       Zip Code         ampose of Expenditure       Description       Event #       Amount         ypenditure #       Type of Expenditure (if applicable)       Itemization in Addendum P Required       O Coordinated with reimbursement sought       Amount         of Payee       Date of Payment       OCheck #       OCheck #       OCheck #         reet Address       City       State       Zip Code	lame of Payee	-					
arpose of Expenditure #     Description     Event #     Amount       xpenditure #     Type of Expenditure (if applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O Independent O Organization: OA O B OC O D OE     Amount       arme of Payce     Date of Payment     Method of Payment     Ocheck #       reet Address     City     State     Zip Code       reet Address     City     State     Zip Code					OCheck #		
yy code) Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required Coordinated with reimbursement sought   Type of Expenditure ( <i>if applicable</i> ) Itemization in Addendum P Required Coordinated with reimbursement sought   Coordinated without reimbursement sought Independent   Organization: O   OB OC   OD OE       The second secon	treet Address		City		State Zip Code		
(applicable)       (b) point Expenditure () applicable) (termization in Addendum P Required       (c) Coordinated with reimbursement sought         (ame of Payee       Date of Payment       Method of Payment:         (c) Coordinated without reimbursement sought       Independent () Organization:       (c)		Description	<b>L</b>	Event #	Amount		
Date of Payment     Method of Payment:       Ocheck #	(applicable)			$O^{A} O^{B} O^{C} O^{D} O^{E}$	ht		
reet Address City State Zip Code rpose of Expenditure Description Event # Amount	ame of Payee			Date of Payment	OCheck #		
Amount	reet Address		City				
penditure # Type of Expenditure (if applicable) Itemization in Addandum D. Description of Construction of the second seco		Description		Event #	Amount		
O Coordinated without reimbursement sought O Independent O Organization O Coordinated with reimbursement sought O E	applicable)			$ \rightarrow $	ıt		
SUBTOTAL Section P — This Page 1,380.94					1		

NAME OF COMMITTEE         TYPE OF REPORT           Toni Harp 2013         October 10 Filir							
	S. Expenses Incurred by Committee but Not Paid During this Period						
Name of Creditor	5. Expenses incurred by Con	nmittee but Not Paid	During this Per	100	Data In		
Bronstein & Wea	iver, Inc				Date Incu	urea	
Street Address		City			State	Zip Code	
24 N Bryn Mawr	Avenue   #206	Bryn Mawr			PA	19010	
Purpose of Expenditure (by code)	Description Half the balance of TV Ad	····· I	Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> O Coordinated without reimbursement sought O Indepe					2,000	
Name of Creditor		······································			Date Incurred		
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			nount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendur O Coordinated without reimbursement sought O Indepe		DBOCODC	-			
Name of Creditor					Date Incu	rred	
Street Address		City			State	Zip Code	
Purpose of Expenditure by code)	Description		Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendur OCoordinated without reimbursement sought O Independent		nated with reimburseme	~			
vame of Creditor		99999999999999999999999999999999999999			Date Incur	red	
Street Address		City			State	Zip Code	
<sup>y</sup> urpose of Expenditure by code)	Description		Event #			iount Incurred timate or Actual)	
Expenditure # (fapplicable)	Type of Expenditure ( <i>if applicable</i> ) <b>Itemization in Addendum</b> O Coordinated without reimbursement sought O Independent	• -	nated with reimburseme	~ 1			
SUBTOTAL Section S-This Page 2,000							
		TOTAL of additiona	I Section S Pages				
TOTAL OF A	LL EXPENSES INCURRED BY COMMITTEE D	OURING THIS PERIOD (Enter total on Line 28 of Su		2,000			
Previously reported Expenses Unpaid and still Outstanding 2,200				2,200			
	TOTAL OF ALL EXPENSES INCUR	RED BY COMMITTEE Enter total on Line 28a of Su	BUT NOT PAID	4,200			