

SEEC FORM 20

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



Ronald Smith

NEW HAVEN
CITY CLERKS OFFICE
RECEIVED

2013 OCT 29 P 3:17

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COVER PAGE

1. NAME OF COMMITTEE			
Toni Harp 2013			
2. TREASURER NAME			
First Hilda	MI G	Last Kilpatrick	Suffix
3. TREASURER ADDRESS			
Street Address 219 Roydon Road		City New Haven	State CT Zip Code 06511
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) Nov 5, 2013	5. OFFICE SOUGHT (Complete only if Candidate Committee) Mayor		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Toni	MI N	Last Harp	Suffix
8. TYPE OF REPORT (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input checked="" type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input type="radio"/> Termination	
<input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date Oct 4, 2013		Ending Date Oct 27, 2013	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
<i>Hilda Kilpatrick</i> TREASURER OR DEPUTY TREASURER (SIGNATURE)	Hilda Kilpatrick PRINT NAME OF SIGNER	Oct 29, 2013 DATE (mm/dd/yyyy)	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Toni Harp 2013	October 29 Filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	5,454	
13. Contributions Received from Individuals (Sections A and B)	92,465	432,668
14. Receipts from Other Committees (Sections C1 and C2)	12,120	53,270
15. Other Monetary Receipts (Sections D through K)		2,500
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY	250	4,150
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	104,835	492,588
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	110,289	503,496
19. Expenses Paid by Committee (Section P)	101,965	495,172
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	8,324	8,324
21. In-Kind Donations not Considered Contributions Received (Section L4)		7,046
22. In-Kind Contributions Received (Section M)		3,700
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) OPTIONAL		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	2,200	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE TONI HARP 2013				TYPE OF REPORT OCTOBER 29 FILING	
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C1. Contributions from Other Committees

Name of Committee NH CENTRAL LABOR COUNCIL			Name of Treasurer LOUIS W. BEINDTSON		
---	--	--	---	--	--

Address 267 CHAPEL STREET		Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution 1,500	
City NEW HAVEN	State CT	Zip Code 06513	Date Received Oct 1, 2013	Aggregate Contributions	

Name of Committee LOCAL 34			Name of Treasurer LUZ VEGA		
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Address 425 COLLEGE STREET		Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution 1,500	
City NEW HAVEN	State CT	Zip Code 06511	Date Received 09/26/2013	Aggregate Contributions	

Name of Committee UNITE HERE TIP SATE & LOCAL FUND - CT			Name of Treasurer ROBERT PROTO		
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Address 275 SEVENTH AVE., 10TH FLOOR		Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution 1,500	
City NEW YORK	State NY	Zip Code 10001	Date Received 09/23/2013	Aggregate Contributions	

Name of Committee SEIU LOCAL 32BJ CT			Name of Treasurer KYLE BRAGG		
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Address 25 W 18TH STREET, 5TH FL.		Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution 1,500	
City NEW YORK	State NY	Zip Code 10011	Date Received 10/01/2013	Aggregate Contributions	

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

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

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

SUBTOTAL Section C — This Page 6,000

TOTAL of additional Section C Pages

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE TONI HARP 2013						TYPE OF REPORT OCTOBER 29TH	
C1. Contributions from Other Committees							
Name of Committee REALTORS POLITICAL ACTION COMMITTEE				Name of Treasurer SANDRA MAIER SCHEDE			
Address 111 FOUNDERS PLAZA, SUITE 1101				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution 1,500	
City EAST HARTFORD	State CT	Zip Code 06108	Date Received 09/24/2013	Aggregate Contributions			
Name of Committee 99 PAC				Name of Treasurer PAUL W SUMMERS			
Address 23 EDWARD STREET				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution 250	
City EAST HAVEN	State CT	Zip Code 06512	Date Received 10/08/2013	Aggregate Contributions			
Name of Committee AFSCME 269 PAC				Name of Treasurer BRIAN CUTLER			
Address 64 JONES ROAD				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution 120	
City HAMDEN	State CT	Zip Code 06514	Date Received 10/08/2013	Aggregate Contributions			
Name of Committee CONNECTICUT HEALTH CARE DISTRICT 1199				Name of Treasurer DAVID ZEVIN			
Address 77 HUYSHOPE AVENUE				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>		Amount of Contribution 750	
City HARTFORD	State CT	Zip Code 06106	Date Received 10/06/2013	Aggregate Contributions			
C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address				Date Received		Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
Name of Committee				Name of Treasurer			
Address				Date Received		Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
SUBTOTAL Section C — This Page						2,620	
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE						TYPE OF REPORT	
Toni Harp 2013						October 29 Filing	
C1. Contributions from Other Committees							
Name of Committee					Name of Treasurer		
Connecticut State Employees Association					Kyle Bragg		
Address				Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		Amount of Contribution	
760 Capital Avenue				<input type="radio"/> Yes <input checked="" type="radio"/> No		500	
City		State	Zip Code	Date Received	Aggregate Contributions		
Hartford		CT	06106	Oct 4, 2013			
Name of Committee					Name of Treasurer		
Bricklayers/Allied Craftworkers Local 1					Timothy Palmeri		
Address				Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		Amount of Contribution	
17 North Plains Industrial Road				<input type="radio"/> Yes <input checked="" type="radio"/> No		250	
City		State	Zip Code	Date Received	Aggregate Contributions		
Wallingford		CT	06492	Oct 15, 2013			
Name of Committee					Name of Treasurer		
UA Plumbers/Steamfitters Local 777					Michael Rosano		
Address				Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		Amount of Contribution	
1250 East Main Street				<input type="radio"/> Yes <input checked="" type="radio"/> No		1,500	
City		State	Zip Code	Date Received	Aggregate Contributions		
Meriden		CT	06450	Oct 18, 2013			
Name of Committee					Name of Treasurer		
IUPAT					DOMINICK CLEM JR.		
Address				Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		Amount of Contribution	
1492 Berlin Turnpike				<input type="radio"/> Yes <input checked="" type="radio"/> No		1,000	
City		State	Zip Code	Date Received	Aggregate Contributions		
Berlin		CT	06037	Oct 10, 2013			
C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee					Name of Treasurer		
Address				Date Received		Amount of Receipt	
City		State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
Name of Committee					Name of Treasurer		
Address				Date Received		Amount of Receipt	
City		State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
SUBTOTAL Section C — This Page						3,250	
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE						TYPE OF REPORT	
Toni Harp 2013						October 29 Filing	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
UI PowerPAC-CT				David Ricciardi			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution 250	
157 Church Street			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
New Haven	CT	06506	Oct 10, 2013				
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>				
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
Name of Committee				Name of Treasurer			
Address			Date Received		Amount of Receipt		
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution				
SUBTOTAL Section C — This Page						250	
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS							
<i>(Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)</i>							

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29 Filing	
L1. Fundraiser Event Information			
Fundraising Event # <small>Date of Fundraiser Letter</small>	Description		
Oct 3, 2013 A	Fundraiser - Reception		
Location: Street Address		City	State Zip Code
99 Realty Drive		Cheshire	CT 06410
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Fundraising Event # <small>Date of Fundraiser Letter</small>	Description		
Oct 4, 2013 A	Fundraiser - Reception		
Location: Street Address		City	State Zip Code
216 Yale Avenue		New Haven	CT 06511
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input checked="" type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL of additional Section L1 Pages			
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)			

NAME OF COMMITTEE		TYPE OF REPORT		
Toni Harp 2013		October 29 Filing		
L1. Fundraiser Event Information				
Fundraising Event #	Description			
<small>Date of Fundraiser Letter</small>				
Oct 5, 2013 A	Fundraiser - Reception			
Location: Street Address		City	State	Zip Code
Scantlebury Park / Webster and Ashmum Street		New Haven	CT	06511
Subpart 1: (All Committees)				
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width:100px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width:100px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
Fundraising Event #	Description			
<small>Date of Fundraiser Letter</small>				
Oct 7, 2013 A	Fundraiser - Reception			
Location: Street Address		City	State	Zip Code
195 Church Street / 15th Floor		New Haven	CT	06510
Subpart 1: (All Committees)				
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width:100px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width:100px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL Section L1 — This Page				

NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29 Filing	
L1. Fundraiser Event Information			
Fundraising Event #	Description		
Date of Fundraiser Letter			
Oct 15, 2013 A	Fundraiser - Reception		
Location: Street Address		City	State Zip Code
Red Rock Tavern		Hartford	CT 06106
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Fundraising Event #	Description		
Date of Fundraiser Letter			
Oct 16, 2013 A	Fundraiser - Reception		
Location: Street Address		City	State Zip Code
162 Hoyt Farm Road		New Canaan	CT
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input checked="" type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL Section L1 — This Page			

NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29 Filing	
L1. Fundraiser Event Information			
Fundraising Event # Date of Fundraiser Letter	Description		
Oct 17, 2013 A	Fundraiser - Reception		
Location: Street Address		City	State Zip Code
The Anchor / Temple and Crown Street		New Haven	CT 06510
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input type="text" value="\$"/> <input checked="" type="radio"/> No	
Fundraising Event # Date of Fundraiser Letter	Description		
Oct 18, 2013 A	Fundraiser - Reception		
Location: Street Address		City	State Zip Code
100 Wells Street / Suite 2H		Hartford	CT
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input checked="" type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input type="text" value="\$"/> <input checked="" type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL Section L1 — This Page			

Section L1. ADDITIONAL PAGE 5 of 8

NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29 Filing	
L1. Fundraiser Event Information			
Fundraising Event #	Date of Fundraiser	Letter	Description
	Oct 18, 2013	B	Fundraiser - Reception
Location: Street Address		City	State Zip Code
390 Whalley Avenue		New Haven	CT 06511
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Fundraising Event #	Date of Fundraiser	Letter	Description
	Oct 20, 2013	A	Fundraiser - Reception
Location: Street Address		City	State Zip Code
1 Reservoir Street		New Haven	CT 06511
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input checked="" type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL Section L1 — This Page			

Section L1. ADDITIONAL PAGE 6 of 8

NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29 Filing	
L1. Fundraiser Event Information			
Fundraising Event #	Date of Fundraiser	Letter	Description
Oct 21, 2013	Oct 21, 2013	A	Fundraiser - Reception
Location: Street Address		City	State Zip Code
O'Toole's / Orange Street		New Haven	CT 06510
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Fundraising Event #	Date of Fundraiser	Letter	Description
Oct 22, 2013	Oct 22, 2013	A	Fundraiser - Reception
Location: Street Address		City	State Zip Code
Hartford Golf Club		West Hartford	CT
Subpart 1: (All Committees)			
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 100px;" type="text" value="\$"/> <input checked="" type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			
TOTAL Section L1 — This Page			

Section L1. ADDITIONAL PAGE 7 of 8

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 29 Filing
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L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser Letter	Description			
Oct 23, 2013 A	Fundraiser - Reception			
Location: Street Address		City	State	Zip Code
Amarante's / Cove Street		New Haven	CT	06512

Subpart 1: (All Committees)
Was this fundraising event hosted at a personal residence?
 Yes (If yes, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?
 Yes (If yes, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?
 Yes (If yes, enter **Total Receipts** here.) → \$
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
 Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)
 No

Subpart 3: (Town Committees ONLY)
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?
 Yes (If yes, enter **Total Receipts** here.) → \$
 No

Fundraising Event # Date of Fundraiser Letter	Description			
Oct 24, 2013 A	Fundraiser - Reception			
Location: Street Address		City	State	Zip Code
660 State Street		New Haven	CT	06511

Subpart 1: (All Committees)
Was this fundraising event hosted at a personal residence?
 Yes (If yes, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?
 Yes (If yes, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?
 Yes (If yes, enter **Total Receipts** here.) → \$
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
 Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)
 No

Subpart 3: (Town Committees ONLY)
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?
 Yes (If yes, enter **Total Receipts** here.) → \$
 No

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

Section L1. ADDITIONAL PAGE 8 of 8

NAME OF COMMITTEE		TYPE OF REPORT		
Toni Harp 2013		October 29 Filing		
L1. Fundraiser Event Information				
Fundraising Event #	Description			
<small>Date of Fundraiser Letter</small>				
Oct 26, 2013 A	Fundraiser - Reception			
<small>Location: Street Address</small>		<small>City</small>	<small>State</small>	<small>Zip Code</small>
Brazi's / Long Wharf Terminal		New Haven	CT	06511
Subpart 1: (All Committees)				
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width:80px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width:80px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
Fundraising Event #		Description		
<small>Date of Fundraiser Letter</small>				
<small>Location: Street Address</small>		<small>City</small>	<small>State</small>	<small>Zip Code</small>
Subpart 1: (All Committees)				
Was this fundraising event hosted at a personal residence?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input checked="" type="radio"/> No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?		<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width:80px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="radio"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width:80px;" type="text" value="\$"/> <input checked="" type="radio"/> No		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL Section L1 — This Page				

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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

NAME OF COMMITTEE	TYPE OF REPORT
Toni Harp 2013	October 29 Filing

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

Name of Purchaser				Purchase Made By:	
Milone & MacBroom				<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address		City		State	Zip Code
99 Realty Drive		Cheshire		CT	06410
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Oct 2, 2013	102313A		250		

Name of Purchaser				Purchase Made By:	
				<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

Name of Purchaser				Purchase Made By:	
				<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

Name of Purchaser				Purchase Made By:	
				<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

Name of Purchaser				Purchase Made By:	
				<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

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

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE			TYPE OF REPORT		
Toni Harp 2013			October 29 Filing		
L4. In-Kind Donations Not Considered Contributions					
Name of Donor Gerald Garcia					
Street Address 216 Yale Avenue			City New Haven		State CT
			Zip Code 06511		
Donation Given By:	Description of Donation			Fair Market Value of Donation 200	
<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Food and Beverage	Date Received Oct 4, 2013	Event # 100413A		
Name of Donor Marilyn Ford					
Street Address 162 Hoyt Farm Road			City New Canaan		State CT
			Zip Code		
Donation Given By:	Description of Donation			Fair Market Value of Donation 150	
<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Food and Beverage	Date Received Oct 16, 2013	Event # 101613A		
Name of Donor Brad Gallant					
Street Address 1 Reservoir Street			City New Haven		State CT
			Zip Code 06511		
Donation Given By:	Description of Donation			Fair Market Value of Donation 150	
<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Food and Beverage	Date Received Oct 20, 2013	Event # 102013A		
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:	Description of Donation			Fair Market Value of Donation	
<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Date Received	Event #		
SUBTOTAL Section L4 — This Page				500	
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21 of Summary Page Totals)</i>				500	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 29 Filing	
P. Expenses Paid by Committee					
Name of Payee CASH			Date of Payment Oct 4, 2013		Method of Payment: <input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) TRVL		Description Gas Cards for Campaign Workers		Event #	
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required		Amount	
		<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		200	
Name of Payee Khatib Bilal Abbas			Date of Payment Oct 4, 2013		Method of Payment: <input checked="" type="radio"/> Check # 813 <input type="radio"/> Debit Card
Street Address 720 Winchester Avenue		City New Haven		State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE		Description Wage Staff		Event #	
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required		Amount	
		<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		400	
Name of Payee Honda Smith			Date of Payment Oct 4, 2013		Method of Payment: <input checked="" type="radio"/> Check # 814 <input type="radio"/> Debit Card
Street Address 133 Harper Avenue		City New Haven		State CT	Zip Code 06510
Purpose of Expenditure (by code) WAGE		Description Wage Staff		Event #	
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required		Amount	
		<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		800	
Name of Payee Mary Fitzpatrick			Date of Payment Oct 4, 2013		Method of Payment: <input checked="" type="radio"/> Check # 815 <input type="radio"/> Debit Card
Street Address 43 Chestnut Street, Apt 207		City New Haven		State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE		Description Wage Staff		Event #	
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required		Amount	
		<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		250	
SUBTOTAL Section P — This Page					1,650
TOTAL of additional Section P Pages					100,315
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					101,965

Section P. ADDITIONAL PAGE ¹⁴ of 55

NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
R. SAM CHANEY			October 4, 2013		<input checked="" type="radio"/> Check #816 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
213 NORTON STREET, APT 2		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	WAGE STAFF				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				750
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought				
Name of Payee			Date of Payment		Method of Payment:
RAE JOHNSON			October 4, 2013		<input checked="" type="radio"/> Check #817 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
47 BUTTON STREET		NEW HAVEN		CT	06519
Purpose of Expenditure (by code)	Description	Event #		Amount	
WAGE	WAGE STAFF				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				1,000
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought				
Name of Payee			Date of Payment		Method of Payment:
					<input type="radio"/> Check # <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought				
SUBTOTAL Section P — This Page				1,750	

Section P. ADDITIONAL PAGE ¹⁵ of _____

NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 29th Filing
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P. Expenses Paid by Committee

Name of Payee JASON BARTLETT		Date of Payment October 4, 2013	Method of Payment: <input checked="" type="radio"/> Check #818 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	Amount 1,000
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee THIRTY NINTH STREET STRATEGIES		Date of Payment October 4, 2013	Method of Payment: <input checked="" type="radio"/> Check #819 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	Amount 12,000
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee RAE JOHNSON		Date of Payment October 4, 2013	Method of Payment: <input checked="" type="radio"/> Check #820 <input type="radio"/> Debit Card
Street Address 47 BUTTON STREET		City NEW HAVEN	State Zip Code CT 06519
Purpose of Expenditure (by code) RCW	Description REIMBURSEMENT FOOD, VICTORY GARDEN & WEBSTER STREET	Event #	Amount 121.9
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee PATRICK SKULLY		Date of Payment October 4, 2013	Method of Payment: <input checked="" type="radio"/> Check #821 <input type="radio"/> Debit Card
Street Address 119 WEST WYOMING AVENUE, SUITE A		City MELROSE	State Zip Code MA 02176
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	Amount 791.28
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

SUBTOTAL Section P — This Page	13,913.18
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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee ANDREA SCOTT			Date of Payment October 4, 2013		Method of Payment: <input checked="" type="radio"/> Check #822 <input type="radio"/> Debit Card
Street Address 130 ROGER WHITE DRIVE		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure (by code) RCW	Description GAS AND REFRESHMENTS	Event #		Amount 124.68	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee PAUL BROCK			Date of Payment October 4, 2013		Method of Payment: <input checked="" type="radio"/> Check #823 <input type="radio"/> Debit Card
Street Address 79 EDGEWOOD DRIVE		City NEW HAVEN		State CT	Zip Code 06515
Purpose of Expenditure (by code) RCW	Description GAS	Event #		Amount 50	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee NAACP ANSONIA BRANCH			Date of Payment October 4, 2013		Method of Payment: <input checked="" type="radio"/> Check #824 <input type="radio"/> Debit Card
Street Address PO BOX 6		City ANSONIA		State CT	Zip Code 06401
Purpose of Expenditure (by code)	Description	Event #		Amount 135	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee CHRIS CAMPBELL			Date of Payment October 4, 2013		Method of Payment: <input checked="" type="radio"/> Check #825 <input type="radio"/> Debit Card
Street Address 17 BROWN STREET		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure (by code) RCW	Description OFFICE SUPPLIES	Event #		Amount 89.3	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page					398.98

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
DELTA SIGMA THETA SORORITY, INC.		October 4, 2013	<input checked="" type="radio"/> Check #826 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
PO BOX 06534		NEW HAVEN	CT 06534
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	MISC - PURCHASE OF GALA TICKETS		300
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
HON C. IAN MCLACHLAN		October 4, 2013	<input checked="" type="radio"/> Check #827 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
ONE STATE STREET, 14TH FLOOR		HARTFORD	CT 06103
Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	(2) TICKETS FOR JUSTICE F. NORCOTT JR.'S RETIREMENT PARTY		100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
HERODOTIS CAMPAIGN		October 4, 2013	<input checked="" type="radio"/> Check #828 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
17 BROWN STREET		NEW HAVEN	CT
Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	WATER AND OFFICE SUPPLIES	06511	147.37
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
ORANGESIDE DINER		October 4, 2013	<input checked="" type="radio"/> Check #829 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
25 TEMPLE STREET		NEW HAVEN	CT 06510
Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	FOR SERGIO ENDORSEMENT		90.04
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			637.41

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 29th Filing
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P. Expenses Paid by Committee

Name of Payee BLACK & HISPANIC CAUCUS		Date of Payment October 4, 2013	Method of Payment: <input checked="" type="radio"/> Check # 830 <input type="radio"/> Debit Card	
Street Address 165 CHURCH STREET		City NEW HAEN		State CT
Zip Code 06510				
Purpose of Expenditure (by code) A-OTHER	Description HALF PAGE AD	Event #		Amount 350
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought			

Name of Payee MAYA WELFARE		Date of Payment October 4, 2013	Method of Payment: <input checked="" type="radio"/> Check # 831 <input type="radio"/> Debit Card	
Street Address 39 ELMWOOD ROAD		City NEW HAVEN		State CT
Zip Code 06515				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 300
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought			

Name of Payee AT & T		Date of Payment October 7, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address 936 CHAPEL STREET		City NEW HAVEN		State CT
Zip Code 06510				
Purpose of Expenditure (by code) OVHD	Description TELEPHONE	Event #		Amount 951.9
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought			

Name of Payee MAILCHIMP		Date of Payment October 7, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address		City		State
Zip Code				
Purpose of Expenditure (by code) OVHD	Description OFFICE EXPENSE	Event #		Amount 30
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought			

SUBTOTAL Section P — This Page 1,631.9

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
CAROL KENYHERCZ		October 7, 2013	<input checked="" type="radio"/> Check #837 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
80 TURTLE BAY DRIVE		BRANFORD	CT 06405
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	CONSULTANT		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		3,346.5
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
Name of Payee		Date of Payment	Method of Payment:
MENNINIAE CHURCH		October 7, 2013	<input checked="" type="radio"/> Check #838 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
		NEW HAVEN	CT
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	RENTAL OF HALL FOR PRIMARY		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		150
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
Name of Payee		Date of Payment	Method of Payment:
FACEBOOK ADVERTISING		October 8, 2013	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
		MENLO PARK	CA
Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTHER	ADVERTISING FACEBOOK		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		15
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
Name of Payee		Date of Payment	Method of Payment:
AT & T		October 8, 2013	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
936 CHAPEL STREET		NEW HAVEN	CT 06510
Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	TELEPHONE		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		73.52
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
SUBTOTAL Section P — This Page			3,585.02

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NAME OF COMMITTEE Toni Harp 2013		TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee AT & T		Date of Payment October 8, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address 936 CHAPEL STREET		City NEW HAVEN	State CT
Zip Code 06510			
Purpose of Expenditure (by code) OVHD	Description TELEPHONE	Event #	Amount 30
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee POSTMASTER - NEW HAVEN		Date of Payment October 8, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address BREWERY STREET		City NEW HAVEN	State CT
Zip Code 06516			
Purpose of Expenditure (by code) POSTAGE	Description STAMPS	Event #	Amount 552
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee ORANGESIDE DINER		Date of Payment October 8, 2013	Method of Payment: <input checked="" type="radio"/> Check #832 <input type="radio"/> Debit Card
Street Address 135 ORANGE STREET		City NEW HAVEN	State CT
Zip Code			
Purpose of Expenditure (by code) FOOD	Description MEETING WITH UNIONS	Event # 06510	Amount 64.4
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee STAPLES		Date of Payment October 8, 2013	Method of Payment: <input checked="" type="radio"/> Check #833 <input type="radio"/> Debit Card
Street Address DIXWELL AVENUE		City HAMDEN	State CT
Zip Code 06514			
Purpose of Expenditure (by code)	Description	Event #	Amount 132.43
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			778.83

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
OCEAN STATE JOB LOT		October 9, 2013	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
713 FOXEN ROAD		EAST HAVEN	CT 06513
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	SUPPLIES	100913-A	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		15.95
Name of Payee		Date of Payment	Method of Payment:
JASON BARTLETT		October 10, 2013	<input checked="" type="radio"/> Check #834 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
15 HIGHVUEW TERRACE		BETHEL	CT
Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	RENT		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		1,350
Name of Payee		Date of Payment	Method of Payment:
YVONNE MANNING JONES		October 10, 2013	<input checked="" type="radio"/> Check #835 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
675 TOWNSEND AVENUE		NEW HAVEN	CT
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	CONSULTANT		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		2,500
Name of Payee		Date of Payment	Method of Payment:
STOP & SHOP		October 10, 2013	<input checked="" type="radio"/> Check #839 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
WHALLEY AVENUE		NEW HAVEN	CT 06155
Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	MEET & GREETES EAST SHORE SENIOR CITIZEN		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		179.8
SUBTOTAL Section P — This Page			4,045.75

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
STAPLES		October 11, 2013	<input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
DIWELL AVENUE		HAMDEN	CT 06514
Purpose of Expenditure (by code)	Description	Event #	Amount
OFFICE	OFFICE SUPPLIES		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		71.13
Name of Payee		Date of Payment	Method of Payment:
SNOW TURNER		October 11, 2013	<input checked="" type="radio"/> Check #840 <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
144 EXCHANGE STREET		NEW HAVEN	CT 06513
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		560
Name of Payee		Date of Payment	Method of Payment:
HONDA SMITH		October 11, 2013	<input checked="" type="radio"/> Check #841 <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
133 HARPER AVENUE		NEW HAVEN	CT 06510
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF	06510	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		400
Name of Payee		Date of Payment	Method of Payment:
R. SAM CHANEY		October 11, 2013	<input checked="" type="radio"/> Check #842 <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
213 NORTON STREET, APT 2		NEW HAVEN	CT 06511
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		500
SUBTOTAL Section P — This Page			1,531.13

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 29th Filing
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P. Expenses Paid by Committee

Name of Payee CAROL SUBER		Date of Payment October 11, 2013	Method of Payment: <input checked="" type="radio"/> Check #843 <input type="radio"/> Debit Card
Street Address 295 STEVENSON ROAD		City NEW HAVEN	State CT
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 580
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee RAE JOHNSON		Date of Payment October 11, 2013	Method of Payment: <input checked="" type="radio"/> Check #844 <input type="radio"/> Debit Card
Street Address 47 BUTTON STREET		City NEW HAVEN	State CT
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 500
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee JASON BARTLETT		Date of Payment October 11, 2013	Method of Payment: <input checked="" type="radio"/> Check #845 <input type="radio"/> Debit Card
Street Address 14 HIGHVIEW TERRACE		City BETHEL	State CT
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	Amount 1,500
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee ALEXIS PERKINS		Date of Payment October 11, 2013	Method of Payment: <input checked="" type="radio"/> Check #846 <input type="radio"/> Debit Card
Street Address 234 MUNSON STREET		City NEW HAVEN	State CT
Purpose of Expenditure (by code)	Description	Event #	Amount 200
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

SUBTOTAL Section P — This Page 2,780

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
MAYA WELFARE		October 11, 2013	<input checked="" type="radio"/> Check #847 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
39 ELMWOOD ROAD		NEW HAVEN	CT 06515
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		600
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input checked="" type="radio"/> Coordinated with reimbursement sought		
Name of Payee		Date of Payment	Method of Payment:
PATRICK SKULLY		October 11, 2013	<input checked="" type="radio"/> Check #848 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
119 WEST WYOMING AVE., SUITE A		MELROSE	MA 02176
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	CONSULTANT		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		600
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input checked="" type="radio"/> Coordinated with reimbursement sought		
Name of Payee		Date of Payment	Method of Payment:
J & B RENTALS		October 11, 2013	<input checked="" type="radio"/> Check #849 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
423 DIXWELL AVENUE		NEW HAVEN	CT 06511
Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	RENT FOR HEADQUARTERS		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		1,100
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input checked="" type="radio"/> Coordinated with reimbursement sought		
Name of Payee		Date of Payment	Method of Payment:
RASHEDA MCARTHUR		October 11, 2013	<input checked="" type="radio"/> Check #850 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
123 WESTERLEIGH ROAD		NEW HAVEN	CT 06515
Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	REIMBURSEMENT FOR GENERATOR		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		72.53
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input checked="" type="radio"/> Coordinated with reimbursement sought		
SUBTOTAL Section P — This Page			2,372.53

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NAME OF COMMITTEE				TYPE OF REPORT			
Toni Harp 2013				October 29th Filing			
P. Expenses Paid by Committee							
Name of Payee				Date of Payment		Method of Payment:	
NATIONBUILDER/LIBERTY BANK				October 14, 2013		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
CHURCH STREET			NEW HAVEN			CT	06510
Purpose of Expenditure (by code)	Description			Event #		Amount	
BNK	BANK FEES						
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						198
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
FACEBOOK				October 14, 2013		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card	
Street Address			City			State	Zip Code
			MENLO PARK			CA	
Purpose of Expenditure (by code)	Description			Event #		Amount	
A-OTHER	ADVERTISING FACEBOOK						
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						25
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
KHATIB BILAL ABBUSS				October 15, 2013		<input checked="" type="radio"/> Check #851 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
720 WINCHESTER AVENUE			NEW HAVEN			CT	06511
Purpose of Expenditure (by code)	Description			Event #		Amount	
WAGE	WAGE STAFF						
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						400
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
Name of Payee				Date of Payment		Method of Payment:	
BARBARA HOLDEN				October 15, 2013		<input checked="" type="radio"/> Check #852 <input type="radio"/> Debit Card	
Street Address			City			State	Zip Code
699 FOUNTAIN STREET			NEW HAVEN			CT	06511
Purpose of Expenditure (by code)	Description			Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required						100
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E						
SUBTOTAL Section P — This Page						723	

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NAME OF COMMITTEE Toni Harp 2013		TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee DOCUPRINT		Date of Payment October 15, 2013	Method of Payment: <input checked="" type="radio"/> Check #853 <input type="radio"/> Debit Card
Street Address 27 WHITNEY AVENUE		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) PRINT	Description PRINTING COPIES FOR CANVASSING	Event #	Amount 404.13
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
Name of Payee EARL KELLY		Date of Payment October 15, 2013	Method of Payment: <input checked="" type="radio"/> Check #854 <input type="radio"/> Debit Card
Street Address 142 FRONT STREET		City NEW HAVEN	State CT
Zip Code 06513			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 54
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
Name of Payee ISAIH CHISHOLM		Date of Payment October 15, 2013	Method of Payment: <input checked="" type="radio"/> Check #855 <input type="radio"/> Debit Card
Street Address 238 BUTLER STREET		City HAMDEN	State CT
Zip Code 06517			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 117
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
Name of Payee SHENROD DANIELS		Date of Payment October 15, 2013	Method of Payment: <input checked="" type="radio"/> Check #856 <input type="radio"/> Debit Card
Street Address 285 EDGEWOOD AVENUE		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 243
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
SUBTOTAL Section P — This Page			818.13

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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
JAMELL MADDOX			October 15, 2013		<input checked="" type="radio"/> Check #857 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
96 ROYDON ROAD		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	WAGE STAFF				30
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
J & B RENTALS			October 15, 2013		<input checked="" type="radio"/> Check #858 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
PO BOX 3731		WOODBIDGE		CT	06525
Purpose of Expenditure (by code)	Description		Event #		Amount
OVHD	PHONE LINES				210
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
CHRIS CAMPBELL			October 15, 2013		<input checked="" type="radio"/> Check #859 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
17 BROWN STREET		NEW HAVEN		CT	06510
Purpose of Expenditure (by code)	Description		Event #		Amount
RCW	ICE, FOOD TRAYS, KEYS,				665.5
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee			Date of Payment		Method of Payment:
JASON BARTLETT			October 15, 2013		<input checked="" type="radio"/> Check #860 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
14 HIGHVIEW TERRACE		BETHEL		CT	
Purpose of Expenditure (by code)	Description		Event #		Amount
RCW	UNION MEETING AND GAS				224.1
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page				1,129.6	

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 29th Filing
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P. Expenses Paid by Committee

Name of Payee PRECISION LINE MEDIA		Date of Payment October 15, 2013	Method of Payment: <input checked="" type="radio"/> Check #861 <input type="radio"/> Debit Card
Street Address 60 CLOVER STREET		City WEST HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) A-OTHER	Description ADVERTISING OTHER	Event #	Amount 265.88
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee POSTMASTER - NEW HAVEN		Date of Payment October 15, 2013	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card
Street Address BREWERY STREET		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) POST	Description POSTAGE	Event #	Amount 74
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee ROSA REALTY		Date of Payment October 16, 2013	Method of Payment: <input checked="" type="radio"/> Check #862 <input type="radio"/> Debit Card
Street Address 134 GRAND AVENUE		City NEW HAVEN	State CT
Zip Code 06513			
Purpose of Expenditure (by code) OVHD	Description RENT - HEADQUARTERS	Event #	Amount 1,250
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee MAGDALIA CASTRO		Date of Payment October 16, 2013	Method of Payment: <input checked="" type="radio"/> Check #863 <input type="radio"/> Debit Card
Street Address 310 GRAND AVENUE		City NEW HAVEN	State CT
Zip Code 06513			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 500
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

SUBTOTAL Section P — This Page 2,089.88

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NAME OF COMMITTEE Toni Harp 2013		TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee GRASSROOTS STRATEGIES		Date of Payment October 16, 2013	Method of Payment: <input checked="" type="radio"/> Check #864 <input type="radio"/> Debit Card
Street Address 30 ARBOR STREET		City HARTFORD	State CT
Zip Code 06106			
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	Amount 2,040
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
Name of Payee COMMUNITY FUND - BELLA VISTA		Date of Payment October 16, 2013	Method of Payment: <input checked="" type="radio"/> Check #826 <input type="radio"/> Debit Card
Street Address 339 EASTERN STREET		City NEW HAVEN	State CT
Zip Code 06513			
Purpose of Expenditure (by code) MISC	Description DONATION	Event #	Amount 150
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
Name of Payee ANNE OLSSON		Date of Payment October 17, 2013	Method of Payment: <input checked="" type="radio"/> Check #865 <input type="radio"/> Debit Card
Street Address STATE STREET		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) RCW	Description REIMBURSEMENT - PRIMARY	Event #	Amount 50
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
Name of Payee SNOW TURNER		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check #869 <input type="radio"/> Debit Card
Street Address 144 EXCHANGE STREET		City NEW HAVEN	State CT
Zip Code 06513			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 240
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		
SUBTOTAL Section P — This Page			2,480

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
KHATIB BILAL ABBUSS		October 18, 2013	<input type="radio"/> Check #870 <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
720 WINCHESTER AVENUE		NEW HAVEN	CT 06511
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		400
Name of Payee		Date of Payment	Method of Payment:
HONDA SMITH		October 18, 2013	<input checked="" type="radio"/> Check #871 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
133 HARPER AVENUE		NEW HAVEN	CT 06510
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		800
Name of Payee		Date of Payment	Method of Payment:
R. SAM CHANEY		October 18, 2013	<input checked="" type="radio"/> Check #872 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
213 NORTON STREET, APT 2		NEW HAVEN	CT 06511
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		500
Name of Payee		Date of Payment	Method of Payment:
CAROL SUBER		October 18, 2013	<input checked="" type="radio"/> Check #873 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
295 STEVENSON ROAD		NEW HAVEN	CT 06511
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		230
SUBTOTAL Section P — This Page			1,930

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 29th Filing
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P. Expenses Paid by Committee

Name of Payee RAE JOHNSON		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check # 874 <input type="radio"/> Debit Card	
Street Address 47 BUTTON STREET		City NEW HAVEN		State CT
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 500
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee JASON BARTLETT		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check # 875 <input type="radio"/> Debit Card	
Street Address 14 HIGHVIEW TERRACE		City NEW HAVEN		State CT
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #		Amount 1,000
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee ALEXIS PERKINS		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check # 876 <input type="radio"/> Debit Card	
Street Address 234 MUNSON STREET		City NEW HAVEN		State CT
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 200
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee MAYA WELFARE		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check # 877 <input type="radio"/> Debit Card	
Street Address 39 ELMWOOD ROAD		City NEW HAVEN		State CT
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 300
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

SUBTOTAL Section P — This Page 2,000

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee PATRICK SKULLY		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check #878 <input type="radio"/> Debit Card
Street Address 119 WEST WYOMING AVE., SUITE A		City MELROSE	State MA Zip Code 02176
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	Amount 1,200
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee HERODOTIS CAMPAIGN		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check #879 <input type="radio"/> Debit Card
Street Address 17 BROWN STREET		City NEW HAVEN	State CT Zip Code 06511
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	Amount 2,137.5
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee CONNECTICUT BLACK EXPO		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check #881 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code) A-OTHER	Description ADVERTISING AD	Event #	Amount 500
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee LYRIC HALL		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check #882 <input type="radio"/> Debit Card
Street Address 827 WHALLEY AVENUE		City NEW HAVEN	State CT Zip Code 06515
Purpose of Expenditure (by code) OVHD	Description RENTAL OF HALL	Event #	Amount 400
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			4,237.5

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NAME OF COMMITTEE Toni Harp 2013		TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee R. SAM CHANEY		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check #833 <input type="radio"/> Debit Card
Street Address 213 NORTON STREET, APT 2		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) RCW	Description OFFICE SUPPLIES	Event #	Amount 28.95
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee WALMART		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check #884 <input type="radio"/> Debit Card
Street Address FOXEN ROAD		City EAST HAVEN	State CT
Zip Code 06512			
Purpose of Expenditure (by code) OVHD	Description PHONE CARDS	Event #	Amount 150
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee CHRISTIAN COMMUNITY ACTION		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check #885 <input type="radio"/> Debit Card
Street Address 168 DAVENPORT AVENUE		City NEW HAVEN	State CT
Zip Code 06519			
Purpose of Expenditure (by code) A-OTHER	Description FULL PAGE AD	Event #	Amount 250
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee ST. JUDE CHILDRENS		Date of Payment October 18, 2013	Method of Payment: <input checked="" type="radio"/> Check #886 <input type="radio"/> Debit Card
Street Address		City MEMPHIS	State TN
Zip Code			
Purpose of Expenditure (by code) A-OTHER	Description FULL PAGE AD	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			528.95

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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
ANDREA SCOTT			October 18, 2013		<input checked="" type="radio"/> Check #887 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
130 ROGER WHITE DRIVE		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		Amount
RCW	SUPPLIES				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				58.45
Name of Payee			Date of Payment		Method of Payment:
JAMES BECKETT			October 18, 2013		<input checked="" type="radio"/> Check #888 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
425 DIXWELL AVENUE		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	WAGE STAFF				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				100
Name of Payee			Date of Payment		Method of Payment:
SARNARUAB TREMBLE			October 18, 2013		<input checked="" type="radio"/> Check #889 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
250 VALLEY STREET		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	WAGE STAFF				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				60
Name of Payee			Date of Payment		Method of Payment:
DONALD BRYANT			October 18, 2013		<input checked="" type="radio"/> Check #890 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
804 EDGEWOOD AVENUE		NEW HAVEN		CT	06510
Purpose of Expenditure (by code)	Description		Event #		Amount
WAGE	WAGE STAFF				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				100
SUBTOTAL Section P — This Page					318.45

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NAME OF COMMITTEE Toni Harp 2013				TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee CHRIS PENN			Date of Payment October 18, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>891</u> <input type="radio"/> Debit Card
Street Address 573 DIXWELL AVENUE		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure (by code)	Description		Event #		Amount
					100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee FACEBOOK			Date of Payment October 19, 2013		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City MENLO PARK		State CA	Zip Code
Purpose of Expenditure (by code) A-OTHER	Description ADVERTISING - FACEBOOK		Event #		Amount
					25
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee WALMART			Date of Payment October 21, 2013		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address FOXEN ROAD		City EAST HAVEN		State CT	Zip Code 06512
Purpose of Expenditure (by code) TRVL	Description GAS CARDS		Event #		Amount
					150
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee O'TOOLE RESTAURANT			Date of Payment October 20, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>867</u> <input type="radio"/> Debit Card
Street Address 200 ORANGE STREET		City NEW HAVEN		State CT	Zip Code 06510
Purpose of Expenditure (by code) FOOD	Description FOOD		Event #		Amount
					861.01
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page					1,136.01

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NAME OF COMMITTEE Toni Harp 2013		TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee STOP & SHOP		Date of Payment October 20, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address WHALLEY AVENUE		City NEW HAVEN	State CT
Zip Code 06110			
Purpose of Expenditure (by code) FOOD	Description FOOD	Event #	Amount 40.96
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee FACEBOOK ADVERTISING		Date of Payment October 22, 2013	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City MENLO PARK	State CA
Zip Code			
Purpose of Expenditure (by code) A-OTHER	Description ADVERTISING FACEBOOK	Event #	Amount 25
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee RICHARD BUFORD		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #892 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code) WAGE		Description WAGE SAFF	Event #
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Amount 100
Name of Payee BARBARA HOLDEN		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #893 <input type="radio"/> Debit Card
Street Address 699 FOUNTAIN STREET		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			265.96

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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
GEORGE E. CARTER			October 22, 2013		<input checked="" type="radio"/> Check #894 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
16 TILTON STREET		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		
WAGE	WAGE STAFF				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				Amount
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				100
Name of Payee			Date of Payment		Method of Payment:
SHARON SANDBERG			October 22, 2013		<input checked="" type="radio"/> Check #895 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
34 HILLTOP PLACE		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		
WAGE	WAGE STAFF				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				Amount
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				100
Name of Payee			Date of Payment		Method of Payment:
REGENA CROCKETT			October 22, 2013		<input checked="" type="radio"/> Check #896 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
26 HILLTOP ROAD		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		
WAGE	WAGE STAFF				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				Amount
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				100
Name of Payee			Date of Payment		Method of Payment:
MARIA LANGSTON			October 22, 2013		<input checked="" type="radio"/> Check #897 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
47 LODGE STREET		NEW HAVEN		CT	06515
Purpose of Expenditure (by code)	Description		Event #		
WAGE	WAGE STAFF				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				Amount
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				80
SUBTOTAL Section P — This Page					380

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NAME OF COMMITTEE Toni Harp 2013				TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee ARTHUR STUART			Date of Payment October 22, 2013		Method of Payment: <input checked="" type="radio"/> Check #898 <input type="radio"/> Debit Card
Street Address 18 HOTCHKISS STREET		City NEW HAVEN		State CT	Zip Code 06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee PRISCILLA KNOX			Date of Payment October 22, 2013		Method of Payment: <input checked="" type="radio"/> Check #899 <input type="radio"/> Debit Card
Street Address 924 ELM STREET		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee STACY NELSON			Date of Payment October 22, 2013		Method of Payment: <input checked="" type="radio"/> Check #900 <input type="radio"/> Debit Card
Street Address 83 WOOLSEY		City NEW HAVEN		State CT	Zip Code 06513
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee JAMILIA MAEBRY			Date of Payment October 22, 2013		Method of Payment: <input checked="" type="radio"/> Check #901 <input type="radio"/> Debit Card
Street Address 154 DIAMOND STREET		City NEW HAVEN		State CT	Zip Code 06510
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page				400	

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 29th Filing
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P. Expenses Paid by Committee

Name of Payee CHRIS PENN		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #902 <input type="radio"/> Debit Card	
Street Address 573 DIXWELL AVENUE		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee JAMES BECKETT		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #903 <input type="radio"/> Debit Card	
Street Address 425 DIXWELL AVENUE		City NEW HAVEN		State CT
Zip Code 06110				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 60
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee TONNY CUTTINO		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #904 <input type="radio"/> Debit Card	
Street Address 41 THOMPSON STREET		City NEW HAVEN		State CT
Zip Code 06510				
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #		Amount 80
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

Name of Payee SUNDIATA KEITAZULU		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #905 <input type="radio"/> Debit Card	
Street Address 329 NEWHALL STREET		City NEW HAVEN		State CT
Zip Code 06511				
Purpose of Expenditure (by code)	Description	Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E			

SUBTOTAL Section P — This Page 340

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NAME OF COMMITTEE Toni Harp 2013		TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee PHILLIP DENBY		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #907 <input type="radio"/> Debit Card
Street Address 605 WINCHESTER AVENUE		City NEW HAVEN	State CT Zip Code 06512
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee LUCIEN POWELL		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #908 <input type="radio"/> Debit Card
Street Address 517 WINCHESTER AVENUE		City NEW HAVEN	State CT Zip Code 06511
Purpose of Expenditure (by code)	Description	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee BOBBIE C. MAEBRY		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #909 <input type="radio"/> Debit Card
Street Address 124 SYLVAIN AVENUE		City NEW HAVEN	State CT Zip Code 06511
Purpose of Expenditure (by code)	Description	Event #	Amount 20
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee GARY WOODSON		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #910 <input type="radio"/> Debit Card
Street Address ELM STREET		City NEW HAVEN	State CT Zip Code 06513
Purpose of Expenditure (by code)	Description	Event #	Amount 40
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			260

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee LAUREL UNDERWOOD-PRICE		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #911 <input type="radio"/> Debit Card
Street Address 73 WOODSIDE TERRACE		City NEW HAVEN	State CT
Zip Code 06515			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 90
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee DANIEL RAVIZZA		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #912 <input type="radio"/> Debit Card
Street Address 42 BEERS STREET		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 70
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee MARCEL L. LAWRENCE		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #913 <input type="radio"/> Debit Card
Street Address 4 LINCOLN AVEUE		City BRANFORD	State CT
Zip Code			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee SHENROD DANIELS		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #914 <input type="radio"/> Debit Card
Street Address 285 EDGEWOOD AVENUE		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 120
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			380

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 29th Filing
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P. Expenses Paid by Committee

Name of Payee JAMELL MADDOX		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #915 <input type="radio"/> Debit Card
Street Address 96 RAYDON ROAD		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 120
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		

Name of Payee DONNA MONTANO		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #916 <input type="radio"/> Debit Card
Street Address 52 HOWE STREET		City NEW HAVEN	State CT
Zip Code 06511			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 90
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		

Name of Payee QUASHE S. DENNSE		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #917 <input type="radio"/> Debit Card
Street Address 158 POPULAR STREET		City NEW HAVEN	State CT
Zip Code 06513			
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 30
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		

Name of Payee ISAIH CHISHOLM		Date of Payment October 22, 2013	Method of Payment: <input checked="" type="radio"/> Check #918 <input type="radio"/> Debit Card
Street Address 238 BUTLER STREET		City NEW HAVEN	State CT
Zip Code 06517			
Purpose of Expenditure (by code)	Description	Event #	Amount 20
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought		

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NAME OF COMMITTEE Toni Harp 2013				TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee JAIQUAN T. HARRIS			Date of Payment October 22, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>919</u> <input type="radio"/> Debit Card
Street Address 122 MAPLE STREET		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee YESENIA ARCE			Date of Payment October 22, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>920</u> <input type="radio"/> Debit Card
Street Address 6A STATION COURT		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 85
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee BAUB BIDON			Date of Payment October 22, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>921</u> <input type="radio"/> Debit Card
Street Address 196 JAMES STREET		City NEW HAVEN		State CT	Zip Code 06513
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee JANIRIS QUINONES			Date of Payment October 22, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>922</u> <input type="radio"/> Debit Card
Street Address 12 A. CINQUE GREEN		City NEW HAVEN		State CT	Zip Code 06519
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 80
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page				365	

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
MARIE QUINONES		October 22, 2013	<input checked="" type="radio"/> Check #923 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
175 STALTONSTALL AVENUE		NEW HAVEN	CT 16513
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		250
Name of Payee		Date of Payment	Method of Payment:
MAGDALENA TORRES		October 22, 2013	<input checked="" type="radio"/> Check #924 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
46 BENTON STREET		HAMDEN	CT 06517
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		155
Name of Payee		Date of Payment	Method of Payment:
TAWANA GALBERTH		October 22, 2013	<input checked="" type="radio"/> Check #925 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
SYLVAN AVENUE		NEW HAVEN	CT 06519
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		165
Name of Payee		Date of Payment	Method of Payment:
DAISY SALAS		October 22, 2013	<input checked="" type="radio"/> Check #926 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
315 EASTERN STREET D-1417		NEW HAVEN	CT 06513
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		100
SUBTOTAL Section P — This Page			670

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
HERODOTOS CAMPAIGNS		October 22, 2013	<input checked="" type="radio"/> Check #927 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
17 BROWN STREET		NEW HAVEN	CT 06511
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	CONSULTANT		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		2,137.5
Name of Payee		Date of Payment	Method of Payment:
HERODOTOS CAMPAIGNS		October 22, 2013	<input checked="" type="radio"/> Check #928 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
17 BROWN STREET		NEW HAVEN	CT 06511
Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	LITERATURE FOR CANVAS		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		964.1
Name of Payee		Date of Payment	Method of Payment:
BROWNSTEIN & WEAVER		October 22, 2013	<input checked="" type="radio"/> Check #929 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
24 N BRYN MAUR AVENUE #206		BRYN MAUR	PA 19010
Purpose of Expenditure (by code)	Description	Event #	Amount
A-TV	ADVERTISING TV		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		2,000
Name of Payee		Date of Payment	Method of Payment:
MISSION CONTROL		October 22, 2013	<input checked="" type="radio"/> Check #930 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
114 A MANSFIELD HOLLOW ROAD		MANSFIELD CENTER	CT 06250
Purpose of Expenditure (by code)	Description	Event #	Amount
PRINT	PRINTING		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		5,333.45
SUBTOTAL Section P — This Page			10,435.05

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NAME OF COMMITTEE				TYPE OF REPORT	
Toni Harp 2013				October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
PATRICK SCULLY			October 22, 2013		<input checked="" type="radio"/> Check #931 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
119 WEST WYOMING AVE. SUITE A		MELROSE		MA	02176
Purpose of Expenditure (by code)	Description		Event #		
MISC	LODGING FOR CONSULTANT				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				Amount
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought				300
Name of Payee			Date of Payment		Method of Payment:
PATRICK SCULLY			October 22, 2013		<input checked="" type="radio"/> Check #932 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
119 WEST WYOMING AVE, SUITE A		MELROSE		MA	02176
Purpose of Expenditure (by code)	Description		Event #		
MISC	LODGING FOR CONSULTANT				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				Amount
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought				300
Name of Payee			Date of Payment		Method of Payment:
JASON BARTLETT			October 22, 2013		<input type="radio"/> Check #933 <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
PENDLETON STREET		NEW HAVEN		CT	06511
Purpose of Expenditure (by code)	Description		Event #		
CNSLT	CONSULTANT				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				Amount
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought				2,000
Name of Payee			Date of Payment		Method of Payment:
POPEYES			October 22, 2013		<input checked="" type="radio"/> Check #934 <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
PO BOX 4308		HAMDEN		CT	06514
Purpose of Expenditure (by code)	Description		Event #		
FOOD	LUNCHES - FUNDRAISERS				
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				Amount
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> Coordinated with reimbursement sought				500
SUBTOTAL Section P — This Page				3,100	

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
KINGSLEY OSEI		October 22, 2013	<input checked="" type="radio"/> Check #935 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
360 FAIRFIELD AVE., SUITE 200		BRIDEPORT	CT 06604
Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	DJ FOR FUNDRAISER	100513-A	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
MICHAEL HARRIS		October 22, 2013	<input checked="" type="radio"/> Check #936 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
67 EDGEWOOD AVENUE		NEW HAVEN	CT 06511
Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	CELL PHONES PHONE BANK		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
IDEAL PRINTING COMPANY		October 22, 2013	<input checked="" type="radio"/> Check #937 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
PO BOX 8488		NEW HAVEN	CT 06531
Purpose of Expenditure (by code)	Description	Event #	Amount
PRINT	PRINTING - HAND OUT		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
VERIZON		October 22, 2013	<input checked="" type="radio"/> Check #938 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
PO BOX 15062		ALBANY	NY 12212
Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	TELEPHONES		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required		
	<input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			1,857.99

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NAME OF COMMITTEE Toni Harp 2013				TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee					
Name of Payee CAROL KENYHERCZ			Date of Payment October 22, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>939</u> <input type="radio"/> Debit Card
Street Address 80 TURTLE BAY DRIVE		City BRANFORD		State CT	Zip Code 06405
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT		Event #		Amount 4,095
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee STOP & SHOP			Date of Payment October 23, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>866</u> <input type="radio"/> Debit Card
Street Address DIXWELL AVENUE		City NEW HAVEN		State CT	Zip Code 06510
Purpose of Expenditure (by code) FOOD	Description FOOD		Event #		Amount 39.96
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee PRISCILLA KNOX			Date of Payment October 23, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>944</u> <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee SARMARIAN TREMBLE			Date of Payment October 23, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>949</u> <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 40
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page				4,274.96	

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NAME OF COMMITTEE Toni Harp 2013			TYPE OF REPORT October 29th Filing		
P. Expenses Paid by Committee					
Name of Payee VANESSA HOLMES			Date of Payment October 23, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>951</u> <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
				CT	06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 140
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee FADRIKA HOLMES			Date of Payment October 23, 2013		Method of Payment: <input checked="" type="radio"/> Check # <u>952</u> <input type="radio"/> Debit Card
Street Address 537 SHERMAN AVENUE APT. 5		City NEW HAVEN		State	Zip Code
				CT	06515
Purpose of Expenditure (by code) WAGE	Description 06515		Event #		Amount 140
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee VALERIE MCKINNIE			Date of Payment October 23, 2013		Method of Payment: <input type="radio"/> Check # <u>945</u> <input checked="" type="radio"/> Debit Card
Street Address 48 FOOTE STREET		City		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
Name of Payee KESHA DENNIE			Date of Payment October 23, 2013		Method of Payment: <input type="radio"/> Check # <u>946</u> <input checked="" type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #		Amount 40
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
SUBTOTAL Section P — This Page					420

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NAME OF COMMITTEE Toni Harp 2013		TYPE OF REPORT October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee CANDANCE MACKEY		Date of Payment October 23, 2013	Method of Payment: <input checked="" type="radio"/> Check #947 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 100
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee MANUAL FORD JR		Date of Payment October 23, 2013	Method of Payment: <input checked="" type="radio"/> Check #948 <input type="radio"/> Debit Card
Street Address 59 TAYLOR AVENUE		City NEW HAVEN	State Zip Code CT 06515
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 60
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee SARMARIAN TREMBLE		Date of Payment October 23, 2013	Method of Payment: <input checked="" type="radio"/> Check #949 <input type="radio"/> Debit Card
Street Address 250 VALLET STREET		City NEW HAVEN	State Zip Code CT 06515
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 40
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee GEORGE E. CARTER		Date of Payment October 23, 2013	Method of Payment: <input type="radio"/> Check #950 <input type="radio"/> Debit Card
Street Address 16 TILTON STREET		City NEW HAVEN	State Zip Code CT 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 40
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			240

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
DONALD BRYANT		October 23, 2013	<input checked="" type="radio"/> Check #955 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
804 EDGEWOOD AVENUE		NEW HAVEN	CT 06510
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
UNITED ILLUMINATING		October 23, 2013	<input checked="" type="radio"/> Check #957 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
PO BOX 9230		CHELSEA	MA 02150
Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	ELECTRICITY - HEADQUARTERS		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
SNOW TURNER		October 23, 2013	<input checked="" type="radio"/> Check #958 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
144 EXCHANGE STREET		NEW HAVEN	CT 06513
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
HONDA SMITH		October 23, 2013	<input checked="" type="radio"/> Check #959 <input type="radio"/> Debit Card
Street Address		City	State Zip Code
133 HARPER AVENUE		NEW HAVEN	CT 06511
Purpose of Expenditure (by code)	Description	Event #	Amount
WAGE	WAGE STAFF		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			1,979.82

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NAME OF COMMITTEE Toni Harp 2013	TYPE OF REPORT October 29th Filing
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P. Expenses Paid by Committee

Name of Payee R. SAM GHANEY		Date of Payment October 23, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>960</u> <input type="radio"/> Debit Card	
Street Address 213 NORTON STREET, APT 2		City NEW HAVEN		State CT
Zip Code 06511		Purpose of Expenditure (by code) WAGE		
Description WAGE STAFF		Event #		
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required		Amount 500
		<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee CAROL SUBER		Date of Payment October 23, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>961</u> <input type="radio"/> Debit Card	
Street Address 295 STEVENSON RD.		City NEW HAVEN		State CT
Zip Code 06515		Purpose of Expenditure (by code) WAGE		
Description WAGE STAFF		Event #		
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required		Amount 320
		<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee JASON BARTLETT		Date of Payment October 25, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>963</u> <input type="radio"/> Debit Card	
Street Address 14 HIGHVIEW TERRACE		City NEW HAVEN		State CT
Zip Code 06801		Purpose of Expenditure (by code) WAGE		
Description WAGE STAFF		Event #		
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required		Amount 1,000
		<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

Name of Payee ALEXIS PERKINS		Date of Payment October 23, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>964</u> <input type="radio"/> Debit Card	
Street Address 234 MUNSON STREET		City NEW HAVEN		State CT
Zip Code 06511		Purpose of Expenditure (by code) WAGE		
Description WAGE STAFF		Event #		
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required		Amount 200
		<input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		

SUBTOTAL Section P — This Page 2,020

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee MAYA WELFARE		Date of Payment October 25, 2013	Method of Payment: <input checked="" type="radio"/> Check #965 <input type="radio"/> Debit Card
Street Address 39 ELMWOOD ROAD		City NEW HAVEN	
State CT		Zip Code 06515	
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF	Event #	Amount 300
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee PATRICK SKULLY		Date of Payment October 25, 2013	Method of Payment: <input checked="" type="radio"/> Check #966 <input type="radio"/> Debit Card
Street Address 119 WEST WYOMING AVE, SUITE A		City MELROSE	
State MA		Zip Code 02176	
Purpose of Expenditure (by code) CNSLT	Description CONSULTING	Event #	Amount 600
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee HERODOTUS CAMPAIGNS		Date of Payment October 25, 2013	Method of Payment: <input checked="" type="radio"/> Check #967 <input type="radio"/> Debit Card
Street Address 17 BROWN STREET		City NEW HAVEN	
State CT		Zip Code 06511	
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	Amount 5,000
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee PATRICK SKULLY		Date of Payment October 25, 2013	Method of Payment: <input checked="" type="radio"/> Check #968 <input type="radio"/> Debit Card
Street Address 119 WEST WYOMING AVE., SUITE A		City MELROSE	
State MA		Zip Code 02176	
Purpose of Expenditure (by code) RCW	Description RENTAL PODIUM	Event #	Amount 393.59
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			6,293.59

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee IMMANUEL MISSIONARY BAPTIST CHURCH		Date of Payment October 25, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>969</u> <input type="radio"/> Debit Card
Street Address 1324 CHAPEL STREET		City NEW HAVEN	State CT
Zip Code 06511		Amount 300	
Purpose of Expenditure (by code) OVHD	Description RENTAL OF CENTER	Event #	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee COSCO WHOLESALE		Date of Payment October 25, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>970</u> <input type="radio"/> Debit Card
Street Address 1718 BOSTON POST RD.		City MILFORD	State CT
Zip Code 06460		Amount 137.95	
Purpose of Expenditure (by code) MISC	Description MISC - DIAPERS FOR DIAPER DRIVE	Event #	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee HERODOTUS CAMPAIGN		Date of Payment October 25, 2013	Method of Payment: <input checked="" type="radio"/> Check # <u>971</u> <input type="radio"/> Debit Card
Street Address 17 BROWN STREET		City NEW HAVEN	State CT
Zip Code 06511		Amount 61.58	
Purpose of Expenditure (by code) RCW	Description OFFICE EXP - PAPER	Event #	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee BRIAN JENKINS		Date of Payment October 25, 2013	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address 1684 QUINNIPIAC AVENUE		City NEW HAVEN	State CT
Zip Code 06513		Amount 1,432	
Purpose of Expenditure (by code) CNSLT	Description CONSULTANT	Event #	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			1,931.53

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NAME OF COMMITTEE		TYPE OF REPORT	
Toni Harp 2013		October 29th Filing	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
VERONICA DOUGLAS-GIVAN		October 25, 2013	<input checked="" type="radio"/> Check # <u>973</u> <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
1016 QUINNIPIAC AVENUE		NEW HAVEN	06513
Purpose of Expenditure (by code)	Description	Event #	Amount
CNSLT	CONSULTANT		3,375
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
JOHN OLSEN RETIREMENT		October 25, 2013	<input checked="" type="radio"/> Check # <u>975</u> <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
1965 DIXWELL AVENUE		HAMDEN	CT 06514
Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTHER	1/4 PAGE AD		250
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
		10/	<input checked="" type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
Name of Payee		Date of Payment	Method of Payment:
			<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input checked="" type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		
SUBTOTAL Section P — This Page			3,625