SEEC FORM 20

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



NEW HAVEN CITY CLERKS OFFICE RECEIVED

2013 OCT 29 P 3: 17

COVER PAGE

1. NAME OF COMMITTEE								
Toni Harp 2013								<u> </u>
2. TREASURER NAME								
First Hilda		мі G	Last Kilpat	rick			-	Suffix
3. TREASURER ADDRESS			1			7-7		
Street Address 219 Roydon Road			City New Have	n		State CT	Zip Co 065	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	e only if Candid	late Committee)			6. DISTI	RICT NUMBER
(mm/dd/yyyy) Nov 5, 2013	Mayor						(if applicable,	i
7. CANDIDATE NAME (Complete only if	Candidate or Explorato							and the second
First Toni		мі N	Harp					Suffix
8. TYPE OF REPORT (Check One Box)								
O January 10 filing	O7th day preced	ling primary	v O 7	th day preceding referendum			ribution or	Disbursement
O April 10 filing	O30 days follow	ing primar	v O 4	5 days following referendum	,	<i>PACs ONLY)</i> Amendmen	f fo	
O July 10 filing	⊙7th day preced	ling election	1 O E	eficit	_	ype of Rep		
October 10 filing	12th day prece	ding election	on OT	ermination				· · · · · · · · · · · · · · · · · · ·
Independent Expenditure Primary Election	O45 days follow not held in No		1					
9. PERIOD COVERED								
	Beginning Dat	e		Ending Date				
-	Oct 4, 2013	Of the second se	thru	Oct 27, 2013				
10. CERTIFICATION								
I hereby certify and state, under policiosure Statement for the peri	enalties of false stiod covered is true	tatement, t e, accurate	hat all of the	e information set forth on tete.	his Ite n	nized Car	npaign F	inance
TREASURER OR DEPUTY TREASURE	r (SIGNATURE)		lilda Kilpati	rick OF SIGNER			Oct 29, 2	2013 nm/dd/yyyy)
/							וו) טונט (וו	muddyyyy)
PENALTY FOR FALSE STATEMENT IS	S PUNISHABLE RY F	INE NOT TO) EXCEED SI	000 OR IMPRISONMENT FOR	NOT MO	DE THAN O	ME VE ID I	OR POTH

Page 1 of 17

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE Foni Harp 2013	October 29 Filing	
	COLUMN A This Period	COLUMN B Aggregate
 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. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
 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 I.4)		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)		
7. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
8a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	2,200	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		INDIAN	I KECE	IP 15 (S	ections A—K)	Page 4 of 17
TONI HARP 2013					OCTOBER 29 FILI	
	C1.	Contribut	ions from	Other Cor	nmittees	NG
Name of Committee				Name of T		
NH CENTRAL LABOR COUNC	IL .			LOUIS W	/. BEINDTSON	
Address			Is this con	tribution assoc	ciated with a Yes No	Amount of Contribution
267 CHAPEL STREET			fundraisin	g event listed i	in Section L1? s, list Event #	
City	State	Zip Code	Date Re		Aggregate Contributions	1,500
NEW HAVEN	СТ	06513	Oct 1,	2013		
Name of Committee				Name of Tr	casurer	
LOCAL 34				LUZ VEG	A	
Address			Is this cont	ribution associ	ated with a O.V. Ov.	
425 COLLEGE STREET			fundraising	event listed in	Section L1?	Amount of Contribution
City	State	Zip Code	Date Rec		, list Event #	1,500
NEW HAVEN	СТ	06511	09/26/	2013	So seem continued in	
Name of Committee				Name of Tre	OCULTAR .	
UNITE HERE TIP SATE & LOCAI	L FUND - CT			ROBERT F		
Address			T			
275 SEVENTH AVE., 10TH FLO	OR		Is this contr fundraising	ibution associa event listed in	sted with a Yes No	Amount of Contribution
City	State	Zip Code	Date Rece	If yes,	list Event #	1,500
NEW YORK	NY	10001	09/23/2		Aggregate Contributions	
lame of Committee		10001	03/23/2			
EIU LOCAL 32BJ CT				Name of Trea		
ddress			-	KYLE BRAC	GG 	
5 W 18TH STREET, 5TH FL.			Is this contril	bution associativent listed in S	ed with a Yes No	Amount of Contribution
ity			- I and a land of	If yes, 1	ist Event #	1,500
IEW YORK	State NY	Zip Code	Date Recei		Aggregate Contributions	1
		10011	10/01/2			
C2. Rei	mbursements, Pay	ments, or S	Surplus Di	stribution	s from other Committee	
or commute				Name of		
ldress						
					Date Received	Amount of Receipt
у	Sta	te Zip Co	de T	<u> </u>		
		L.p co		Payment f	ement for shared expense or goods and services	
me of Committee				O Surplus D	istribution	
				Name of T	reasurer	
dress						
					Date Received	Amount of Receipt
/	State	e Zip Cod	1 1	Reimburse	ment for shared expense	
			[]	Payment for Surplus Dis	or goods and services	
				ALC: THE RE	VIDEO CONTRACTOR CONTR	
		S	UBTOTAL	Section C	— This Page 6,000	
		TO	TAL of add	litional Sec	ction C Pages	
	TOTAL OF ALL CO	MMITTEE	CONTRIBU	TIONS AN	DRECEIPTS	
	(Section:	s C1 + C2) (Ei	nter total on Li	ne 14 of Summ	nary Page Totals)	

I. MONETARY RECEIPTS (Sections A—K)

TONI HARP 2013					TYPE OF REPORT OCTOBER 29TH		
	C1.	Contributi	ions from	Other Cor			
Name of Committee				Name of T			
REALTORS POLITICAL ACTIO	N COMMITTEE			SANDRA	MAIER SCHEDE		
Address			Is this cor	tribution assoc	nated with a Yes No	Amount of Contributi	
111 FOUNDERS PLAZA, SUIT	E 1101		fundraisin	g event fisted i	n Section L1?		
City	State	Zip Code	Date Re		Aggregate Contributions	1,500	
EAST HARTFORD	СТ	06108	09/24	/2013			
Name of Committee				Name of Tr	easurer		
99 PAC					SUMMERS		
Address			7				
23 EDWARD STREET			fundraising	g event listed in	ated with a Yes ONo	Amount of Contributio	
City	State	Zip Code	Date Rec		, list Event #	250	
EAST HAVEN	ст	06512	10/08/		Aggregate Contributions		
Name of Committee		00312	10/08/				
AFSCME 269 PAC				Name of Tre			
Address				BRIAN CU	ITLER		
64 JONES ROAD			Is this contr	ibution associa	ited with a Yes ONo	Amount of Contribution	
City			lundraising	event listed in If yes,	Section L1? list Event #	120	
iAMDEN	State	Zip Code	Date Rece	Received Aggregate Contributions		-	
	СТ	06514	10/08/2	2013			
Jame of Committee				Name of Trea	surer		
ONNECTICUT HEALTH CARE I	DISTRICT 1199			DAVID ZEV	VIN		
ddress			Is this contri	L bution associat	ed with a Yes No	Amount of Contribution	
7 HUYSHOPE AVENUE			fundraising e	event listed in S	Section L1?	Amount of Contribution	
ıty	State	Zip Code	Date Recei		Aggregate Contributions	750	
ARTFORD	СТ	06106	10/06/2	013			
C2. Rei	mbursements Pas	monte or 6	Saram Inc. Di		Walter State		
me of Committee	moursements, 1 ay	ments, or s	surpius Di	Name of	s from other Committee	es	
ldress		**************************************	·····	<u>L</u>	Date Received		
					Date Received	Amount of Receipt	
ty	Stat	te Zip Coo	de	O Reimburs	ement for shared expense	-	
				Payment f Surplus Di	or goods and services		
me of Committee			L	Name of 7			
dress					Date Received	T	
						Amount of Receipt	
,	State	e Zip Cod	, ,	Reimburse	ment for shared expense		
				Surplus Dis	or goods and services stribution		
					ENGINEER TO BE		
	Military California	3	OBIOTAL	Section C	— This Page 2,620		
		TO	TAL of ad	ditional Sec	ction C Pages		
	TOTAL OF ALL CO	MMITTEE (CONTRIBU	TIONS AN	DRECEIPTS		
A STATE OF THE STA	(Sections	s C1 + C2) (En	iter total on Li	ne 14 of Sumn	nary Page Totals)		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE					24.15	TYPE OF	REPORT	
Toni Harp 2013							29 Filing	
	Cı.	Contribu	ations	from O	ther Com	mittees		
Name of Committee					Name of Tre	easurer		
Connecticut State Employees Ass	sociation				Kyle Brag	ıg		
Address 760 Capital Avenue					bution associated in		⊙ No	Amount of Contribution 500
City	State	Zip Code	L	Date Rece	ived	Aggregate Contribu	itions	1
Hartford	ст	06106		Oct 4, 2	013			
Name of Committee			···········		Name of Tre	asurer		
Bricklayers/Allied Craftworkers Lo	ocal 1				Timothy (Palmeri		
Address		***************************************			bution associa		⊙ No	Amount of Contribution
17 North Plains Industrial Road				fundraising e	event listed in If yes,	Section L1? list Event #		250
City	State	Zip Code	:	Date Recei	ved	Aggregate Contribu	tions	
Wallingford	СТ	06492		Oct 15, 2	2013			
Name of Committee					Name of Tre	asurer		
UA Plumbers/Steamfitters Local 7	77				Michael R	Rosano		
Address			1	ls this contril	oution associa	nted with a Yes	○ No	Amount of Contribution
1250 East Main Street				fundraising e	vent listed in	Section L1? list Event #	_	1,500
City	State	Zip Code	<u> </u>	Date Recei		Aggregate Contribu	tions	1,300
Meriden	ст	06450		Oct 18, 2	2013			
Name of Committee				1	Name of Trea	esurer		
IUPAT					E .	ck clau,	W2.	
Address			1		L oution associa			Amount of Contribution
1492 Berlin Turnpike					vent listed in	Section L1? list Event #		1,000
City	State	Zip Code	<u>, </u>	Date Receiv	ved	Aggregate Contribu	ions	
Berlin	СТ	06037		Oct 10, 2	2013			
	oursements, Pa	yments,	or Su	ırplus Di	stribution	ns from other (Committee	es
Name of Committee					Name o	f Treasurer		
Address								4
Address						Date Received		Amount of Receipt
City	S	itate Z	Zip Code	I		sement for shared exp		†
					Payment Surplus	t for goods and service Distribution	es	
Name of Committee						f Treasurer		<u> </u>
Address						Date Received		Amount of Receipt
City.	Ta	toto T						1
City	5	state Z	ip Code!			sement for shared exp for goods and service Distribution		
			SI	UBTOTA	L Section	C — This Page	3,250	1
TV	OTAL OF ALL	OMMET				Section C Pages	-	
	OTAL OF ALL ((Secti					MND RECEIPTS mmary Page Totals)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		NEW WE	Trailsaint		TYPE OF REPOR	RT
Toni Harp 2013					October 29 Fili	
	Cı. C	Contributio	ons from C	Other Com	mittees	
Name of Committee				Name of Tre	asurer	
UI PowerPAC-CT				David Rice	ciardi	
Address			Is this cont	ribution associa	ated with a Yes No	Amount of Contribution
157 Church Street			fundraising	event listed in <i>If yes</i> ,	Section L1? list Event #	250
City	State	Zip Code	Date Rec	eived	Aggregate Contributions	
New Haven	CT	06506	Oct 10	, 2013		
Name of Committee	<u>,</u>		1	Name of Trea	ısurer	
Address			Is this contr fundraising	event listed in	sted with a Yes O No Section L1?	Amount of Contribution
City	State	Zip Code	Date Rece		Aggregate Contributions	
Name of Committee				Name of Trea	coror	
				Ivanic of 1155	Suici	
Address				ribution associate event listed in language.		Amount of Contribution
City	State	Zip Code	Date Rece		Aggregate Contributions	
Name of Committee	J		<u> </u>	Name of Trea	surer	
Address				ibution associate event listed in S		Amount of Contribution
City	State	Zip Code	Date Rece	ived	Aggregate Contributions	
C2. Rei	mbursements, Pay	ments, or	Surplus D	istribution	s from other Commi	ittees
Name of Committee			•	A Deposit of the State of the S	Treasurer	
Address	Manager Control of the Control of th	H-1/1/1.			Date Received	Amount of Receipt
City	Stal	te Zip C	ode	Payment	sement for shared expense for goods and services Distribution	
Name of Committee	L	L			Treasurer	1
Address					Date Received	Amount of Receipt
City	Stat	te Zip Co	ode	Reimburs Payment Surplus I	sement for shared expense for goods and services Distribution	
			SUBTOTA	L Section (C — This Page 250	
		1	TOTAL of a	dditional S	ection C Pages	
	TOTAL OF ALL CO				ND RECEIPTS	

II. FUNDRAISING EVENT ACTIVITY (Sections L1-L4)

NAME OF COMMITTEE			TYPE OF REPORT	Side	
Toni Harp 2013 October 29 Filing					
	L1. Fundrais	ser Event Information			Will have
Fundraising Event # Date of Fundraiser Letter	Description				
Oct 3, 2013 A	Fundraiser - Reception				
Location: Street Address		City		State	Zip Code
99 Realty Drive		Cheshire		ст	06410
Subpart 1: (All Commit Was this fundraising eve	ttees) ent hosted at a personal residence?	OYes (If yes, go to Section L4 and complete required in beverage and invitations) No	information for purchases m	onsidered ade by hos	Contributions st(s) for food,
	de items donated by a business entity of up to y an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 and complete required in the section by the section L4 and complete required in the section by		onsidered (Contributions
	Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? OYes (If yes, enter Total Receipts here.) No				
Were there purchases of sign associated with this		Yes (If yes, go to Section L3	3 Purchases of Advertising slete required information.)	Space in a	a Program Book
	food or beverage at a fair or similar mass e state with this fundraiser?	O Yes (If yes, enter Total Reco	seipts here.)		
Fundraising Event # Date of Fundraiser Letter Oct 4, 2013 A	Description Fundraiser - Reception				
Location: Street Address		City		State	Zip Code
216 Yale Avenue		New Haven		ст	06511
Subpart 1: (All Committee Was this fundraising ever	ees) nt hosted at a personal residence?	O Yes (<i>If yes</i> , go to Section LA I and complete required in beverage and invitations. O No	formation for purchases made	nsidered C de by host(Contributions (s) for food,
	e items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section L4 I and complete required in		nsidered C	Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items idividual of up to \$100?	OYes (If yes, enter Total Receip ONo	pts here.)		
Subpart 2: (Town Comm Were there purchases of sign associated with this	nittees and Municipal Candidate Committees Cadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L3 I	Purchases of Advertising Sete required information.)	Space in a	Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	O Yes (If yes, enter Total Recei	ipts here.)		
SUBTOTAL Sect	ion L1—Subpart 1 (All Committees) Total Recei	pts 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	on L1 Pages		
TOTAL OF ALL RE	CEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summary	Page Totals)		

Section L1. ADDITIONAL PAGE 2 of 8

NAME OF COMMITTEE			TYPE OF REPORT	SINTENERS	
Toni Harp 2013			October 29 Filing		
	Lt. Fundrais	er Event Information	october 25 7 ming		
Fundraising Event # Date of Fundraiser Letter Oct 5, 2013 A	Description Fundraiser - Reception	or including the second			
Location: Street Address		City		State	Zip Code
Scantlebury Park / We	bster and Ashmum Street	New Haven		СТ	06511
	nt hosted at a personal residence?	• beverage and invitations.	formation for purchases m)	ade by hos	st(s) for food,
\$100 or items donated by	e items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section L4 I and complete required in No	formation.)	onsidered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	OYes (If yes, enter Total Receiption) No	Sts here.)		
Were there purchases of a sign associated with this		Yes (If yes, go to Section L3)	Purchases of Advertising tte required information.)	Space in	a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Recei	ipts here.)		
Fundraising Event # Date of Fundraiser Letter Oct 7, 2013 A	Description Fundraiser - Reception				
Location: Street Address 195 Church Street / 151	th Floor	City New Haven		State CT	Zip Code 06510
Subpart 1: (All Committe Was this fundraising event	es) thosted at a personal residence?	OYes (<i>If yes</i> , go to Section L4 In and complete required infe beverage and invitations.) ONo	n-Kind Donations not Cor formation for purchases made	nsidered (de by host	Contributions (s) for food,
	items donated by a business entity of up to an individual of up to \$100?	OYes (<i>If yes</i> , go to Section L4 In and complete required info	-Kind Donations not Cor ormation.)	nsidered (Contributions
Was this fundraiser a tag sa with purchases from an ind	ale, auction, or other sale of donated items lividual of up to \$100?	OYes (If yes, enter Total Receipt	s here.)		
Subpart 2: (Town Comm. Were there purchases of a sign associated with this fi	ittees and Municipal Candidate Committees Of dvertising space in a program book or on a undraiser?	NLY) O Yes (If yes, go to Section L3 Por on a Sign and complete No		Space in a	Program Book
Subpart 3: (Town Comm. Did your committee sell for gathering held within the s	ood or beverage at a fair or similar mass	Yes (<i>If yes</i> , enter Total Receipton No	ots here.)		
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receip	ots from Sale of Donated Items —	This Page		
SUBTOTAL Section I	1-Subpart 3 (Town Committees ONLY) Total I	Receipts from Food Purchases —	This Page		
		TOTAL Section L1 — T			

Section L1. ADDITIONAL PAGE 3 of 9

NAME OF COMMITTEE			TYPE OF REPORT		
Toni Harp 2013		October 29 Filing			
	L1. Fundrais	ser Event Information			
Fundraising Event # Date of Fundraiser Letter Oct 15, 2013 A	Description Fundraiser - Reception				
Location: Street Address		City		State	Zip Code
Red Rock Tavern		Hartford		ст	06106
Subpart 1: (All Commit Was this fundraising eve	ttees) ent hosted at a personal residence?	Yes (<i>If yes</i> , go to Section L4 and complete required in beverage and invitations No	nformation for purchases m	onsidered lade by hos	Contributions st(s) for food,
	de items donated by a business entity of up to y an individual of up to \$100?	OYes (If yes, go to Section L4 is and complete required in ONo	In-Kind Donations not Conformation.)	onsidered	Contributions
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (<i>If yes</i> , enter Total Receiption No	pts here.)		
Subpart 2: (Town Comm Were there purchases of sign associated with this	nittees and Municipal Candidate Committees (advertising space in a program book or on a fundraiser?	ONLY) Yes (If yes, go to Section L3	Purchases of Advertising ete required information.)	Space in a	a Program Book
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	Yes (If yes, enter Total Rece	ipts here.)		
Fundraising Event #	Description				
Oct 16, 2013 A	Fundraiser - Reception				
Location: Street Address 162 Hoyt Farm Road		City New Canaan		State CT	Zip Code
Subpart 1: (All Committee Was this fundraising ever	ees) th hosted at a personal residence?	Yes (If yes, go to Section L4 In and complete required inf beverage and invitations.) ONo	ormation for purchases made	nsidered () de by hosti	Contributions (s) for food,
Did this fundraiser include \$100 or items donated by	e items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section L4 In and complete required info		asidered C	Contributions
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Receipt	ts here.)		
Subpart 2: (Town Comn Were there purchases of a sign associated with this t	nittees and Municipal Candidate Committees of advertising space in a program book or on a fundraiser?	ONLY) O Yes (If yes, go to Section L3 P or on a Sign and complet No		space in a	Program Book
	nittees ONLY) cood or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Receip No	ots here.)		
SUBTOTAL Sect	ion L1—Subpart I (All Committees) Total Recei	pts from Sale of Donated Items —	- This Page		
Section 19 10 19	L1—Subpart 3 (Town Committees ONLY) Total				
		TOTAL Section L1 — T			

Section L1. ADDITIONAL PAGE 4___ of 8

NAME OF COMMITTEE			TYPE OF REPORT		
Toni Harp 2013		October 29 Filing			
	L1. Fundrais	ser Event Information			
Fundraising Event # Date of Fundraiser Letter Oct 17, 2013 A	Description Fundraiser - Reception				
Location: Street Address		City		State	Zip Code
The Anchor / Temple	and Crown Street	New Haven		СТ	06510
Subpart 1: (All Commit Was this fundraising eve	tees) nt hosted at a personal residence?	Yes (<i>If yes</i> , go to Section L and complete required beverage and invitation No	information for purchases ma	onsidered (ade by hos	Contributions t(s) for food,
Did this fundraiser includes \$100 or items donated by	de items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section La and complete required	In-Kind Donations not Coinformation.)	nsidered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Reco	sipts here.)		
Were there purchases of sign associated with this		Yes (If yes, go to Section L.	3 Purchases of Advertising olete required information.)	Space in a	Program Book
Subpart 3: (Town Comu Did your committee sell gathering held within the	mittees ONLY) food or beverage at a fair or similar mass estate with this fundraiser?	Yes (If yes, enter Total Rec	seipts here.)\$		
Fundraising Event#	Description				
Oct 18, 2013 A	Fundraiser - Reception				
Location: Street Address 100 Wells Street / Suite	≥ 2H	City Hartford		State CT	Zip Code
Subpart 1: (All Committe					
Was this fundraising even	t hosted at a personal residence?	Yes (<i>If yes</i> , go to Section L4 and complete required in beverage and invitations No	nformation for purchases mad	sidered C le by host(Contributions (s) for food,
\$100 or items donated by	e items donated by a business entity of up to an individual of up to \$100?	OYes (If yes, go to Section L4 and complete required in No		sidered C	ontributions
Was this fundraiser a tag s with purchases from an in-	ale, auction, or other sale of donated items dividual of up to \$100?	OYes (<i>If yes</i> , enter Total Recei	pts here.)		
Subpart 2: (Town Comm. Were there purchases of a sign associated with this f	nittees and Municipal Candidate Committees of dvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L3	Purchases of Advertising Sete required information.)	pace in a)	Program Book
Subpart 3: (Town Comm Did your committee sell fi gathering held within the	ood or beverage at a fair or similar mass	Yes (If yes, enter Total Rece	ipts here.)		
SUBTOTAL Secti	on L1—Subpart 1 (All Committees) Total Receip	pts from Sale of Donated Items	— This Page		
	L1—Subpart 3 (Town Committees ONLY) Total				
		TOTAL Section L1 —			

Section L1. ADDITIONAL PAGE 5 of 8

NAME OF COMMITTEE	TYPE OF REPORT				
Toni Harp 2013	October 29 Filing				
L1. Fundra	iser Event Information	rmation			
Pundraising Event # Description Oct 18, 2013 B Fundraiser - Reception					
Location: Street Address 390 Whalley Avenue	City State Zip Code 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 no and complete required information for purchase beverage and invitations.)	t Considered s made by ho	Contributions st(s) for food,		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations no and complete required information.) No	t Considered	Contributions		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.) ONo	\$			
Subpart 2: (Town Committees and Municipal Candidate Committees 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 Advertise or on a Sign and complete required information No		a Program Book		
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 Oct 20, 2013 A Location: Street Address Description Fundraiser - Reception	City	State	Zip Code		
1 Reservoir Street	New Haven	СТ	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 and complete required information for purchases beverage and invitations.) 	Considered of made by hos	Contributions U(s) for food,		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	OYes (If yes, go to Section L4 In-Kind Donations not and complete required information.)	Considered (Contributions		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.) ONo				
Subpart 2: (Town Committees and Municipal Candidate Committees Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ONLY) Yes (If yes, go to Section L3 Purchases of Advertisi or on a Sign and complete required information No		Program Book		
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	O Yes (If yes, enter Total Receipts here.) O No				
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Reco	cipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total					

Section L1. ADDITIONAL PAGE 6____ of _____ 9___

NAME OF COMMITTEE	To the second se	YPE OF REPORT	
Toni Harp 2013	October 29 Filing		
L1. Fundrai	iser Event Information		
Fundraising Event # Date of Fundraiser Letter Oct 21, 2013 A Description Fundraiser - Reception			
Location: Street Address O'Toole's / Orange Street	City New Haven		tate Zip Code CT 06510
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	O Yes (If yes, go to Section L4 Inand complete required infor beverage and invitations.) O No	-Kind Donations not Cons rmation for purchases made	idered Contributions by host(s) for food,
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	OYes (If yes, go to Section L4 Inand complete required infor	Kind Donations not Consimation.)	idered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (<i>If yes</i> , enter Total Receipts ONo	here.)	
Subpart 2: (Town Committees and Municipal Candidate Committees Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ONLY) O Yes (If yes, go to Section L3 Pu or on a Sign and complete No		ace in a Program Boo
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 Receipt	s here.)	
Fundraising Event # Description			
Oct 22, 2013 A Fundraiser - Reception			
Location: Street Address Hartford Golf Club	City West Hartford	Sta	_ '
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	OYes (If yes, go to Section L4 In-hand complete required informations beverage and invitations.) ONo	Kind Donations not Consideration for purchases made by	dered Contributions by host(s) for food,
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	OYes (If yes, go to Section L4 In-K and complete required inform	Sind Donations not Consid nation.)	lered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts h	mere.)	
Subpart 2: (Town Committees and Municipal Candidate Committees Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ONLY) O Yes (If yes, go to Section L3 Puror or on a Sign and complete re O No		ce in a Program Book
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 No	here.) \$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Rece	ipts from Sale of Donated Items — T	his Page	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total			

Section L1. ADDITIONAL PAGE 7 of 8

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? One 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? One 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? One One Fundraising Event # Date of Fundraiser Letter Oct 24, 2013 A Location: Street Address 660 State Street Fundraiser - Reception City New Haven One One One One One One One	October 29 Filing tion O Section L4 In-Kind Donations not the required information for purchases and invitations.) O Section L4 In-Kind Donations not the required information.) Total Receipts here.) Section L3 Purchases of Advertising and complete required information.	Considered Considered S ng Space in	est(s) for food, Contributions
Pundraising Event # Description Pundraiser Letter Oct 23, 2013 A	o Section L4 In-Kind Donations not the required information for purchases and invitations.) O Section L4 In-Kind Donations not the required information.) Total Receipts here.) Section L3 Purchases of Advertising and complete required information.	Considered Considered Considered Considered	06512 Contributions ost(s) for food, Contributions
Fundraising Event # Description Description	o Section L4 In-Kind Donations not the required information for purchases and invitations.) o Section L4 In-Kind Donations not the required information.) Total Receipts here.) Section L3 Purchases of Advertising and complete required information.	Considered Considered Considered Considered	06512 Contributions ost(s) for food, Contributions
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Was this fundraising event hosted at a personal residence? Oyes (If yes, go and complete shift of undraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? 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? Oyes (If yes, go or and complete sign associated with this fundraiser? No Subpart 3: (Town Committees ONLY) Did your committees of advertising space at a fair or similar mass gathering held within the state with this fundraiser? Oyes (If yes, enter one a Sign associated with this fundraiser? Oyes (If yes, enter one a Sign associated with this fundraiser? Oyes (If yes, enter one a Sign associated with this fundraiser? Oyes (If yes, enter one a Sign associated with this fundraiser? Oyes (If yes, enter one a Sign associated with this fundraiser? Oyes (If yes, go to and complete beverage and one one and complete beverage and complete beverage and one of the fundraiser include items donated by a business entity of up to one items donated by an individual of up to \$100?	Section L4 In-Kind Donations not the required information.) Total Receipts here.) Section L3 Purchases of Advertising and complete required information.	Considered Considered Considered Considered	06512 Contributions est(s) for food, Contributions
Was this fundraising event hosted at a personal residence? Ores (If yes, go and complete verage a second residence) Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Ono 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? Or on a Sign associated with this fundraiser? Or on a Sign associated within the state with th	Section L4 In-Kind Donations not the required information.) Total Receipts here.) Section L3 Purchases of Advertising and complete required information.	Considered Considered S ng Space in	est(s) for food, Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? 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? Subpart 3: (Town Committees ONLY) Did your committees sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? Oct 24, 2013 A Fundraising Event # Date of Fundraiser Letter Oct 24, 2013 A Fundraiser - Reception Fundraiser - Reception City New Haven Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence? Oceation: Street Address 660 State Street Oct 24, 2013 A City New Haven Oct 24, 2013 A City New Haven Oct 27, 2013 A City New Haven Oct 28, 2013 A City New Haven Oct 29, 2014 Committees Oct 20, 2015 City New Haven Oct	Total Receipts here.) Section L3 Purchases of Advertising and complete required information.	ng Space in	
with purchases from an individual of up to \$100? 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? 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? Ot 24: (If yes, enter of No Fundraising Event # Description Fundraiser Letter Oct 24, 2013 A Fundraiser - Reception Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence? Otes (If yes, go to and complete beverage and complete one) Otes (If yes, go to and complete one) Otes (If yes, go to and complete one) Otes (If yes, go to and complete one)	Section L3 Purchases of Advertising and complete required information.	ng Space in :	a Program Boo
were there purchases of advertising space in a program book or on a sign associated with this fundraiser? 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? Ote 24, 2013 A Description Fundraiser Letter Oct 24, 2013 A Description Fundraiser - Reception City New Haven Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence? Ote 3100 or items donated by an individual of up to \$100? Ote 3100 or	n and complete required information.)	a Program Boo
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? Or to 24, 2013 A Description Fundraiser - Reception City New Haven Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence? Or to 24, 2013 A Description Fundraiser - Reception Or to 24, 2013 A City New Haven Or to 3100 or items donated by an individual of up to \$100? Or to 100 or items donated by an individual of up to \$100? Or to 100 or items donated by an individual of up to \$100? Or to 100 or items donated by an individual of up to \$100?	Total Receipts here.)		
Date of Fundraiser Letter Oct 24, 2013 A Fundraiser - Reception City New Haven Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence? Oid this fundraiser include items donated by a business entity of up to City New Haven OYes (If yes, go to and complete beverage and complete beverage) OYes (If yes, go to and complete on the subpart of the			
Was this fundraising event hosted at a personal residence? OYes (If yes, go to and complet beverage and complet beverage and complet of the standard by a business entity of up to and complete of the standard by an individual of up to \$100? OYES (If yes, go to and complete of the standard by an individual of up to \$100?		State	Zip Code
Was this fundraising event hosted at a personal residence? OYes (If yes, go to and complet beverage and only only only only only only only only		СТ	06511
Old this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100? OYes (If yes, go to and complete on the state of the state o	Section 1.4 In-Kind Donations not Corequired information for purchases minvitations.)	onsidered (Contributions (s) for food,
	Section L4 In-Kind Donations not Corequired information.)	onsidered C	ontributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? OYes (If yes, enter?) No	otal Receipts here.)		
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY) Were there purchases of advertising space in a program book or on a Yes (If yes, go to	Section L3 Purchases of Advertising and complete required information.)	Space in a	Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? O Yes (If yes, enter to No.)	Fotal Passints have		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donate	s S		
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Pt			
TOTAL Section	d Items — This Page		

Section L1. ADDITIONAL PAGE 8 of 9

NAME OF COMMITTEE	TYPE OF REPO	ORT
Toni Harp 2013	October 29 Fi	ling
L1. Fundrai	ser Event Information	
Pundraising Event # Date of Fundraiser Letter Oct 26, 2013 A Description Fundraiser - Reception		
Location: Street Address Brazi's / Long Wharf Terminal	City New Haven	State Zip Code CT 06511
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	O Yes (If yes, go to Section L4 In-Kind Donation and complete required information for purbeverage and invitations.) ⊙ No	ons not Considered Contributions rchases made by host(s) for food,
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donation and complete required information.) No	ns not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.) ONo	\$
Subpart 2: (Town Committees and Municipal Candidate Committees Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ONLY) O Yes (If yes, go to Section L3 Purchases of Ador 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 # Description Date of Fundraiser Letter		
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence?	OYes (If yes, go to Section L4 In-Kind Donation and complete required information for pure beverage and invitations.)	s not Considered Contributions chases made by host(s) for food,
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	OYes (If yes, go to Section L4 In-Kind Donation and complete required information.) ONo	s not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receipts here.) ONo	\$
Subpart 2: (Town Committees and Municipal Candidate Committees Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	ONLY) Yes (If yes, go to Section L3 Purchases of Advoron a Sign and complete required inform 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 Rece	ipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total		

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 Business Entity OIndividual Milone & MacBroom OSole Proprietorship Street Address City Zip Code State 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: Business Entity O Individual OSole 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: Business Entity Olndividual OSole 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: Business Entity Individual OSole 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: Business Entity O Individual OSole Proprietorship Street Address City 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) 250 Total Purchases of Advertising in Program Book — This Page 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 OF ON A SIGN (Enter total on Line 16c of Summary Page Totals)

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

O Business Entity Individual Date Received Event # Aggregate Value for this Event Aggregate Value for this Event	Zip Code 06511 t Value of Donation
Name of Donor Gerald Garcia Street Address 216 Yale Avenue Donation Given By: Business Entity Olar Received Date Received Date Received Donation Given # Date Received Date Received Date Received State City New Haven CT Fair Marke Aggregate Value for this Event	06511
Gerald García Street Address 216 Yale Avenue Donation Given By: Business Entity Olate Received Date Received Date Received City New Haven CT Fair Marke Aggregate Value for this Event	06511
Street Address 216 Yale Avenue Donation Given By: Business Entity Old Individual Date Received Date Received District Address City New Haven CT Fair Marke Aggregate Value for this Event Aggregate Value for this Event	06511
216 Yale Avenue New Haven CT	06511
Donation Given By: Business Entity Olar Received Date Received Description of Donation Fair Marke Aggregate Value for this Event Aggregate Value for this Event	
O Business Entity Individual Date Received Event # Aggregate Value for this Event Aggregate Value for this Event	t Value of Donation
Olindividual Date Received Event # Aggregate Value for this Event 200	
Date Received Event # Aggregate Value for this Event	
Ann in the second secon	
Osole Proprietorship Oct 4, 2013 100413A	
Name of Donor	
Marilyn Ford	
Street Address City State	Zip Code
162 Hoyt Farm Road New Canaan CT	
Donation Given By: Description of Donation Fair Market	Value of Donation
OBusiness Entity Food and Beverage	
Ondividual Date Received Event # Aggregate Value for this Event	
Osole Proprietorship Oct 16, 2013 101613A	
Name of Donor	
Brad Gallant	
Street Address City State	Zip Code
1 Reservoir Street New Haven CT	06511
	Value of Donation
OBusiness Entity Food and Beverage	
Date Received Event # Aggregate Value for this Event	
Osole Proprietorship Oct 20, 2013 102013A	
Name of Donor	
Street Address City State	Zip Code
	Value of Donation
OBusiness Entity	
Ondividual Date Received Event # Aggregate value for this Event	
OSole Proprietorship	
SUBTOTAL Section L4— This Page 500	
TOTAL of additional Section L4 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page Totals) 500	

NAME OF COMMIT	TTEE		TYPE OF I		
Toni Harp 2013		a	October 2	29 Filing	
Name of Payee	P. Expenses	Paid by Committee		41701-16	
CASH			Oct 4, 20		Method of Payment: Check # Debit Card
Street Address		City	<u> </u>		State Zip Code
Purpose of Expenditure (by code)	Description Gas Cards for Campaign Workers		Event #		Amount 200
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought O Independ		inated with reimburser	-	
Name of Payee Khatib Bilal Abbu	ıs		Oct 4, 20		Method of Payment: Otheck #813 ODebit Card
720 Winchester A		City New Haven			State Zip Code CT 06511
Purpose of Expenditure (by code) WAGE	Description Wage Staff		Event #		Amount 400
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I Coordinated without reimbursement sought OIndepend		OB OC OD	O E	
Name of Payee Honda Smith			Oct 4, 201	ent 13	Method of Payment: 814 Check # Debit Card
Street Address 133 Harper Aven	ue	City New Haven			State Zip Code CT 06510
Purpose of Expenditure (by code) WAGE	Description Wage Staff		Event #	:	Amount 800
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Addendum F Coordinated without reimbursement sought \(\bigcirc \) Independent	. •	OB OC OD		
Name of Payee Mary Fitzpatrick			Date of Payme Oct 4, 2013		Method of Payment: 815 Check # Debit Card
Street Address 43 Chestnut Stree		City New Haven			State Zip Code CT 06511
Purpose of Expenditure (by code) WAGE	Description Wage Staff		Event #		Amount 250
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Coordinated without reimbursement sought O Independent	•	OBOCOD	-	
		SUBTOTAL Section	P — This Page	1,650	
		TOTAL of additional S	Section P Pages	100,315	
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (Em	ter total on Line 19 of Sum	mary Page Totals)	101,965	

Section P. ADDITIONAL PAGE¹⁴

	(management of the last of th
~ €	6.60
of	7))

Name of Payee R. SAM CHANEY Street Address 213 NORTON STREE	P. 1	Expenses Paid by Commi	October 29th Fil	ling
R. SAM CHANEY Street Address	i.	Expenses Paid by Comm.		
R. SAM CHANEY Street Address				
			Date of Payment October 4, 2013	Method of Payment: OCheck #816 Debit Card
213 NORTON STREE		City		State Zip Code
		NEW HAVEN		CT 06511
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #	Amount
Expenditure # [7]	Type of Expenditure (if applicable) Itemization in A Coordinated without reimbursement sought	Addendum P Required Co	poordinated with reimbursement soug	750
Name of Payee RAE JOHNSON			Date of Payment October 4, 2013	Method of Payment: Check #817
Street Address 47 BUTTON STREET		City NEW HAVEN		State Zip Code
Purpose of Expenditure (by code)	Description	INEW HAVEIN	Event #	CT 06519
WAGE	WAGE STAFF			Amount 1,000
Expenditure # (if applicable)	ype of Expenditure (if applicable) Itemization in A Coordinated without reimbursement sought	ddendum P Required Ococ	ordinated with reimbursement sough	
Name of Payee			Date of Payment	Method of Payment: Check #
Street Address		City		State Zip Code
Purpose of Expenditure by code)	Description		Event #	Amount
Expenditure # Ty (if applicable)	rpe of Expenditure (if applicable) Itemization in Ac	Idendum P Required Coor	ordinated with reimbursement sough	ıt
Name of Payee			Date of Payment	Method of Payment: OCheck #
treet Address		City		State Zip Code
urpose of Expenditure Do	escription		Event #	Amount
xpenditure # Typ	be of Expenditure (if applicable) Itemization in Add Coordinated without reimbursement sought	dendum P Required O Coord	dinated with reimbursement sought	
		SUBTOTAL Section	NUMBER OF STREET	

Section P. ADDITIONAL PAGE¹⁵ of ____

TOTH Harp 2013 Cotchoer 29th Filling	NAME OF COMM	птт	EE					de de la companya de	
Name of Payment Discreption Constituted City State Zip Code	Toni Harp 2013	}					October 20th Fil		
ASON BARTLETT City State Zip Code Check #819			P.	Expense	s Paid by Cor	nmitta	October 29th Fil	ıng	
City State Amount City State Zip Code Zip C	-			I I	3 T HIG DY COL	mmnue		2018	
City State Zip Code	ASON BARTLE	П					1	Metho	d of Payment: Otheck #818
pope of Expenditure of population of Payment of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Check #819 Ctober 4, 2013 Coordinated without reimbursement sought Check #819 Ctober 4, 2013 Coordinated without reimbursement sought Check #819 Ctober 4, 2013 Coordinated without reimbursement sought Check #819 Ctober 4, 2013 Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement Cotober 4, 2013 Ctober 4, 2013	treet Address				To:		October 4, 2013		
Amount Type of Expenditure (** applicable**)					City			State	Zip Code
Amount Type of Expenditure (f applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Occordinated without reimbursement sought Organization N B C D OE Date of Psyment October 4, 2013 October 4	umose of Evnenditure		Davidi						
Type of Expenditure # applicable Type of Expenditure (if applicable) Itemization in Addendum P Required Ocoordinated with reimbursement sought October 4, 2013 Oct	v code)		•				Event #		Amount
Type of Expenditure Coordinated without reimbursement sought Occordinated with reimbursement sought Occordinated without reimbursement sought Occordinated without reimbursement sought Occordinated without reimbursement sought Occordinated with reimbursement sought October 4, 2013 O								1.00	
Description Coordinated without reimbursement sought Ondependent Organization O B C D D E		1	ype of Expenditure (if applicable) Itemization in	Addendum	P Required	Coordin	I ated with reimbursement sour		U
Date of Payment October 4, 2013 Date of Payment October 4, 2013 October 4, 2013		C	Coordinated without reimbursement sought	O Indepen	dent Organizatio	on:OA (DB OC OD OF		
City State Zip Code	me of Payee								
City State Zip Code Zip C	IIRTY NINTH S	TRE	ET STRATAGIES				1		
pose of Expenditure code) CNSLT CONSULTANT Type of Expenditure (# applicable) Itemization in Addendum P Required	eet Address						October 4, 2013		Debit Card
CONSULTANT CONSULTANT CONSULTANT Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought 12,000 Coordinated without reimbursement sought City NEW HAVEN City NEW HAVEN City October 4, 2013 Coordinated without reimbursement sought Coordinated without reimbursement sought City October 4, 2013 Coordinated without reimbursement sought City October 4, 2013 City October 4, 2013					City			State	Zip Code
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Date of Payment October 4, 2013 Doctober 4, 201	•	O	Coordinated without reimbursement sought	O Independ	ent O Organization	n:O4	R OC O P O	it	
BUTTON STREET State Zip Code	ne of Payee	<u></u>			3 5 10				
BUTTON STREET Description REIMBUSEMENT FOOD, VICTORY GARDEN & WEBSTER STREET Type of Expenditure (if applicable) Itemization in Addendum P Required COcordinated with reimbursement sought October 4, 2013 Description REIMBUSEMENT FOOD, VICTORY GARDEN & WEBSTER STREET Type of Expenditure (if applicable) Itemization in Addendum P Required October 4, 2013 Date of Payment October 4, 2013 Method of Payment October 4, 2013 Description Consultation Method of Payment October 4, 2013 Description CONSULTANT Description CONSULTANT Type of Expenditure (if applicable) Itemization in Addendum P Required Occordinated with reimbursement sought October 4 Amount 791.28 Amount 791.28	E JOHNSON						į		
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RCW REIMBUSEMENT FOOD, VICTORY GARDEN & WEBSTER STREET Amount 121.9 121.9 1					NEW HAVEN			СТ	06519
Type of Expenditure # October 4, 2013 Consult Address WEST WYOMING AVENUE, SUITE A See of Expenditure # October 4 Consult A Description CONSULTANT Type of Expenditure (if applicable) Itemization in Addendum P Required October A Date of Payment October A Description CONSULTANT Type of Expenditure (if applicable) Itemization in Addendum P Required October A Date of Payment October A Description Consultant Type of Expenditure (if applicable) Itemization in Addendum P Required October A Description Consultant Addendum P Required October A Description Consultant Addendum P Required October A Description Consultant Amount Type of Expenditure (if applicable) Itemization in Addendum P Required October A Description October A Description Coordinated without reimbursement sought Onganization A Description October A Descr	ode)	- 1	•			E	Event #	1	
Type of Expenditure (If applicable) Itemization in Addendum P Required Ocoordinated with reimbursement sought Organization: Ox OB OC OD OE Date of Payment October 4, 2013	RCVV	IK	EIMBUSEMENT FOOD, VICTORY GAI	RDEN & W	EBSTER STREET			1210	Amount
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Address WEST WYOMING AVENUE, SUITE A State Zip Code MELROSE MA October 4, 2013 October	of Payee			•		0.0			
WEST WYOMING AVENUE, SUITE A State Zip Code MELROSE MA 02176 State Zip Code MELROSE MA 02176 CNSLT CONSULTANT Type of Expenditure (if applicable) Itemization in Addendum P Required Occordinated with reimbursement sought Organization A B OC D D E	RICK SKULLY								
WEST WYOMING AVENUE, SUITE A MELROSE MELROSE MELROSE MELROSE MA MOUNT Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Occordinated without reimbursement sought	Address						October 4, 2013		
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Type of Expenditure (if applicable) Itemization in Addendum P Required Occordinated with reimbursement sought Occordinated without reimbursement sought Independent Organization A B OC D D E	de)	1	•			Ev	ent #		Amount
Type of Expenditure (if applicable) Itemization in Addendum P Required	CNSLI		PNSULIANT					701.20	Amount
Coordinated without reimbursement sought Ondependent Organization A B OC D D E	icable)	Туре	of Expenditure (if applicable) Itemization in Ad	ldendum P)	Required OC	oordinated	Livith roimhuranna Li	791.28	
		Oc	oordinated without reimbursement sought) Independen	t Organization		R OC O P OF	i	
SUBTOTAL Section P — This Page 13,913.18				•	S - Barrier of the second	<u>ب</u> ک	OC OD OF		
				SUB	TOTAL Secti	ion P	This Page 13 913 1	e	
		(+ C+C)				V	This Tage 10,515.10		

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NAME OF COMMIT	THE CONTRACTOR OF THE SECOND			TYPE OF REPORT	,	
Toni Harp 2013				October 29th Filing)	
	P. Expe	enses Paid by Commi	ittee			
Name of Payee ANDREA SCOTT				October 4, 2013	Method of Payment: Otheck #822 Debit Card	
Street Address		City			State	Zip Code
130 ROGER WHIT	E DRIVE	NEW HAVEN			СТ	06511
Purpose of Expenditure (by code)	Description GAS AND REFRESHMENTS		Event	#	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Adde O Coordinated without reimbursement sought O Ir			ith reimbursement sought		
Name of Payee PAUL BROCK				Date of Payment October 4, 2013	©	f Payment: Check # <u>823</u> Debit Card
Street Address		City			State	Zip Code
79 EDGEWOOD D	PRIVE	NEW HAVEN			ст	06515
Purpose of Expenditure (by code)	Description GAS		Event	#		Amount
					50	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Adde O Coordinated without reimbursement sought O Ir	•		OC OD OE		
Name of Payee				Date of Payment		f Payment: Check #824
NAACP ANSONIA	BRANCH			October 4, 2013	8	Debit Card
Street Address		City			State	Zip Code
PO BOX 6		ANSONIA			CT	06401
Purpose of Expenditure by code)	Description		Event	#	135	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Adde Coordinated without reimbursement sought O Ir	:		oc OD OE		
Name of Payee				Date of Payment		f Payment:
CHRIS CAMPBELL	-			October 4, 2013	8	Check # <u>825</u> Debit Card
Street Address		City		<u> </u>	State	Zip Code
17 BROWN STREE	ET	NEW HAVEN			ст	06511
Purpose of Expenditure (by code)	Description OFFICE SUPPLIES		Event	#	89.3	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Adde O Coordinated without reimbursement sought O Ir			OC OD OE		
		Charles And Control of the State	HORSE HER	This Page 398.98		

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INC. IASE OF GALA TICKETS (if applicable) Itemization in A thout reimbursement sought (City HARTFORD JR.'S RETIREMENT PART ddendum P Required Independent Organization	Coordinated Y	Date of Payment October 4, 2013 at # with reimbursement sought OC D D OE	State CT Method of t Method of t State CT	of Payment: Check #826 Debit Card Zip Code 06534 Amount F Payment: Check #827 Debit Card Zip Code 06103 Amount		
INC. IASE OF GALA TICKETS (if applicable) Itemization in A thout reimbursement sought (City NEW HAVEN Addendum P Required Organization City HARTFORD JR.'S RETIREMENT PART ddendum P Required Organization	Coordinated Y	October 4, 2013 with reimbursement sough October 4, 2013 Date of Payment October 4, 2013 ont #	State CT 300 t Method of State CT	Check #826 Debit Card Zip Code 06534 Amount F Payment: Check #827 Debit Card Zip Code 06103		
IASE OF GALA TICKETS (if applicable) Itemization in A thout reimbursement sought C PR JUSTICE F. NORCOTT if applicable) Itemization in A c	NEW HAVEN Addendum P Required Organization City HARTFORD JR.'S RETIREMENT PART ddendum P Required Organization	Coordinated on: Y	October 4, 2013 with reimbursement sough October 4, 2013 Date of Payment October 4, 2013 ont #	State CT 300 t Method of State CT	Check #826 Debit Card Zip Code 06534 Amount F Payment: Check #827 Debit Card Zip Code 06103		
(If applicable) Itemization in A	NEW HAVEN Addendum P Required Organization City HARTFORD JR.'S RETIREMENT PART ddendum P Required Organization	Coordinated on: Y	with reimbursement sough OC OD OE Date of Payment October 4, 2013 at # with reimbursement sought OC OD OE	Method of State CT	Amount FPayment: Check #827 Debit Card Zip Code 06103		
(If applicable) Itemization in A	City HARTFORD JR.'S RETIREMENT PART ddendum P Required Organization	Coordinated on: Y	with reimbursement sough OC OD OE Date of Payment October 4, 2013 at # with reimbursement sought OC OD OE	300 t Method of State CT	Amount f Payment: Check #827 Debit Card Zip Code 06103		
(If applicable) Itemization in A	City HARTFORD JR.'S RETIREMENT PART ddendum P Required Independent Organization	Coordinated on: Y	with reimbursement sough OC OD OE Date of Payment October 4, 2013 at # with reimbursement sought OC OD OE	Method of State CT	f Payment: OCheck #827 ODebit Card Zip Code 06103		
PR JUSTICE F. NORCOTT	City HARTFORD JR.'S RETIREMENT PART ddendum P Required Independent Organization	Y Ever	Date of Payment October 4, 2013 ont # with reimbursement sought OC D D E	Method of State CT	Check # <u>827</u> Debit Card Zip Code 06103		
if applicable) Itemization in Ac	JR.'S RETIREMENT PART ddendum P Required O Independent Organization	Y Coordinated	October 4, 2013 ont # with reimbursement sought OC D D OE	State CT	Check # <u>827</u> Debit Card Zip Code 06103		
if applicable) Itemization in Ac	JR.'S RETIREMENT PART ddendum P Required O Independent Organization	Y Coordinated	with reimbursement sought	State CT	Check # <u>827</u> Debit Card Zip Code 06103		
if applicable) Itemization in Ac	JR.'S RETIREMENT PART ddendum P Required O Independent Organization	Y Coordinated	with reimbursement sought	State CT	Zip Code 06103		
if applicable) Itemization in Ac	JR.'S RETIREMENT PART	Y Coordinated	with reimbursement sought	100			
if applicable) Itemization in Ac	ddendum P Required O	Y Coordinated	with reimbursement sought	1	Amount		
if applicable) Itemization in Ac	ddendum P Required O	Coordinated	Oc O D OE	1	Amount		
	Independent Organization	Coordinated on: OA OB	Oc O D OE	1			
				1			
			Name of Payee				
	HERODOTIS CAMPAIGN October 4, 2013				Payment: Check # <mark>828</mark> Debit Card		
	City NEW HAVEN			State CT	Zip Code		
FFICE SUPPLIES		Even 065		14737	Amount		
		Coordinated w		I			
				Method of F	Payment:		
			October 4, 2013	⊙ c	Check #829 Debit Card		
	City				Zip Code		
	NEW HAVEN			СТ	06510		
		Event	#		Amount		
DORSEMENT					· inount		
		Coordinated w	ith reimbursement sought	J0.04			
		HIERONIAN AND AND AND AND AND AND AND AND AND A	55500150015901				
- 1	NDORSEMENT	hout reimbursement sought Ondependent Organization City NEW HAVEN Applicable) Itemization in Addendum P Required Out reimbursement sought Ondependent Organization City NEW HAVEN Out reimbursement sought Ondependent Organization	OFFICE SUPPLIES of applicable) Itemization in Addendum P Required Coordinated whout reimbursement sought Independent Organization: A B City NEW HAVEN For applicable Itemization in Addendum P Required Coordinated whout reimbursement sought Independent Organization A B Coordinated whout reimbursement sought Independent Organization A B	OFFICE SUPPLIES If applicable) Itemization in Addendum P Required	OFFICE SUPPLIES If applicable) Itemization in Addendum P Required		

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Toni Harp 2013			TYPE OF REPORT	加限驅	
		D F	October 29th Fili	ing	
Name of Payee		P. Expenses Paid by Commi			
BLACK & HISPAN	VIC CAUCUS		October 4, 2013		of Payment: Check #830 Debit Card
165 CHURCH ST	REET	City NEW HAEN		State	Zip Code 06510
Purpose of Expenditure (by code) A-OTHER			Event #	750	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement so	on in Addendum P Required Coo	ordinated with reimbursement sough	350	
Name of Payee MAYA WELFARE Street Address			Date of Payment October 4, 2013	(of Payment: Check #831 Debit Card
39 ELMWOOD RO	DAD	City NEW HAVEN		State CT	Zip Code 06515
Purpose of Expenditure by code) WAGE	Description WAGE STAFF		Event #	300	Amount
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemizatio Coordinated without reimbursement so	on in Addendum P Required Coo ught O Independent O Organization:	ordinated with reimbursement sough		
Name of Payee			Date of Payment October 7, 2013	0	f Payment: Check # Debit Card
treet Address 936 CHAPEL STRE	ET	City NEW HAVEN		State	Zip Code 06510
ry code) OVHD	Description TELEPHONE		Event #		Amount
xpenditure # f applicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement sou	in Addendum P Required O Coor	dinated with reimbursement sought	951.9	
ame of Payee ALLCHIMP reet Address	(Congression of the pages)	iga Ortings -	Date of Payment October 7, 2013	Method of	Payment: Check # Debit Card
		City		State	Zip Code
rpose of Expenditure (code) OVHD	Description OFFICE EXPENSE		Event #	30	Amount
penditure # applicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement soug	in Addendum P Required Ocoord tht O Independent Organization OA	OBOCODE		
		SUBTOTAL Section	P — This Page 1,631.9		
		ento (alla control de la contr			
			325 T. J 2		

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Toni Harp 2013				TYPE OF REPORT		
				October 29th Fili	ng	
Name of Payee	P. Expen	nses Paid by Commit	ttee			
CAROL KENYHERC	Z			October 7, 2013		of Payment: Check #837 Debit Card
Street Address 80 TURTLE BAY DR	RIVF	City			State	Zip Code
Purpose of Expenditure		BRANFORD			СТ	06405
by code) CNSLT	Description CONSULTANT		Event	#	3,34	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addend Coordinated without reimbursement sought O Inde	dum P Required O Coo	ordinated wi	th reimbursement sough		0.5
Name of Payee				Date of Payment	<u> </u>	
MENNINIATE CHUF	RCH		f	October 7, 2013	0	of Payment: Check # <u>838</u> Debit Card
acet / talless		City NEW HAVEN			State	Zip Code
urpose of Expenditure by code)	Description		Event #			
FNDR	RENTAL OF HALL FOR PRIMARY				Amount	
xpenditure # f applicable)	Type of Expenditure (if applicable) Itemization in Addendit Ocoordinated without reimbursement sought Onder	um P Required O Coor	rdinated wit	h reimbursement sought	150	
ame of Payee		Organization. Or				
ACEBOOK ADVERT	ΓISING			Oate of Payment October 8, 2013		of Payment: Check # Debit Card
reet Address		City MENLO PARK			State	Zip Code
(code)	Description ADVERTISING FACEBOOK		Event #		i reiille	Amount
applicable)	ype of Expenditure (if applicable) Itemization in Addendu Coordinated without reimbursement sought Independent	endent Organization: O	dinated with	reimbursement sought	15	
me of Payee		ordeni O Organization. O				
F&T			1	ate of Payment October 8, 2013		Payment: Check # Debit Card
66 CHAPEL STREET		City NEW HAVEN			State CT	Zip Code 06510
code)	Description TELEPHONE		Event #			Amount
	pe of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought \int\(\bigcirc\) Independent		inated with	reimbursement sought	73.52	
				is Page 3,585.02		

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Toni Harp 2013	Tyree		TYPE OF REPORT		Ville (ziellie
TOTAL PEOPLE	All the control of th		October 29th Fil	ing	
Name of Payee		. Expenses Paid by Comr	nittee		
АТ&Т			October 8, 2013		of Payment: Check # Debit Card
Street Address 936 CHAPEL STR	EET	City NEW HAVEN		State	Zip Code 06510
Purpose of Expenditure by code) OVHD	Description TELEPHONE		Event #	120	Amount
Expenditure # if applicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement sough	in Addendum P Required Octavity of the Organization:	Coordinated with reimbursement soug	30 ht	
OSTMASTER - N	EW HAVEN	,	October 8, 2013		Of Payment: Check # Debit Card
REWERY STREET		NEW HAVEN		State CT	Zip Code 06516
rurpose of Expenditure by code) POSTAGE	Description STAMPS		Event #	552	Amount
expenditure # fapplicable)	Type of Expenditure (if applicable) Itemization i Coordinated without reimbursement sough	n Addendum P Required Och	Coordinated with reimbursement sough		
ame of Payee PRANGESIDE DIN			Date of Payment October 8, 2013	Method of	Payment: Check #832 Debit Card
treet Address 35 ORANGE STRI	EET	City NEW HAVEN		State	Zip Code
rpose of Expenditure (code)	Description MEETING WITH UNIONS		Event # 06510	64.4	Amount
(penditure # applicable)	Type of Expenditure (if applicable) Itemization in Coordinated without reimbursement sough	Addendum P Required Co	pordinated with reimbursement sough	1	
me of Payee APLES eet Address			Date of Payment October 8, 2013	Method of	Payment: Check #833 Debit Card
XWELL AVENUE		City HAMDEN	A	State CT	Zip Code 06514
pose of Expenditure code)	Description		Event #	132.43	Amount
	Type of Expenditure (if applicable) Itemization in Coordinated without reimbursement sought		ordinated with reimbursement sought OA OB OC OD OE	J	
			on P — This Page 778.83	1	

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Toni Harp 2013	TTEE			TYPE OF REPORT		
			2818186186186	October 29th Fili	ng	
Name of Payee	P. E.	xpenses Paid by Com	mittee			
OCEAN STATE JO	DB LOT			Date of Payment		of Payment: Check #
Street Address			*******	October 9, 2013		Debit Card
713 FOXEN ROA		City			State	Zip Code
Purpose of Expenditure	Description	EAST HAVEN			CT	06513
by code) FNDR	SUPPLIES			vent#		Amount
Expenditure #			1	00913-A	15.95	;
if applicable)	Type of Expenditure (if applicable) Itemization in Ac	ddendum P Required	Coordinate	d with reimbursement soug	ht	
ame of Payee	O Coordinated without reimbursement sought	Independent Organization	ON O	B Oc O D OE		
ASON BARTLETT				Date of Payment		f Payment:
treet Address				October 10, 2013	8	Check # <u>834</u> Debit Card
5 HIGHVUEW TEI	DDA CE	City			State	Zip Code
	RRACE	BETHEL			СТ	
rpose of Expenditure y code)	Description		Ev	ent #		Amount
OVHD	RENT				1,350	MARVART
xpenditure # [applicable]	Type of Expenditure (if applicable) Itemization in Addendum P Required					
	O Coordinated without reimbursement sought	Independent Organization:		CODOE		
ame of Payee				Date of Payment	Method of	Payment
VONNE MANNIN	G JONES			October 10, 2013		Check #835
eet Address		City			State	Debit Card
75 TOWNSEND A	VENUE	NEW HAVEN			CT	Zip Code
pose of Expenditure code)	Description		Eve	nt #		
CNSLT	CONSULTANT			·····		Amount
penditure #	I Type of Expenditure (if applicable) Itemization in Add	endum P Required O Co	ordinated		2,500	
(Coordinated without reimbursement sought O	independent Organization	N O P	with reimbursement sought		
ne of Payee		, Samuel Comment	љ Ов			
OP & SHOP				October 10, 2013	Method of F	Payment: Theck #839
et Address		City		000000110,2013	O D	ebit Card
HALLEY AVENUE		NEW HAVEN			State	Zip Code
oose of Expenditure	Description	The state of the s			СТ	06155
ode)	MEET & GREETS EAST SHORE SENIOR CIT	TIZENI	Even	t #		Amount
FOOD		114-414			179.8	
						
enditure # T	Type of Expenditure (if applicable) Itemization in Adde	ndum P Required O Coo	ordinated v	vith reimbursement sought		
enditure # T		endum P Required O Coo	ordinated v	vith reimbursement sought		
enditure # T	Type of Expenditure (if applicable) Itemization in Adde	ndum P Required O Coodedependent O Organization O SUBTOTAL Section	A O B	Oc O D OE		

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TOTAL STATE OF THE PERSON OF T	ITTEE		HEROTO AND	TYPE OF REPORT	he literal	
Toni Harp 2013		October 29th Filing				
		P. Expenses Paid by Con	nmittee			Et engle et
Name of Payee				Date of Payment	Method	of Payment:
STAPLES				October 11, 2013		Check #
Street Address		City				Debit Card
DIWELL AVENUE		HAMDEN			State	Zip Code
Purpose of Expenditure	Description				CT	06514
(by code) OFFICE	OFFICE SUPPLIES		Event	#	Amount	
					71.13	3
Expenditure # (if applicable)	Type of Expenditure (if applicable) It	temization in Addendum P Required C	Coordinated wi	th reimbursement sough	t]	
	Coordinated without reimburse	ement sought O Independent O Organization	on:OA OB (OC OD OE		
Name of Payee				Date of Payment	Method (of Payment:
SNOW TURNER				October 11, 2013	1 6	Check #840
Street Address		City				Debit Card
44 EXCHANGE S	TREET	NEW HAVEN			State	Zip Code
urpose of Expenditure	Description		<u> </u>		СТ	06513
wage	WAGE STAFF		Event #			Amount
Expenditure #			560			
f applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought			1		
	Coordinated without reimburse	ment sought O Independent O Organization	n:OA OB (C O D OE		
ame of Payee				Date of Payment	Method o	f Payment:
IONDA SMITH				October 11, 2013		Check #841
reet Address		City	<u> </u>		State	Debit Card Zip Code
33 HARPER AVE	NUE	NEW HAVEN			СТ	
rpose of Expenditure	Description		Event #			
WAGE	WAGE STAFF		06510	este sommittem omitis		Amount
spenditure #	Type of Expenditure (if applicable) Item	mization in Addendum P Required 0			400	
applicable)	Coordinated without reimbursen	nent sought O Independent O Organization:	Coordinated with	reimbursement sought		
ime of Payee	O Transact Willout Tennoursen	nent sought of independent organization:	Or OB C	C OD OE		
SAM CHANEY					Method of	Payment:
			C	october 11, 2013	0	Check #842 Debit Card
eet Address		City			State	Zip Code
3 NORTON STRE	ET, APT 2	NEW HAVEN			CT	06511
			Event #			
nose of Expenditure	Description		≥ r cist π	i i		Amount
	Description WAGE STAFF		Zvent #			
pose of Expenditure code) WAGE	WAGE STAFF	pization in Addendum P Dequired			500	
pose of Expenditure code) WAGE penditure #	WAGE STAFF Type of Expenditure (if applicable) Item	nization in Addendum P Required Occasions of	Coordinated with	reimbursement sought	500	
pose of Expenditure code) WAGE penditure # pulicable)	WAGE STAFF Type of Expenditure (if applicable) Item	nization in Addendum P Required Oceanization	Coordinated with	reimbursement sought	500	
pose of Expenditure code) WAGE penditure # pplicable)	WAGE STAFF Type of Expenditure (if applicable) Item	nization in Addendum P Required Ocient sought O Independent O Organization (Coordinated with	ODOE	500	

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	ITTEE		TYPE OF REPORT		()
TOTIL TIGIT 2013			October 29th Fill	ing	
Name of Payee		P. Expenses Paid by Comm	ittee	(Dahim)	2670000000
CAROL SUBER			Date of Payment		f Payment: Check #843
Street Address			October 11, 2013	8	Debit Card
295 STEVENSON		City NEW HAVEN		State CT	Zip Code 06511
Purpose of Expenditure by code) WAGE	· ·		Event #		Amount
	WAGE STAFF			580	Amount
expenditure # fapplicable)	Type of Expenditure (if applicable) Item Coordinated without reimbursem	nization in Addendum P Required Co ent sought O Independent O Organization:	ordinated with reimbursement soug		
lame of Payee			Date of Payment	Method of	·D
AE JOHNSON			October 11, 2013	0	Payment: Check # <u>844</u> Debit Card
treet Address		City		State	Zip Code
7 BUTTON STRE	C!	NEW HAVEN		СТ	06519
urpose of Expenditure by code)	Description		Event #		Amount
WAGE	WAGE STAFF	WAGE STAFF		500	Amount
xpenditure # (applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required				
	O Coordinated without reimburseme	ent sought O Independent O Organization:	A OB OC OD OE		
ame of Payee			Date of Payment	Method of I	Payment:
SON BARTLETT			October 11, 2013	O C	Check # <mark>845</mark> Debit Card
eet Address		City		State	Zip Code
4 HIGHVIEW TER	RACE	BETHEL		СТ	
pose of Expenditure code)	Description		Event #		1
CNSLT	CONSULTANT		retiger		Amount
penditure # applicable)	Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement	ration in Addendum P Required Coor nt sought O Independent O Organization:	rdinated with reimbursement sought	1,500	
me of Payee			Date of Payment	Method of Pa	
EXIS PERKINS			October 11, 2013	⊙ CI	neck # <mark>846</mark> bit Card
cei Address		City		State	Zip Code
A MI INICON CTD	C C T			1 1	
4 MUNSON STR		NEW HAVEN		ст	06511
4 MUNSON STR	Description Description	NEW HAVEN	Event #		
pose of Expenditure code)		NEW HAVEN	Event #	A	06511
pose of Expenditure code) enditure #	Description Type of Expenditure (if applicable) Itemiza	ation in Addendum P Required 🕜 Coorc	dinated with reimbursement sought		
pose of Expenditure code) enditure #	Description Type of Expenditure (if applicable) Itemiza		dinated with reimbursement sought	A	
cose of Expenditure code) enditure #	Description Type of Expenditure (if applicable) Itemiza	ation in Addendum P Required Coord t sought O Independent O Organization OA	dinated with reimbursement sought	A	

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	ITYTEE		TYPE OF REPORT		
Toni Harp 2013			October 29th Filing		
		P. Expenses Paid by Commit		halay	i video la liste
Name of Payee MAYA WELFARF			Date of Payment	Method	of Payment:
			October 11, 2013		Check #847 Debit Card
Street Address		City		State	Zip Code
39 ELMWOOD R	OAD	NEW HAVEN		СТ	06515
Purpose of Expenditure (by code) WAGE	Description		Event #		
WAGE	WAGE STAFF			600	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Iter	mization in Addendum P Required O Coo	ordinated with reimbursement sough	_	
	O Coordinated without reimburser	ment sought O Independent O Organization:	A OB OC OD OE		
Name of Payee			Date of Payment	Method	of Payment:
PATRICK SKULLY			October 11, 2013	@	Check # <u>848</u>
Street Address		City		State	Debit Card Zip Code
119 WEST WYON	IING AVE., SUITE A	MELROSE		MA	02176
Ourpose of Expenditure by code)	Description		Event #	 	
CNSLT	CONSULTANT				Amount
Expenditure #	Type of Expenditure (if applicable) Item	nization in Addendum P Required Cook	rdinated with reimbursement sough	600	
if applicable)	O Coordinated without reimbursem	nent sought O Independent O Organization:	N OR OC OR OF		
ame of Payee			Date of Payment		
& B RENTALS			October 11, 2013	1	f Payment: Check # 849
reet Address		City	000000111,2013	+	Debit Card
23 DIXWELL AVE	ENUE	NEW HAVEN		State	Zip Code
irpose of Expenditure	Description		Event #	СТ	06511
y code) OVHD	RENT FOR HEADQUARTERS		Even #		Amount
xpenditure #	Type of Expenditure (if applicable) Item	ization in Addendum P Pagnined		1,100	
(applicable)		ent sought O Independent O Organization: O	dinated with reimbursement sought		
ame of Payee		o vo mospondom o organización. Oc			
ASHEDA MCARTI	HUR		Date of Payment October 11, 2013	Method of	Payment: Check #850
reet Address		City	October 11, 2013	O	Debit Card
		City		State	Zip Code
23 WESTERLEIGH	ROAD	NEW HAVEN			00515
23 WESTERLEIGH	ROAD	NEW HAVEN	15 "	СТ	06515
23 WESTERLEIGH	Description		Event #		06515 Amount
23 WESTERLEIGH pose of Expenditure code) RCW penditure #	Description REIMBURSEMENT FOR GENE	RATOR			
pose of Expenditure code) RCW	Description REIMBURSEMENT FOR GENE Type of Expenditure (if applicable) Itemiz	RATOR zation in Addendum P Required Coords	inated with reimbursement sought	СТ	
23 WESTERLEIGH pose of Expenditure code) RCW penditure # population Propose Pr	Description REIMBURSEMENT FOR GENE Type of Expenditure (if applicable) Itemiz	RATOR	inated with reimbursement sought	СТ	
23 WESTERLEIGH pose of Expenditure code) RCW penditure # problem is a series of the code is a seri	Description REIMBURSEMENT FOR GENE Type of Expenditure (if applicable) Itemiz	RATOR zation in Addendum P Required Coordinates Coord	inated with reimbursement sought	СТ	

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Name of Payse	P. Expenses Paid by Committee of Payee ONBUILDER/LIBERTY BANK Address RCH STREET of Expenditure BNK BANK FEES Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated without reimbursement sought Coordinated without reimbursement sought Coordinated without reimbursement sought Date of Payment	Method of Payme Check Debit of State Zip	k # Card
Name of Payee City NEW HAVEN Date of Payment October 14, 20	ONBUILDER/LIBERTY BANK City NEW HAVEN Description BANK FEES Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated without reimbursement sought Coordinated without reimbursement sought Date of Payment October 14, 2013 Event # Event # Date of Payment October 14, 2013 Description BANK FEES Description BANK FEES Description BANK FEES Description Desc	State Zip CT 06	k # Card
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Type of Expenditure # Description Abulants Description Descripti	BNK BANK FEES Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization: OA DB OC DD OE TPayee		5510
Coordinated with reimbursement sought City MENLO PARK	Coordinated without reimbursement sought Organization: OA OB OC OD OE TPayee Payer Payer	198	ount
ACEBOOK Date of Payment October 14, 201	f Payce Date of Payment		
City MENLO PARK	2004	Made L.CD	
MENLO PARK Description AOVERTISING FACEBOOK Expenditure by code) AOVERTISING FACEBOOK Expenditure # Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Cotober 15, 201 Cotober 15, 201 City NEW HAVEN Description WAGE STAFF Event # Date of Payment Cotober 15, 201 City NEW HAVEN Description WAGE STAFF Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Cotober 15, 2013 Description WAGE STAFF Applicable Coordinated without reimbursement sought City NEW HAVEN Description WAGE STAFF Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought City NEW HAVEN Date of Payment Cotober 15, 2013 Date of Payment Cotober 15, 2013 Description City NEW HAVEN Description Description City NEW HAVEN Description De	October 14, 2013	Method of Paymer Check	#
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Coordinated with reimbursement sought Independent Organization: A B OC D DE		25	
Ame of Payee KHATIB BILAL ABBUSS City NEW HAVEN Description WAGE Type of Expenditure # Applicable; Tool of Payment without reimbursement sought of Expenditure: ARBARA HOLDEN Tool of Expenditure Description WAGE Type of Expenditure (If applicable) Itemization in Addendum P Required of Payment october 15, 2013 City Date of Payment Description WAGE STAFF Type of Expenditure (If applicable) Itemization in Addendum P Required of Payment october 15, 2013 City NEW HAVEN Date of Payment Description of Payment october 15, 2013 City NEW HAVEN Type of Expenditure Description october 15, 2013 Type of Expenditure (If applicable) Itemization in Addendum P Required october Description october 15, 2013 Type of Expenditure (If applicable) Itemization in Addendum P Required october Description october 15, 2013	able) Type of Expenditure (ly applicable) Itemization in Addendum P Required Coordinated with reimbursement sought		
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20 WINCHESTER AVENUE Description WAGE WAGE STAFF Type of Expenditure # Impose of Expenditure (if applicable) Itemization in Addendum P Required	B BILAL ABBUSS October 15, 2013	Check #	#851
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reet Address 99 FOUNTAIN STREET Propose of Expenditure worden Type of Expenditure # applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sour	Payce	1ethod of Payment:	
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rpose of Expenditure (y code) Description Event # Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sour	St S	tate Zip Co	
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SUBTOTAL Section P — This Page 723	SUBTOTAL Section P — This Page 723		

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Toni Harp 2013					October 29th Fill	na	
Name of D		P. Expenses Pai	id by Commi	ttee		Yalian ka	
Name of Payee					Date of Payment	Metho	d of Payment:
DOCUPRINT					October 15, 2013	1	Ocheck #853
Street Address		City	,		10,2013		ODebit Card
27 WHITNEY AV	/ENUE	'	W HAVEN			State	Zip Code
Purpose of Expenditure	e Description					CT	06511
by code) PRINT	PRINTING COPIES FOR C	ANVASSING		Ever	nt#	40.4	Amount
Expenditure # if applicable)	Type of Expenditure (if applicable) I	Itemization in Addendum P Req	uired O Coo	ordinated v	vith reimbursement soug	404.	.13
L. CD	Coordinated without reimbur:	sement sought O Independent C	Organization:	и Ов	Oc OD OE		
Jame of Payee					Date of Payment	Method	of Payment:
ARL KELLY					October 15, 2013		Check #854
treet Address		City			0 000001 13, 2013		Debit Card
42 FRONT STRE	ET		/ HAVEN			State	Zip Code
urpose of Expenditure	The side of the si	INCV	MAVEN			СТ	06513
y code) WAGE	Description			Event	#	<u> </u>	A-mouse4
WAGE	WAGE STAFF			ı		1	Amount
spenditure # applicable)	Type of Expenditure (if applicable) It	emization in Addendum P Requ	uired O.Coo	1		54	
аррисанк)	O Coordinated without reimburse	ement sought O Independent O	Coor	dinated w	ith reimbursement sough	·	
me of Payee		omene sought of independent of	Organization: O	ОВ	Oc O D OE		
AIH CHISHOLM					Date of Payment	Method o	of Payment:
					October 15, 2013		Check #855
eet Address		City				State	Debit Card
88 BUTLER STRE	ET	HAM	DEN				Zip Code
pose of Expenditure	Description					СТ	06517
^{code)} WAGE	WAGE STAFF			Event #			Amount
penditure #						117	
pplicable)	Type of Expenditure (if applicable) Ite	mization in Addendum P Requi	red O Coord	linated wit	h reimbursement sought		
	O Coordinated without reimburser	ment sought O Independent O	Organization: 🔼	Ов (C OD OF		
ne of Payee							
ENROD DANIEL	.S			i		Method of	Payment: Check #856
et Address				[October 15, 2013	රි	Debit Card
et Address		City					
	\\/FAU.:F	i				State	Zip Code
EDGEWOOD A	AVENUE	NEW I	HAVEN			State	1
S EDGEWOOD A	Description	NEW !	HAVEN	Event #			Zip Code 06511
S EDGEWOOD A		NEW I	HAVEN	Event #			1
se of Expenditure	Description WAGE STAFF			Event #			06511
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SEDGEWOOD A Dose of Expenditure Dose of Expenditure WAGE Inditure #	Description WAGE STAFF	nization in Addendum P Requir	ed O Coordi	natad with	reimbursement sought	СТ	06511
ose of Expenditure ode) WAGE	Description WAGE STAFF Type of Expenditure (if applicable) Item	nization in Addendum P Requir nent sought O Independent OO	ed O Coordi	nated with	C O D OE	СТ	06511

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Name of Payse JAMELL MADDOX Street Address Perpose of Expenditure (by code) WAGE Same of Payse Jame of Payse Jame of Payse Description WAGE STAFF State City WAGE STAFF Description WAGE STAFF State City WAGE STAFF Date of Payment October 15, 2013 State CT O651 Amount Amount City WAGE STAFF Date of Payment Octoder 15, 2013 Amount City WAGE STAFF Date of Payment October 15, 2013 Description WAGE STAFF Date of Payment October 15, 2013 Description WAGE STAFF Date of Payment October 15, 2013 Date of Payment October 15, 2013 Amount Description PHONE LINES Name of Payse Date of Payment October 15, 2013 Description PHONE LINES Name of Payse Date of Payment October 15, 2013 Description PHONE LINES Name of Payse Date of Payment October 15, 2013 Amount Description PHONE LINES Name of Payse Date of Payment October 15, 2013 Date of Payment October 15, 2013 Amount Date of Payment October 15, 2013 Amount Date of Payment Date of Payment October 15, 2013 Date of Payment New HAVEN Date of Payment October 15, 2013 Date of Payment October 15	Name of Payment October 29th Filling	NAME OF COMM	MITI			F* E-19	TWO OF BERGE		
Name of Payse Date of Payment October 15, 2013 State Zar Carlo Date of Payment October 15, 2013 State Zar Carlo Date of Payment October 15, 2013 State Zar Carlo October 15, 2013 State Zar Carlo Date of Payment October 15, 2013 State Zar Carlo Date of Payment October 15, 2013 State Zar Carlo Date of Payment October 15, 2013 October 15, 20	Date of Payment October 15, 2013 State Amount	Toni Harp 2013	3				October 20th Filir		
Method of Psyment October 15, 2013 Method of	Date of Psystems			P. Expense	s Paid by Committe		October 29th Filli	ıg	
City NEW HAVEN Since Address City NEW HAVEN Since Zip Code City NEW HAVEN City O6510	Ambut Ambu	Name of Payee		zapenoc	or and by Committee	e	Date of Parment		
Since Zip Coc October 15, 2013 October 15, 20	State Zip Code CT D6511		ОХ				1	(Ocheck #857
Description	NEW HAVEN CT O6511				City		1		
Coordinated without reimbursement sought City Coordinated with reimbursement sought City Coordinated without reimbursement sought City Coordinated with reimbursement sought City Coordinated without reimbursement sought City Coordinated with reimbursement sought City City Coordinated without	WAGE STAFF Symmetry Type of Expenditure # Type			r	NEW HAVEN				
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Date of Payment October 15, 2013 October 15,	Name of Payee & B RENTALS Date of Payment October 15, 2013 Oct	(if applicable)	(Coordinated without reimbursement sought O Indepen	ident Organization: O	inated v	vith reimbursement sough	t	
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City WOODBRIDGE State Zip Code CT O6525	City WOODBRIDGE State Zip Code Of 525						· ·	1 6	Check #858
Amount 210 Phone Lines Ph	Unpose of Expenditure by code) OVHD PHONE LINES Type of Expenditure (if applicable) Itemization in Addendum P Required Occordinated with reimbursement sought Occordinated without reimbursement sought Occordinated without reimbursement sought Occordinated with reimbursement sought Occordinated without reimbursement sought Occident 15, 2013 Date of Payment October 15, 2013 Description				City		J		
Amount Type of Expenditure # Occordinated without reimbursement sought Occordinated without reimbursement sought Occordinated without reimbursement sought October 15, 2013 Page of Expenditure # October 15, 2013 October 15, 2	Amount 210 PHONE LINES Event # Amount 210 Sypenditure # Occordinated with reimbursement sought		. 1	Description	WOODBRIDGE			СТ	06525
Type of Expenditure # # Type of Expenditure (if applicable) Itemization in Addendum P Required	Type of Expenditure Image: Amount Type of Expenditure Image: Amount	by code)	- 1	•		Event	#		Amount
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Date of Payment October 15, 2013 City NEW HAVEN CT O6510	Amount State of Payment October 15, 2013 Date of Payment October 15, 2013 Check #859 Debit Card		C	ype of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought Independent	P Required O Coordin	nated w	th reimbursement sought		
Treet Address 7 BROWN STREET Description ICE, FOOD TRAYS, KEYS, Amount OCtober 15, 2013 City NEW HAVEN	HRIS CAMPBELL reet Address 7 BROWN STREET Description Description	lame of Payee			<u> </u>			N (- 4) 1	CD
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7 BROWN STREET NEW HAVEN State CT O6510	Type of Expenditure # applicable Description ICE, FOOD TRAYS, KEYS, ICE, FOOD TRAYS, KEYS, ICE, FOOD TRAYS, KEYS, ICE, FOOD TRAYS, KEYS, ICE, FOOD TRAYS, KEYS, ICE, FOOD TRAYS, KEYS, ICE,	treet Address			City		0000001 13, 2013		
Amount Coordinated without reimbursement sought Coordinated with reimbursement sought	Amount Coordinated without reimbursement sought Coordinated with reimbursement sought		ET		•				
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ASON BARTLETT reet Address 4 HIGHVIEW TERRACE Prose of Expenditure Code) RCW City BETHEL CT State City BETHEL CT State City Code CT Amount 224.1 Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated without reimbursement sought	SON BARTLETT City BETHEL City Code CT Amount 224.1 Coordinated without reimbursement sought Coordinated without reimbursement sought City BETHEL City BETHEL City BETHEL Code CT Amount Code CT City BETHEL CT City BETHEL CT City BETHEL CT Amount Code CT Code CT CT Code CT CT CT Code CT	ame of Payee	_L		J 3				
A HIGHVIEW TERRACE BETHEL City BETHEL City BETHEL City Covering the penditure (code) Covering the penditure (code) Covering the penditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated without reimbursement sought City BETHEL City Covering the penditure (code) Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought	HIGHVIEW TERRACE PARCE BETHEL City BETHEL CT City BETHEL CT Amount Amount Code Coordinated without reimbursement sought Coordinated without reimbursement sought City BETHEL CT Amount Code Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated without reimbursement sought City BETHEL CT Amount CODE COORDINATE COORDINATE CODE COORDINATE COORDINATE CODE COORDINATE CODE COORDINATE CODE COORDINATE C		-			- 1	· [O (Check #860
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Type of Expenditure (if applicable) Itemization in Addendum P Required	Type of Expenditure (if applicable) Itemization in Addendum P Required	pose of Expenditure code)	D	escription		Event #			<u></u>
Type of Expenditure (if applicable) Itemization in Addendum P Required	Type of Expenditure (if applicable) Itemization in Addendum P Required	[^] RCW	U	NION MEETING AND GAS				22.4	Amount
			Typ	e of Expenditure (if applicable) Itemization in Addendum P	Required O Coordinate	ted with	reimbursement sought	224.1	
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		美国共和	M	SUI	STOTAL Section P	— Th	is Page 1,129.6		

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		10.00	100	TYPE OF REPORT		
Toni Harp 2013				October 29th Filir	ng	
Name of Payee	P. Ex	openses Paid by Comi	mittee			
PRECISION LINE	MEDIA			Date of Payment		of Payment:
Street Address	WEDIA .			October 15, 2013		Ocheck #861 Debit Card
50 CLOVER STREE	-T	City			State	Zip Code
		WEST HAVEN			СТ	06511
Purpose of Expenditure by code)	Description		Even	#	 	
A-OTHER	ADVERTISING OTHER				265	Amount
expenditure # "fapplicable"	Type of Expenditure (if applicable) Itemization in Ad	dendum P Required 0	Coordinated w	rith reimbursement sough	265.8	38
	Coordinated without reimbursement sought	Independent Organization:	OA OB	OC OD OE	1	
ame of Payee				Date of Payment	4	_
OSTMASTER - NE	EW HAVEN			October 15, 2013		Of Payment: Check #
reet Address		City		October 13, 2013	<u> </u>	Debit Card
REWERY STREET		NEW HAVEN			State	Zip Code
upose of Expenditure	Description	THE TOTAL PARTY OF THE PARTY OF			СТ	06511
y code) POST	POSTAGE		Event	#		Amount
penditure #					74	
applicable)	Type of Expenditure (if applicable) Itemization in Add	lendum P Required OC	Coordinated wi	th reimbursement sought		
me of Payee	O Coordinated without reimbursement sought	Independent Organization:	O4 O B (Oc O d Oe		
OSA REALTY				Date of Payment	Method of	f Payment:
				October 16, 2013		Check #862 Debit Card
eet Address		City			State	Zip Code
4 GRAND AVENI	UE	NEW HAVEN			СТ	06513
code)	Description		Event #			<u> </u>
OVHD	RENT - HEADQUARTERS				1 250	Amount
penditure #	Type of Expenditure (if applicable) Itemization in Adde	endum P Required O Co	ordinated with	n reimbursement sought	1,250	
	Coordinated without reimbursement sought O In	ndependent Organization:	Σ Α ΩΒ (C OD OE		
ne of Payee				, o o-		
GDALIA CASTRO	`					
ווון כאט וווו	,		1	1	Method of I	Check #863
	J	City	1	October 16, 2013	\mathbf{O}	Check #863 Debit Card
et Address D GRAND AVENU		City	1	October 16, 2013	State	Check #863 Debit Card Zip Code
et Address O GRAND AVENU	JE	City NEW HAVEN		October 16, 2013	8	Check #863 Debit Card
ot Address O GRAND AVENU	JE Description	1 -	1	October 16, 2013	State CT	Check #863 Debit Card Zip Code
ose of Expenditure WAGE	Description WAGE STAFF	NEW HAVEN		October 16, 2013	State CT	Check #863 Debit Card Zip Code 06513
or Address O GRAND AVENU Ose of Expenditure Ode) WAGE Inditure # T	Description WAGE STAFF Type of Expenditure (if applicable) Itemization in Adden	NEW HAVEN	Event #	October 16, 2013	State CT	Check #863 Debit Card Zip Code 06513
or Address O GRAND AVENU Ose of Expenditure Ode) WAGE Inditure # T	Description WAGE STAFF	NEW HAVEN	Event #	October 16, 2013	State CT	Check #863 Debit Card Zip Code 06513
O GRAND AVENU Dose of Expenditure ode) WAGE	Description WAGE STAFF Type of Expenditure (if applicable) Itemization in Adden	NEW HAVEN	Event # ordinated with	reimbursement sought	State CT	Check #863 Debit Card Zip Code 06513

Section P. ADDITIONAL PAGE²⁹

of	

		TYPE OF REPORT		
		October 29th Filin	g	
P. Expenses	Paid by Committee			
TEGIES		Date of Payment October 16, 2013	C	f Payment: Check #864 Debit Card
	City			Zip Code
	HARTFORD		СТ	06106
Description CONSULTANT		Event #	2.040	Amount
		ted with reimbursement sought	1	
		Date of Payment		
VISTA		October 16, 2013	8	Check # <mark>826</mark> Debit Card
Г	NEW HAVEN		State CT	Zip Code 06513
Description DONATION		Event #	150	Amount
pe of Expenditure (if applicable) Itemization in Addendum F Coordinated without reimbursement sought O Independent	Required Ocoordinate	ed with reimbursement sought	150	
		Date of Payment October 17, 2013	O (Payment: Check #865 Debit Card
	City			Zip Code
	NEW HAVEN		CT	06511
escription EIMBURSEMENT - PRIMARY	E	vent #	50	Amount
		d with reimbursement sought B OC O D OE	30	
		Date of Payment	Method of P	ayment:
		October 18, 2013	OD OD	heck # <mark>869</mark> ebit Card
_	•		State	Zip Code 06513
scription AGE STAFF	Ev			Amount
of Expenditure (if applicable) Itemization in Addendum P J	Required O Coordinated	with reimbursement sought	240	
	TOTAL Section P			
	pe of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought Independ BELLA VISTA BELLA VISTA	Description CONSULTANT pe of Expenditure (if applicable) Itemization in Addendum P Required Coordinated without reimbursement sought City NEW HAVEN BELLA VISTA City NEW HAVEN Bescription CONATION Pe of Expenditure (if applicable) Itemization in Addendum P Required Coordinated without reimbursement sought City NEW HAVEN Coordinated without reimbursement sought Coordinated without reimbursement sought Coordinated without reimbursement sought City NEW HAVEN City NEW HAVEN	City HARTFORD Description CONSULTANT pe of Expenditure (If applicable) Itemization in Addendum P Required Coordinated without reimbursement sought O Independent Organization A B C D D DE BELLA VISTA City NEW HAVEN Secription CONATION Date of Payment October 16, 2013 Event # Coordinated with reimbursement sought Coordinated without reimbursement sought City NEW HAVEN Secription Event # City NEW HAVEN Event # City NEW HAVEN City NEW HAVEN City NEW HAVEN Event # Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated w	City HARTFORD Event # 2,040

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	ITTEE		TYPE OF REPORT		
Toni Harp 2013		10/88/07/04/pan/02/02/03/04/04	October 29th Fil	ing	
Name of Payee		P. Expenses Paid by Commi	ittee	and the second	0
KHATIB BILAL A	BBUSS		Date of Payment October 18, 2013		Payment: Check #870
Street Address		City		State	Debit Card
720 WINCHESTE		NEW HAVEN		CT	Zip Code 06511
Purpose of Expenditure by code) WAGE	Description WAGE STAFF		Event #		Amount
Expenditure #	Type of Expenditure (if applicable) Itemizal	tion in Addendum P Pequiped O Co		400	
f applicable)	O Coordinated without reimbursement	sought O Independent O Organization:	ordinated with reimbursement soug	tht	
Jame of Payee IONDA SMITH			Date of Payment	Method o	Payment:
reet Address			October 18, 2013	8	Check # <u>871</u> Debit Card
33 HARPER AVE	-NUF	City		State	Zip Code
rpose of Expenditure	Description	NEW HAVEN		СТ	06510
y code) WAGE	WAGE STAFF		Event #		Amount
xpenditure #	Type of Expenditure (if applicable) Itemizati	in in Add a language		800	
applicable)	Coordinated without reimbursement se	ought O Independent Organization:	ordinated with reimbursement sough	nt	
me of Payee			Date of Payment	Method of	Payment:
SAM CHANEY			October 18, 2013	0	Check #872 Debit Card
eet Address	DEET ADT 2	City		State	Zip Code
CD	,	NEW HAVEN		СТ	06511
rpose of Expenditure code) WAGE	Description WAGE STAFF		Event #		Amount
penditure # applicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement so	on in Addendum P Required O Coord	dinated with reimbursement sought	500	
me of Payee		<u> </u>	Date of Payment	Method of P	avment.
AROL SUBER			October 18, 2013	I	heck # <mark>873</mark> ebit Card
5 STEVENSON R	30AD	City		State	Zip Code
oose of Expenditure	Description	NEW HAVEN		СТ	06511
WAGE	WAGE STAFF		Event #		Amount
enditure #	Type of Expenditure (if applicable) Itemization	n in Addandara D.D.		230	
plicable)	Coordinated without reimbursement sou	ight O Independent O Organization OA	inated with reimbursement sought B OC O D OE		
		SUBTOTAL Section			
			-		

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	ITTEE		1	YPE OF REPORT		and the second
Toni Harp 2013			CARL CONTRACTOR CONTRA	ctober 29th Filir	na	
		P. Expenses Paid by Comm			9	U.S. O. D. SHAW
Name of Payee				ite of Payment	Method	of Payment:
RAE JOHNSON				ctober 18, 2013	6	Check #874 Debit Card
Street Address		City			State	Zip Code
47 BUTTON STRI		NEW HAVEN			СТ	06519
by code)	Description		Event #		1	
WAGE	WAGE STAFF				500	Amount
Expenditure # If applicable)	Type of Expenditure (if applicable) Item	ization in Addendum P Required O Co	oordinated with r	eimbursement sough		
	O Coordinated without reimbursem	ent sought O Independent O Organization:	DA OB OC	OD OE		
lame of Payee				e of Payment	24.4	
ASON BARTLETT				tober 18, 2013		f Payment: Check #875
treet Address		Cin		tober 18, 2013	_ O	Debit Card
4 HIGHVIEW TER	RRACE	City NEW HAVEN			State	Zip Code
urpose of Expenditure		NEW HAVEN			СТ	
y code)	Description		Event#			Amount
CNSLT	CONSULTANT				1,000	· · · · · · · · · · · · · · · · · · ·
xpenditure # (applicable)	Type of Expenditure (if applicable) Itemi	zation in Addendum P Required Coc	ordinated with re	imbursement sought	1,000	
	O Coordinated without reimburseme	nt sought O Independent O Organization:	A OB OC	OD OF		
ime of Payee	NW/Stelly an Sparin teasure	3 5				
LEXIS PERKINS				of Payment	Method of	Payment: Check #876
vet Address				ober 18, 2013		Debit Card
34 MUNSON STE	DECT	City			State	Zip Code
		NEW HAVEN			СТ	06511
rpose of Expenditure	Description					
code)			Event #			Amount
(code) WAGE	WAGE STAFF	tini saan periodo para kana ana ana ana ana ana ana ana ana a	Event #	mod , memmadali da dan dan menini di dipentyisisi ma		Amount
wAGE	WAGE STAFF	ation in Addendum P Required			200	Amount
penditure #	WAGE STAFF Type of Expenditure (if applicable) Itemiz	ation in Addendum P Required Cool	rdinated with rei	mbursement sought	200	Amount
Penditure #	WAGE STAFF Type of Expenditure (if applicable) Itemiz	cation in Addendum P Required Cool	rdinated with rei	OD OE		
wAGE penditure #	WAGE STAFF Type of Expenditure (if applicable) Itemiz	ation in Addendum P Required Coon at sought O Independent O Organization:	rdinated with rein	O D OE	Method of P	'ayment:
penditure # applicable) me of Payee	WAGE STAFF Type of Expenditure (if applicable) Itemiz	nt sought O Independent O Organization: O	rdinated with rein	OD OE	Method of P	
penditure # applicable) me of Payee AYA WELFARE set Address	WAGE STAFF Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement	at sought O Independent O Organization: O	rdinated with rein	OD OE of Payment ober 18, 2013	Method of P	ayment: heck #877
penditure # applicable) me of Payee AYA WELFARE set Address ELMWOOD ROA	WAGE STAFF Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement	nt sought O Independent O Organization: O	rdinated with rein	OD OE of Payment ober 18, 2013	Method of P	ayment: heck # <mark>877</mark> ebit Card
penditure # ppplicable) ne of Payee AYA WELFARE et Address ELMWOOD ROA	WAGE STAFF Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement AD Description	at sought O Independent O Organization: O	rdinated with rein	OD OE of Payment ober 18, 2013	Method of P O D State	ayment: heck #877 ebit Card Zip Code 06515
penditure # applicable) me of Payee AYA WELFARE set Address	WAGE STAFF Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement	at sought O Independent O Organization: O	rdinated with rein	OD OE Of Payment Obber 18, 2013	Method of P OC D State CT	ayment: heck #877 ebit Card Zip Code
penditure # applicable) me of Payee AYA WELFARE set Address ELMWOOD ROA pose of Expenditure wage wage wage wage code) wage code wage code wage code wage code code wage code code wage code code wage code code code code wage code code	WAGE STAFF Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement AD Description WAGE STAFF	ct sought O Independent O Organization: O City NEW HAVEN	rdinated with rein A OB OC Octo	OD OE of Payment ober 18, 2013	Method of P O D State	ayment: heck #877 ebit Card Zip Code 06515
penditure # ppplicable) me of Payee AYA WELFARE et Address ELMWOOD ROA cose of Expenditure WAGE when the property of the property of the penditure #	WAGE STAFF Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement AD Description WAGE STAFF Type of Expenditure (if applicable) Itemiza	City NEW HAVEN Attion in Addendum P Required Coord	rdinated with rein A B C Octo	OD OE of Payment obber 18, 2013	Method of P OC D State CT	ayment: heck #877 ebit Card Zip Code 06515
penditure # ppplicable) me of Payee AYA WELFARE et Address ELMWOOD ROA pose of Expenditure where we want to be a conditure # product #	WAGE STAFF Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement AD Description WAGE STAFF Type of Expenditure (if applicable) Itemiza	ct sought O Independent O Organization: O City NEW HAVEN	rdinated with rein A B C Octo	OD OE of Payment obber 18, 2013	Method of P OC D State CT	ayment: heck #877 ebit Card Zip Code 06515
penditure # applicable) me of Payee AYA WELFARE set Address ELMWOOD ROA code) WAGE code) WAGE	WAGE STAFF Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement AD Description WAGE STAFF Type of Expenditure (if applicable) Itemiza	City NEW HAVEN Attion in Addendum P Required Coord	rdinated with rein A OB OC Octo	of Payment Ober 18, 2013 Ober 18, 2013 Obursement sought O D E	Method of P OC D State CT	ayment: heck #877 ebit Card Zip Code 06515

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Toni Harp 2013	W				October 20th Fill		REUTEN
		P	Expenses Paid by Co	mmittae	October 29th Filin	g	
Name of Payee			Expenses I aid by Co	minittee	Date of Payment	Method	of Payment:
PATRICK SKULLY	<u> </u>				October 18, 2013	6	Check #878 Debit Card
Street Address	414.16	A) (=	City			State	Zip Code
19 WEST WYON		AVE., SUITE A	MELROSE			MA	02176
cnslt	- 1	DNSULTANT		Eve	nt #	1,200	Amount
expenditure # Experiment (f applicable)		of Expenditure (if applicable) Itemization oordinated without reimbursement soug		Coordinated	with reimbursement sought		
lame of Payee					Date of Payment	Madail	CD.
ERODOTIS CAM	1PAIGI	N			October 18, 2013	0	f Payment: Check # <u>879</u> Debit Card
treet Address			City			State	Zip Code
7 BROWN STREE	ET		NEW HAVEN			СТ	06511
rpose of Expenditure y code)	1	cription		Even	t #		Amount
CNSLT	CO	NSULTANT				2,137.	
openditure # applicable)		of Expenditure (if applicable) Itemization is pordinated without reimbursement sough		Coordinated vion: OA OB	vith reimbursement sought	2,137.	3
me of Payee					Date of Payment	Method of	Payment:
ONNECTICUT BI	-ACK E	EXPO			October 18, 2013	0	Check #881 Debit Card
eet Audress			City			State	Zip Code
						State	Zip code
	Desc	ription		Event	#	State	
		ription VERTISING AD		Event	#		Amount
A-OTHER penditure # applicable)	AD\	/ERTISING AD f Expenditure (if applicable) Itemization in	Addendum P Required	Coordinated w	ith reimbursement sought	500	
A-OTHER penditure # applicable) me of Payee	AD\	VERTISING AD	Addendum P Required	Coordinated w	ith reimbursement sought	500	Amount
A-OTHER penditure # applicable) me of Payee	AD\	/ERTISING AD f Expenditure (if applicable) Itemization in	Addendum P Required	Coordinated w	ith reimbursement sought	500 Method of 1	Amount Payment: Check #882
A-OTHER penditure # ppplicable) me of Payee RIC HALL	AD\	/ERTISING AD f Expenditure (if applicable) Itemization in	Addendum P Required	Coordinated w	ith reimbursement sought C D D DE Date of Payment October 18, 2013	500 Method of O	Amount Payment: Check #882 Debit Card
A-OTHER penditure # applicable) une of Payee PRIC HALL eet Address	Type o	/ERTISING AD f Expenditure (if applicable) Itemization in	n Addendum P Required (t O Independent O Organizati	Coordinated w	ith reimbursement sought C D D DE Date of Payment October 18, 2013	500 Method of 1	Amount Payment: Check #882
A-OTHER	Type o Coo	/ERTISING AD f Expenditure (if applicable) Itemization in ordinated without reimbursement sough	Addendum P Required (t O Independent O Organizati	Coordinated w	ith reimbursement sought OC OD OE Date of Payment October 18, 2013	500 Method of I State CT	Amount Payment: Check #882 Debit Card Zip Code
A-OTHER penditure # applicable) me of Payee RIC HALL cet Address 7 WHALLEY AV pose of Expenditure	Type of Control of Con	VERTISING AD f Expenditure (if applicable) Itemization in ordinated without reimbursement sough	City NEW HAVEN	Coordinated w	ith reimbursement sought C O D OE Date of Payment October 18, 2013	500 Method of I	Amount Payment: Check #882 Debit Card Zip Code 06515

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		1		TYPE OF REPORT		
Toni Harp 2013				October 29th Filin	g	
Name of Payee		P. Expenses Paid by Com	nmittee			
R. SAM CHANEY				Date of Payment October 18, 2013	1 0	Payment: Check #833 Debit Card
Street Address		City			State	Zip Code
213 NORTON STI		NEW HAVEN			СТ	06511
Purpose of Expenditure (by code)	Description OFFICE SUPPLIES		Event	#	28.95	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required					
Name of Payee WALMART				Date of Payment October 18, 2013		Payment: Check # <u>884</u> Debit Card
Street Address FOXEN ROAD	, , , , , , , , , , , , , , , , , , ,	City EAST HAVEN			State CT	Zip Code 06512
Purpose of Expenditure (by code) OVHD	Description PHONE CARDS		Event #		150	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required					
Name of Payee CHRISTIAN COMN				Date of Payment October 18, 2013		Payment: Check # <mark>885</mark> Debit Card
Street Address		City			State	Zip Code
168 DAVENPORT	AVENUE	NEW HAVEN	NEW HAVEN		CT	06519
Purpose of Expenditure by code) A-OTHER	PULL PAGE AD		Event #		250	Amount
Expenditure # if applicable)	Type of Expenditure (if applicable) Itemizati Coordinated without reimbursement s		Coordinated with	reimbursement sought	230	
lame of Payee				Pate of Payment	Method of F	Payment:
T. JUDE CHILDRE	NS		Į.	October 18, 2013	O C	Pheck #886 Pebit Card
treet Address		City MEMPHIS			State TN	Zip Code
rpose of Expenditure y code) A-OTHER	Description FULL PAGE AD		Event #		100	Amount
	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Organization: A O B OC O D OE					
		SUBTOTAL Sect	tion P — Th	is Page 528.95		

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of	-25

HONIHarn 2013	MITTEE				TYPE OF REPORT		
Toni Harp 2013					October 29th Fili	ng	
Name of Payee		P. Expenses	Paid by Commi	tee			
ANDREA SCOT	г				Date of Payment		d of Payment:
					October 18, 2013		OCheck #887 ODebit Card
Street Address	ITE DOUG		City			State	Zip Code
130 ROGER WH			NEW HAVEN			СТ	06511
Purpose of Expenditure (by code)				Ever	it #		
RCW	SUPPLIES						Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable)	Itemization in Addendum P	Required O Coo	rdinatad i	vith reimbursement sough	58.4	5
.,	O Coordinated without reimbu	irsement sought O Independe	nt O Organization:	A OR	OC OR OF	t	
Name of Payee		•		. 00			
IAMES BECKETT					Date of Payment	Method	of Payment: Ocheck #888
Street Address		The state of the s	0:	***	October 18, 2013		Debit Card
425 DIXWELL AV	/ENUE		City			State	Zip Code
urpose of Expenditure Description			NEW HAVEN			CT	06511
wage Wage STAFF				Event	#	 	Amount
						100	
Expenditure # If applicable) Type of Expenditure (if applicable) Itemiza		Itemization in Addendum P J	Required O Coor	dinated w	ith reimbursement sought	1	
	O Coordinated without reimbur	sement sought O Independen	t OOrganization:OA	Ов	OC OD OE		
ame of Payee					Date of Payment	Method o	of Payment:
ARNARUAB TRE	MBLE				October 18, 2013	(C	Check #889
treet Address		C	ity			State	Debit Card Zip Code
50 VALLEY STRE	ET	N	NEW HAVEN			CT	06515
urpose of Expenditure	Description		Event #		:		00313
wAGE	WAGE STAFF			Lvent			Amount
spenditure #	Type of Expenditure (if applicable) It	temization in Addandum D.D.				60	
applicable)	O Coordinated without reimburs	ement sought O Independent	Coord	inated wit	h reimbursement sought		
une of Payee		oment sought O macpendent	Organization: O	OB (DC OD OE		
ONALD BRYANT	-					Method of	Payment:
eet Address					October 18, 2013		Check #890 Debit Card
		Cit	у			State	Zip Code
4 EDGEWOOD	۵\/ENI ا۵	1					
4 EDGEWOOD		NE	W HAVEN			CT	06510
noon of Francis	Description	NE	EW HAVEN	Event #		СТ	
noon of Francis		NE	EW HAVEN	Event #			06510 Amount
pose of Expenditure code) WAGE Denditure # pplicable)	Description WAGE STAFF Type of Expenditure (if applicable) Ite	emization in Addendum P Re	quired O Coordi	nated with	reimhursement cought	CT 100	
wage wage	Description WAGE STAFF Type of Expenditure (if applicable) Ite	emization in Addendum P Re	quired O Coordi	nated with	reimbursement sought		
pose of Expenditure code) WAGE Denditure # pplicable)	Description WAGE STAFF	emization in Addendum P Re	quired O Coordi	nated with	reimbursement sought		
pose of Expenditure code) WAGE Denditure # pplicable)	Description WAGE STAFF Type of Expenditure (if applicable) Ite	emization in Addendum P Rement sought () Independent (quired O Coordi	nated with	C O D OE		

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Toni Harp 2013		E			TYPE OF REPORT		
STR. 14 STR 125		P Expense	s Paid by Committee		October 29th Filing	g	
Name of Payee	S. San	1. Expenses	Paid by Committee	2	Date of Payment		
CHRIS PENN					October 18, 2013	0	f Payment: Check #891 Debit Card
Street Address			City		L	State	Zip Code
573 DIXWELL AV			NEW HAVEN			СТ	06511
Purpose of Expenditure (by code)		Description		Event	#	100	Amount
Expenditure # (if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Organization: OA OB OC OD OE					
Name of Payee				-	Date of Payment	Method of	CDmont
FACEBOOK Street Address				ļ	October 19, 2013	l Q	Payment: Check # Debit Card
Street Address			City MENLO PARK			State CA	Zip Code
Purpose of Expenditure (by code) A-OTHER		Description ADVERTISING - FACEBOOK		Event #	#		Amount
Expenditure #	<u> </u>	rpe of Expenditure (if applicable) Itemization in Addendum I	Coordin	<u></u>	1.	25	
(if applicable)		Pe of Expenditure (if applicable) Itemization in Addendum I Coordinated without reimbursement sought \(\bigcirc\) Independent		ated with	ith reimbursement sought OC O D OE		
Name of Payee			-			Method of	~
WALMART				- 1	October 21, 2013	O	Payment: Check # Debit Card
Street Address			City	L		State	Zip Code
FOXEN ROAD			EAST HAVEN			CT	06512
Purpose of Expenditure (by code) TRVL	- 1	Description GAS CARDS		Event #			Amount
				i		150	
Expenditure # (if applicable)		pe of Expenditure (if applicable) Itemization in Addendum P Coordinated without reimbursement sought O Independe		ited with	th reimbursement sought OC OD OE		
Name of Payee	<u></u>		_			* Cobad of F	
O'TOOLE RESTAU	RAN	1T		1	October 20, 2013		Payment: Check # <u>867</u> Debit Card
Street Address	****	l l	City			State	Zip Code
200 ORANGE STRE			NEW HAVEN			CT	06510
Purpose of Expenditure by code)	- 1	escription	Ţ	Event #			Amount
by code) FOOD	Д_	OOD				861.01	Aliiow
Expenditure # (if applicable)		e of Expenditure (if applicable) Itemization in Addendum P		ted with	h reimbursement sought	-	
	O c	Coordinated without reimbursement sought O Independen	nt Organization OA O) B C	C O D OE		
		SUI	BTOTAL Section P -	_ T	his Page 1,136.01		
		R. P. C. San S. San San S. San	All and the second	APLUMO	A STATE OF THE STA		

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Toni Harp 2013	TTEE.		TYPE OF REPOR	T Company	
Sauthurp 2013			October 29th F	iling	
Name of Payee		P. Expenses Paid by Commit			
STOP & SHOP			Date of Payment October 20, 20	13 C	Payment:
treet Address		City		State	Debit Card Zip Code
VHALLEY AVENU		NEW HAVEN		CT	06110
urpose of Expenditure by code) FOOD	FOOD Event #			40.96	Amount
xpenditure # f applicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement sou		ordinated with reimbursement son		
ame of Payee ACEBOOK ADVE	RTISING		Date of Payment October 22, 201		Payment: Check # Debit Card
treet Address		City MENLO PARK		State CA	Zip Code
urpose of Expenditure by code) A-OTHER	Description ADVERTISING FACEBOOK		Event #	25	Amount
xpenditure # fapplicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement sough		rdinated with reimbursement sou		
ame of Payee			Date of Payment	Method of	Payment:
CHARD BUFORD)		October 22, 201	₃ I ⊙⊲	Check # <mark>892</mark> Debit Card
eet Address		City		State	Zip Code
rpose of Expenditure code) WAGE	Description WAGE SAFF		Event #		Amount
penditure # applicable)	Type of Expenditure (if applicable) Itemization i Coordinated without reimbursement sough		dinated with reimbursement soug	100	
me of Payee			Date of Payment	Made de CP	
RBARA HOLDEN	l		October 22, 2013	Method of P	heck #893 ebit Card
et Address 9 FOUNTAIN STI	REET	City NEW HAVEN	•	State CT	Zip Code 06511
pose of Expenditure code) WAGE	Description WAGE STAFF		Event #	100	Amount
	<u> </u>		Inated with reimbursement sough		
enditure #	Type of Expenditure (if applicable) Itemization in Coordinated without reimbursement sough		O B OC O D OE	"	

Section P. ADDITIONAL PAGE³⁷ of 55

NAME OF COMMI Toni Harp 2013	THEE Congression of the Congress			PE OF REPORT		·	
		P. Expenses Paid by Comm		tober 29th Filin	g		
lame of Payee		1. Expenses I and by Commi		of Payment	he i		
GEORGE E. CART	ER			cober 22, 2013	1 6	Method of Payment: Check #894 Debit Card	
Street Address		City			State	Zip Code	
6 TILTON STREE		NEW HAVEN			СТ	06511	
rpose of Expenditure y code) WAGE	Description WAGE STAFF		Event #			Amount	
					100		
spenditure # applicable)	Type of Expenditure (if applicable) Itemiz Coordinated without reimbursement	zation in Addendum P Required O Co nt sought O Independent O Organization:	oordinated with rei	mbursement sought			
une of Payee			Date	of Payment	Methodo	of Payment:	
HARON SANDBI	ERG			ober 22, 2013	©	Check #895 Debit Card	
reet Address		City	•		State	Zip Code	
HILLTOP PLAC	E .	NEW HAVEN			СТ	06515	
rpose of Expenditure y code)	Description	•	Event #	mattetwee.		Amourt	
WAGE	WAGE STAFF				100	Amount	
penditure #	Type of Expenditure (if applicable) Itemiz	ration in Addendum P Required O Co	ordinated with rei-	nbursement sought	'''		
applicable)		nt sought O Independent O Organization:	A O B OC	D OF			
me of Payee							
GENA CROCKE	П		1	of Payment	Method of	Payment: Check #896	
eet Address			Octo	ober 22, 2013		Debit Card	
HILLTOP ROAL)	City NEW HAVEN			State	Zip Code	
		NEW HAVEN			CT	06515	
pose of Expenditure code) WAGE	Description		Event #			Amount	
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me of Payee		M	Date of	f Payment	Method of	Payment:	
ARIA LANGSTOI	V		Octo	ber 22, 2013	O (Check # <mark>897</mark> Debit Card	
eet Address		City	·		State	Zip Code	
LODGE STREET	•	NEW HAVEN			CT	06515	
pose of Expenditure	Description		Event #			Amount	
wage	WAGE STAFF					Amount	
enditure #	Type of Expenditure (if applicable) Itemiza	tion in Addards B.B	1		80		
oplicable)		sought O Independent O Organization	rdinated with reim				
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NAME OF COMM		ÆE			TYPE OF REPORT		
Toni Harp 2013	and the	SN6525-510-5 (2003)			October 29th Filin	ig	
		P. Expenses	s Paid by Committee	e			
Name of Payee	~~			SixKikesen	Date of Payment	Method o	f Payment:
ARTHUR STUAR					October 22, 2013	9	Check #898 Debit Card
Street Address	-		City			State	Zip Code
18 HOTCHKISS S	TR'ذ	ÆET	NEW HAVEN			СТ	06510
Purpose of Expenditure	; 7	Description	<u></u>	Event	ıt #	+	
(by code) WAGE	1	WAGE STAFF					Amount
Expenditure #	T	Type of Expenditure (if applicable) Itemization in Addendum F	P Required Coordin		with reimbursement sought	100	
(if applicable)	(Coordinated without reimbursement sought O Independent	dent O Organization: O4	ateu B	OC OD OE		
Name of Payee					Date of Payment	Method of	Darmante
PRISCILLA KNOX	•				October 22, 2013	Q (Check # 899
Street Address		,	City			State	Debit Card Zip Code
924 ELM STREET		I	NEW HAVEN			CT	06511
Purpose of Expenditure	T	Description	<u> </u>	Event	. 11	<u> </u>	
(by code) WAGE		WAGE STAFF		Even	#		Amount
Expenditure #				<u></u>		100	
(if applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Coordinated without reimbursement sought O Independent		ited wi	vith reimbursement sought		
Name of Payee	上	Coordinated without reimbursement sought O Independe	ent O Organization: OA				
STACY NELSON					l i	Method of P	
Street Address				1	October 22, 2013		Check #900 Debit Card
83 WOOLSEY			City			State	Zip Code
			NEW HAVEN		1	СТ	06513
Purpose of Expenditure (by code) WAGE	- 1	Description		Event #	#	ĺ	Amount
WAGE	1	WAGE STAFF				100	(*************************************
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1	0	Coordinated without reimbursement sought O Independen	nt O Organization: O		Oc Op Oe	l	
Name of Payee						Method of Pa	overent:
JAMILIA MAEBRY				- 1	October 22, 2013	⊙ Cł	heck #901
Street Address			City				ebit Card
154 DIAMOND ST	íRE!		NEW HAVEN		1	State CT	Zip Code 06510
Purpose of Expenditure	Tr	Description					00010
by code) WAGE	- 1	WAGE STAFF		Event #		F	Amount
Expenditure #	丄					100	
if applicable)	ly _P	To coordinated without raimburgament counts OL to	Required O Coordinate	ed with	h reimbursement sought		
	_	Coordinated without reimbursement sought O Independent	t OOrganization:OA O	B C	C O D OE		
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			TOTAL Section 1	_ 11	11s Page 100		

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NAME OF COMM	ITTEE				TYPE OF REPORT		
Toni Harp 2013					October 29th Filir	ng	
		P. Expense	s Paid by Committ	ee	2 No. 10 No.		
Name of Payee				00.000000000000000000000000000000000000	Date of Payment	Method (of Payment:
CHRIS PENN					October 22, 2013	1 6	Check #902 Debit Card
Street Address			City			State	Zip Code
573 DIXWELL AV			NEW HAVEN			CT	06511
Purpose of Expenditure (by code)				Even	t #	 	Amount
WAGE	WAGE STAFF					100	· inount
Expenditure # (if applicable)	Type of Expenditure (if applicable)	Itemization in Addendun	P Required Coord	dinated w	vith reimbursement sough	1	
,	O Coordinated without reimbu	rsement sought O Indeper	ndent O Organization: OA	Ов	OC OD OE		
Name of Payee					Date of Payment	 	
JAMES BECKETT					October 22, 2013		f Payment: Check #903
Street Address			City		0000001 22, 2015		Debit Card
425 DIXWELL AV	ENUE		NEW HAVEN			State	Zip Code
Purpose of Expenditure	I Di-i-i		INCW HAVEN			СТ	06110
(by code) WAGE	Description			Event	#		Amount
WAGE	WAGE STAFF					60	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinat				ith reimbursement sought	1	
	O Coordinated without reimbur	rsement sought O Independ	dent Organization:OA	Ов (OC OD OE		
Name of Payee					Date of Payment	Method of	Payment:
TONNY CUTTINO					October 22, 2013		Check #904
Street Address			City			 	Debit Card
41 THOMPSON S	TREET		NEW HAVEN			State	Zip Code
urpose of Expenditure	Description					СТ	06510
by code) WAGE	WAGE STAFF			Event #	Ł		Amount
Expenditure #						80	
expenditure # if applicable)	Type of Expenditure (if applicable) It			nated wit	h reimbursement sought		
	O Coordinated without reimburs	sement sought O Independ	ent O Organization: O	O_B (Oc Od Oe		
lame of Payee					Date of Payment	Method of F	
UNDIATA KEITAZ	.ULU			-	October 22, 2013	Q C	Check #905 Debit Card
treet Address			City			State	Zip Code
29 NEWHALL STI	REET		NEW HAVEN			CT	06511
urpose of Expenditure	Description			Event #			00311
y code)				Even #			Amount
xpenditure #						100	
(applicable)	Type of Expenditure (if applicable) Ite	emization in Addendum P	Required O Coordin	ated with	n reimbursement sought		
	Coordinated without reimburse	ement sought O Independe	ent Organization:OA ($O_B C$	C O D OE		
		CITI	NT0511 0				
		5 U.	BTOTAL Section P	' — III	nis Page 340		

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	ITTEE		TYPE OF REPORT		
Toni Harp 2013	100000000000000000000000000000000000000		October 29th Fili	ng	
Name of Payee		P. Expenses Paid by Comm	ittee		
PHILLIP DENBY			Date of Payment October 22, 2013	0	Payment: Check #907 Debit Card
505 WINCHESTE	R AVENUE	City NEW HAVEN		State	Zip Code 06512
rurpose of Expenditure by code) WAGE	Description WAGE STAFF		Event #	100	Amount
expenditure # (fapplicable)		nization in Addendum P Required O Connent sought O Independent O Organization:	Ordinated with reimbursement sough		
ame of Payee UCIEN POWELL			Date of Payment October 22, 2013	0	Payment: Check #908 Debit Card
17 WINCHESTER	R AVENUE	City NEW HAVEN		State	Zip Code 06511
rpose of Expenditure y code)	Description		Event #	100	Amount
spenditure # applicable)	Type of Expenditure (if applicable) Item Coordinated without reimbursem	nization in Addendum P Required Co	ordinated with reimbursement sough	100	
of Payee OBBIE C. MAEBF	The second second second		Date of Payment October 22, 2013		Payment: Check #909 Debit Card
24 SYLVAIN AVE	ENUE	City NEW HAVEN		State	Zip Code 06511
pose of Expenditure	Description		Event #		Amount
wAGE	WAGE STAFF		יים אינוסט דין על אינו. נאינו איינו דינט אַ אינו דינוטעט אינו איינוטעט אינו איינועט אינו איינועט אינועט אינועט אינועט אינועט אינועט איינועט איינעט איינועט איינועט איינועט איינועט איינועט איינעט איינעט איינע אייע איי	20	Amount
v code) WAGE	Type of Expenditure (if applicable) Item		ordinated with reimbursement sought	20	Amount
penditure #	Type of Expenditure (If applicable) Item Coordinated without reimbursement	ization in Addendum P Required Cocent sought O Independent O Organization:	Date of Payment	Method of I	Payment: Check #910
penditure # supplicable) me of Payce ARY WOODSON	Type of Expenditure (If applicable) Item Coordinated without reimbursement	ent sought O Independent O Organization: C	A OB OC OD OE	Method of I	Payment: Check #910 Debit Card
ne of Payce NRY WOODSON et Address M STREET	Type of Expenditure (if applicable) Item Coordinated without reimbursement		Date of Payment	Method of I	Payment: Check #910
me of Payce ARY WOODSON eet Address M STREET pose of Expenditure code)	Type of Expenditure (If applicable) Item Coordinated without reimbursement	ent sought O Independent O Organization: C	Date of Payment	Method of F	Payment: Check #910 Pebit Card Zip Code
me of Payce ARY WOODSON cet Address M STREET Dose of Expenditure	Type of Expenditure (if applicable) Items Coordinated without reimbursement Description Type of Expenditure (if applicable) Items	ent sought O Independent O Organization: C City NEW HAVEN	Date of Payment October 22, 2013 Event #	Method of F	Payment: Check #910 Pebit Card Zip Code 06513

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(by code) WAGE Expenditure # (If applicable) Name of Payce DANIEL RAVIZZA Street Address	DD-PRICE	P Required Coordinated	October 29th Filing Date of Payment October 22, 2013	Method o	of Payment: Check #911 Debit Card Zip Code
LAUREL UNDERWOO Street Address 73 WOODSIDE TERR. Purpose of Expenditure (by code) WAGE Expenditure # (if applicable) Type Name of Payce DANIEL RAVIZZA Street Address	DD-PRICE CACE Description VAGE STAFF pe of Expenditure (if applicable) Itemization in Addendum	City NEW HAVEN Ev	Date of Payment October 22, 2013	Method o	Check #911 Debit Card
LAUREL UNDERWOO Street Address 73 WOODSIDE TERR. Purpose of Expenditure (by code) WAGE Expenditure # (if applicable) Name of Payce DANIEL RAVIZZA Street Address	DD-PRICE CACE Description VAGE STAFF pe of Expenditure (if applicable) Itemization in Addendum	City NEW HAVEN Ev	October 22, 2013	State	Check #911 Debit Card
Street Address 73 WOODSIDE TERR. Purpose of Expenditure (by code) WAGE Expenditure # (If applicable) Name of Payce DANIEL RAVIZZA Street Address	PACE Description VAGE STAFF pe of Expenditure (if applicable) Itemization in Addendum	NEW HAVEN Ev P Required O Coordinated		State	Debit Card
73 WOODSIDE TERR. Purpose of Expenditure (by code) WAGE Expenditure # (if applicable) Type Name of Payee DANIEL RAVIZZA Street Address	Description VAGE STAFF pe of Expenditure (if applicable) Itemization in Addendum	NEW HAVEN Ev P Required O Coordinated	rent #	State	
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(by code) WAGE Expenditure # (If applicable) Name of Payee DANIEL RAVIZZA Street Address	VAGE STAFF pe of Expenditure (if applicable) Itemization in Addendum	P Required Coordinated	vent #	1	06515
Expenditure # (if applicable) Name of Payee DANIEL RAVIZZA Street Address	pe of Expenditure (if applicable) Itemization in Addendum	P Required Coordinated			
Name of Payee DANIEL RAVIZZA Street Address	pe of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought O Independent	P Required O Coordinated			Amount
Name of Payee DANIEL RAVIZZA Street Address	Coordinated without reimbursement sought O Independent	1 Vedanca Cocamina	ed with reimbursement sought	90	
Name of Payee DANIEL RAVIZZA Street Address		dent Organization: OA O	1 with felliouisement sought		
DANIEL RAVIZZA Street Address		ion Conguination Co-			
Street Address			October 22, 2013		f Payment: Check #912
42 BEERS STREET			October 22, 2013		Debit Card
		City		State	Zip Code
		NEW HAVEN		СТ	06511
(by code)	escription	Eve	ent #		Amount
WAGE W	/AGE STAFF		,	70	• • • • • • • • • • • • • • • • • • • •
	e of Expenditure (if applicable) Itemization in Addendum F		d with reimbursement sought	4	
00	Coordinated without reimbursement sought O Independent	ent Organization:OA OF	3 OC OD OE		
Name of Payee				Method of I	Darmont.
MARCEL L. LAWRENC	.E		October 22, 2013	O C	Check #913
Street Address		City			Debit Card
4 LINCOLN AVEUE	J	BRANFORD		State	Zíp Code
	scription		ent #	<u> </u>	
(by code)	AGE STAFF	~	at#	i	Amount
Expenditure # Type				100	
(if applicable)	of Expenditure (if applicable) Itemization in Addendum P		with reimbursement sought		
Name of Payee	Coordinated without reimbursement sought O Independe	nt O Organization: O OB			
SHENROD DANIELS				Method of P	ayment:
Street Address			October 22, 2013	8 c	Check #914 Debit Card
	WE.	City		State	Zip Code
285 EDGEWOOD AVEN	<u>'</u>	NEW HAVEN		СТ	06511
by code)	cription	Event	nt#		Amount
WAGE	AGE STAFF			120	Alliou
	of Expenditure (if applicable) Itemization in Addendum P		with reimbursement sought	120	
	oordinated without reimbursement sought O Independen		OC O D OE		
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ITTEE				TYPE OF REPORT		
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	P. Expenses	Paid by Committe	ee			
X						of Payment: OCheck #915
				October 22, 2013		Debit Card
7D		ľ			State	Zip Code
· ·		NEW HAVEN			СТ	06511
			Event	<i>¥</i>		Amount
WAGESTAFF					120	
Type of Expenditure (if applicable)	Itemization in Addendum	P Required O Coord	linated wi	th reimbursement sough		
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NO			ł	•		Check #916
		City				Debit Card
-		•				Zip Code
Description						06511
1 '			Event #			Amount
					90	
Type of Expenditure (if applicable) Itemization in Addendum P Required Occordinated with reimbursement sough				reimbursement sought		
O Coordinated without reimbur	rsement sought O Independe	ent Organization:OA	$O_B C$	C O D OE		
CF			I	Date of Payment		f Payment:
5E		Octol		October 22, 2013	OCheck #917 Debit Card	
		City			State	Zip Code
REET		NEW HAVEN			СТ	06513
Description		MANUEL	Event #			
WAGE STAFF						Amount
Type of Expenditure (if applicable) I	temization in Addendum P	Paguired O Coordin			30	
O Coordinated without reimburg	sement sought O Independen	00				
	o macpenaer	it O Organization. Of		<u> </u>		
				1	Method of	Payment: Check #918
				ctober 22, 2013	8	Debit Card
: T	1	•			State	Zip Code
		IEW HAVEN			CT	06517
Description			Event #			Amount
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P. Expenses Paid by Committee Name of Payee JAIQUAN T. HARRIS Surest Address 122 MAPLE STREET Purpose of Expenditure (by code) WAGE Street Address Surest Address 100 Coordinated without reimbursement sought Ondependent Organization Ox DB Ox DD DE Name of Payee Surest Address Surest Address 100 Coordinated without reimbursement sought Ondependent Organization Ox DB Ox DD DE Name of Payee Surest Address Surest Address 100 Date of Payment Ox DB Ox DD DE Name of Payee Surest Address Surest Address 100 Date of Payment Ox DB Ox DD DE Name of Payee Surest Address 100 Date of Payment Ox DB Ox DD DE Name of Payee Surest Address 100 Date of Payment Ox DB Ox DD DE NEW HAVEN CT City NEW HAVEN Date of Payment Ox DB Ox DD DD DE Name of Payee Name of Payment Ox Oxordinated without reimbursement sought Ondependent Oxaganization Ox DB Ox DD DE Name of Payment Oxordinated without reimbursement Sought Oxordinated with reimbursement Sought Oxordinated Without Payment Oxordinated With reimbursement Sought Oxordinated With reimbursement Sought Oxordinated Without Payment Oxordinated Without Payment Oxordin		TYPE OF REPORT			TEE	AME OF COMMITTED IN Harp 2013
Date of Payment October 22, 2013 Method of State October 22, 2013 Method of		October 29th Filing	Paid by Committee	P Fynense	No. of the latest	
Street Address 122 MAPLE STREET City NEW HAVEN	Mahada CD	Date of Payment	r aid by Committee	1. Expense		me of Payee
State CT	Method of Payment: Check #919 Debit Card	1			RIS	
WAGE STAFF Type of Expenditure # Occordinated without reimbursement sought Independent Organization October 22, 2013	1 '	•	•		ΞΤ	
Type of Expenditure # graphicable Type of Expenditure (if applicable) Itemization in Addendum P Required Organization October 22, 2013 O	Amount	#	Ev		•	pose of Expenditure code) WAGE
Method of Cotober 22, 2013 State City NEW HAVEN CT	100	ith reimbursement sought				pplicable)
A STATION COURT Impose of Expenditure was applicable. Type of Expenditure (if applicable) Itemization in Addendum P Required October 22, 2013 City NEW HAVEN Event #	Method of Payment: Check #920 Debit Card					SENIA ARCE
AUB BIDON Test Address 96 JAMES STREET Type of Expenditure # October 22, 2013 City NEW HAVEN Type of Expenditure # October 22, 2013 State CT Type of Expenditure # October 22, 2013 State CT Type of Expenditure # October 22, 2013 State CT Type of Expenditure # October 22, 2013 State CT Type of Expenditure # October 22, 2013 State CT Type of Expenditure # October 22, 2013 State CT Type of Expenditure # October 22, 2013 State CT Type of Expenditure # October 22, 2013 State CT Type of Expenditure (If applicable) Itemization in Addendum P Required October 22, 2013 State CT Type of Expenditure (If applicable) Itemization in Addendum P Required October 22, 2013 State CT Type of Expenditure (If applicable) Itemization in Addendum P Required October 22, 2013 State CT State CT State CT Method of October 22, 2013 State CT State CT Method of October 22, 2013 State CT Method of October 22, 2013 State CT State CT Method of October 22, 2013 State CT State CT Description WAGE WAGE WAGE Description WAGE STAFF NEW HAVEN Event # State CT State CT Method of October 22, 2013 Method of October 22, 2013 State CT Method of October 22, 2013 State CT Method of October 22, 2013			•		RT	
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ABUB BIDON City NEW HAVEN Type of Expenditure # (if applicable) Itemization in Addendum P Required City Coordinated without reimbursement sought ANIRIS QUINONES City City NEW HAVEN CT Date of Payment CT Method of Coordinated with reimbursement sought City NEW HAVEN CT Date of Payment October 22, 2013 Method of Coordinated with reimbursement sought City NEW HAVEN CT Method of October 22, 2013 Method of October 22, 2013 City NEW HAVEN City NEW HAVEN CT State CT Method of October 22, 2013		th reimbursement sought				vlicable)
City NEW HAVEN CT Prose of Expenditure (code) WAGE Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought	Method of Payment: OCheck #921 Debit Card	Date of Payment				e of Payee JB BIDON
WAGE STAFF Type of Expenditure # applicable) Type of Expenditure (if applicable) Itemization in Addendum P Required	tate Zip Code		•			
Type of Expenditure (if applicable) Type of Expenditure (if applicable) Coordinated without reimbursement sought Independent Organization: OB OC Date of Payment October 22, 2013	Amount		Ever		1	ose of Expenditure ode) WAGE
ANIRIS QUINONES Ceet Address 2 A. CINQUE GREEN Pose of Expenditure code) WAGE WAGE STAFF Date of Payment October 22, 2013 City NEW HAVEN CT State CT Event # 80		h reimbursement sought				olicable) '
2 A. CINQUE GREEN Troose of Expenditure VAGE	ethod of Payment: Check #922 Debit Card	Date of Payment N				of Payee IRIS QUINONES
WAGE STAFF 80			•		EN	
	Amount 30		Event			se of Expenditure [Ide] WAGE V
Type of Expenditure (if applicable) Itemization in Addendum P Required		reimbursement sought				
SUBTOTAL Section P — This Page 365		nis Page 365	TOTAL Section P —	SU		

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NAME OF COMMI Oni Harp 2013	IVIBE			TYPE OF REPORT		
		P. Expenses Paid	hu Committe	October 29th Fili	ng	
ame of Payee		1. Expenses raid	by Committee	Date of Payment		
IARIE QUINONE	ES			October 22, 2013		of Payment: Check #923 Debit Card
75 STALTONST	ALL AVENUE	City NEW	HAVEN		State	Zip Code 16513
rpose of Expenditure y code) WAGE	Description WAGE STAFF			Event #	1.50	Amount
penditure # applicable)	Type of Expenditure (if applicable) Iter Coordinated without reimbursen	nization in Addendum P Requinent Sought O Independent O	red O Coordin	ated with reimbursement soug	250	
me of Payee AGDALENA TO	RRES			October 22, 2013	0	of Payment: Check # <u>924</u> Debit Card
BENTON STRE	ET	City HAME	DEN		State	Zip Code 06517
pose of Expenditure code) WAGE	Description WAGE STAFF	1		Event #	155	Amount
penditure # pplicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought Organization: OA OB OC OD OE					
ne of Payee			<u> </u>	Date of Payment		
WANA GALBER	RTH			October 22, 2013	0	f Payment: Check # <mark>925</mark> Debit Card
LVAN AVENUE		City NEW H	IAVEN		State CT	Zip Code 06519
ose of Expenditure code) WAGE	Description WAGE STAFF			Event #	165	Amount
enditure # pplicable)	Type of Expenditure (if applicable) Itemi Coordinated without reimburseme	ization in Addendum P Require	ed O Coordinate	ed with reimbursement sought	1	
e of Payee				Date of Payment October 22, 2013	Method of	Payment: Check # 926 Debit Card
t Address EASTERN STRE	EET D-1417	City NEW H	AVEN		State CT	Zip Code 06513
ose of Expenditure ode) WAGE	Description WAGE STAFF	•	E	vent #	100	Amount
nditure # licable)	Type of Expenditure (if applicable) Itemiz Coordinated without reimbursemen	ration in Addendum P Required it sought Ong	d O Coordinate	d with reimbursement sought B OC D D E	100	
		0110707	I Section D	- This Page 670		

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P. Expenses Paid by Committee Name of Payee HEPODOTOS CAMPAICAIS Date of Payment Method of Payment:	Name of Payme October 22, 2013 Name Oc	NAME OF COMMI	TTEE		TYPE OF REPORT	, ', ', '		
Name of Payment October 22, 2013 Method of Payment	Name of Paysee HERODOTOS CAMPAIGNS Street Address To BROWN STREET Date of Paysment October 22, 2013 Description CONSULTANT Dispected Expenditure Physical Consultant Consultant Consultant Type of Expenditure of Impolicable of Independent Organization On B C D D E State of Payment October 22, 2013 Description Type of Expenditure of Impolicable of Independent Organization On B C D D D E State of Payment October 22, 2013 Date of Payment October 22, 2013 Description Nethod of Payment October 22, 2013 Date of Payment October 22, 201	Toni Harp 2013				ng		
Description Description Constitution Description Constitution Description Constitution Description Constitution Description Description Constitution Description Constitution Description Descript	Date of Payment October 22, 2013 October 22,	Name of Davis		P. Expenses Paid by Committ	tee			
State City NEW HAVEN State City October 22, 2013 October 2	Sincer Address To BROWN STREET Description CONSULTANT Since Zip Code CNSLT CONSULTANT Superaditure # 2,137.5 Amount 2,137.5 Amount 2,137.5 Amount CONSULTANT Type of Expenditure # (#applicable/) Itemization in Addredum P Required Occordinated with reimbursement sought October 22, 2013 Description CT O6511 Amount 2,137.5 Amo	-	MPAIGNS			O (Check #927	
To BROWN STREET	Topic of Expenditure Page of Expenditure	Street Address		City				
Amount Consultant Consultan	Amount Amount			l *			1	
Type of Expenditure (if applicable) Itemization in Addendum P Required Ocoordinated with reimbursement sought Ocoordinated without reimbursement sought Ocoordinated with reimbursement sought Ocoordinated without reimbursement sought Ocoordinated with reimbursement sought Ocoordinated with reimbursement sought Ocoordinated without reimbursement sought Ocoordinated with reimbursement sought Ocoordinated without reimbursement sought Ocoordinated with reimbursement sought Ocoordinated without reimbursement sought Ocoordinated Withou	Type of Expenditure (f applicable) Itemization in Addendum P Required Ocordinated with reimbursement sought Ocordinated without reimbursement sought Ocordinated without reimbursement sought Ocordinated without reimbursement sought Ocordinated without reimbursement sought Ocordinated with reimbursement sought Ocordinated without reimbursement sought Ocordinated with reimbursement sought Ocordinated without reimbursement sought Ocordinated Ocordinated with reimbursement sought Ocordinated Without reimbursement sought Ocordinated Ocordinated With reimbursement sought Ocordinated Ocordinated Without reimbursement sought Ocordinated Ocordinated Ocordinated Ocordinated Wi	ov code)	·		Event #			
Type of Expenditure # Abdress N BRYN MAUR AVENUE #206 N BRYN MAUR AVE	Date of Payment October 22, 2013 State Zip Code Card	f applicable)	Type of Expenditure (if applicable) Ite Coordinated without reimburse	emization in Addendum P Required Coordinated Coordinated Confidence Organization:	dinated with reimbursement sough			
TROWN STREET Type of Expenditure # applicables Description UTERATURE FOR CANVAS Event # Amount 964.1 Type of Expenditure Type of Expenditu	State Zip Code CT O6511 O651	ERODOTOS CAN	MPAIGNS		i i	⊙ c	heck #928	
Amount Spenditure # applicable Itemization in Addendum P Required	Amount State Zip Code Amount	7 BROWN STREE		1 '		State	Zip Code	
Type of Expenditure # applicable) Itemization in Addendum P Required	Type of Expenditure # applicable) Itemization in Addendum P Required Organization OA OB OC OD OE Type of Expenditure # applicable Type of Expenditure (if applicable) Itemization in Addendum P Required Organization OA OB OC OD OE Type of Expenditure (if applicable) Itemization in Addendum P Required Organization OA OB OC OD OE Type of Expenditure (if applicable) Itemization in Addendum P Required Organization OC OF Payment OCtober 22, 2013 Type of Expenditure (if applicable) Itemization in Addendum P Required OCTOP OF OF OCTOP OF OCTOP	v code)	1 .		Event #	1	Amount	
A Date of Payment October 22, 2013 Date of Payment October 22, 2013 Date of Payme	ROWNSTEIN & WEAVER Date of Payment October 22, 2013 October 22,		Type of Expenditure (if applicable) Itemization in Addendum P Required					
Anount State Zip Code	State Zip Code PA 19010 Pose of Expenditure code) A-TV Poenditure # pplicable) Type of Expenditure (if applicable) Itemization in Addendum P Required October 22, 2013 City Description ADVERTISING TV Poenditure # pplicable) Type of Expenditure (if applicable) Itemization in Addendum P Required October 22, 2013 City Manual Coordinated with reimbursement sought October 22, 2013 City Manual Coordinated with reimbursement Sought October 22, 2013 City Manual City Manual Coordinated with reimbursement Sought October 22, 2013 City Manual	ROWNSTEIN & W			Date of Payment	⊙ Ch	eck #929	
Amount Appenditure # penditure penditure penditure # penditure penditure penditure penditure penditure penditure penditure penditure penditure penditure (if applicable) Itemization in Addendum P Required	Amount ADVERTISING TV Penditure # population in Addendum P Required	N BRYN MAUR	AVENUE #206			State	Zip Code	
Type of Expenditure (if applicable) Itemization in Addendum P Required Occordinated with reimbursement sought Occordinated with reimbursement sought Occordinated without reimbursement sought Occordinated with reim	Type of Expenditure (if applicable) Itemization in Addendum P Required Ocoordinated with reimbursement sought Ocoordinated without reimbursement sought October 22, 2013 Date of Payment October 22, 2013 October 22, 2013 October 22, 2013	code)			Event #		mount	
SSION CONTROL October 22, 2013 Method of Payment: October 22, 2013 City MANSFIELD HOLLOW ROAD MANSFIELD CENTER City MANSFIELD CENTER State Zip Code CT 06250 Description PRINT PRINTING PRINTING Type of Expenditure (if applicable) Itemization in Addendum P Required Ocoordinated with reimbursement sought Ocoordinated without reimbursement sought	Date of Payment October 22, 2013 Method of Payment October 22, 2013 City MANSFIELD HOLLOW ROAD Description PRINT PRINTING City MANSFIELD CENTER Event # Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated without reimbursement sought Coordinated w	spplicable)			nated with reimbursement sought B C D D E	2,000		
A A MANSFIELD HOLLOW ROAD City	A A MANSFIELD HOLLOW ROAD City	SSION CONTRO	L			⊙ Che	eck #930	
PRINT PRINTING Type of Expenditure (if applicable) Itemization in Addendum P Required	PRINT PRINTING Type of Expenditure (if applicable) Itemization in Addendum P Required		HOLLOW ROAD				-	
Type of Expenditure (if applicable) Itemization in Addendum P Required	Type of Expenditure (if applicable) Itemization in Addendum P Required	roda)	,	•	Event #		mount	
SUBTOTAL Section P — This Page 10,435.05	SUBTOTAL Section P — This Page 10,435.05	pplicable)			ated with reimbursement sought B OC O D OE	3,333.43		
				SUBTOTAL Section P	— This Page 10,435.05	5		

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Name of Payee PATRICK SCULLY Street Address 119 WEST WYOM	P. Expe	enses Paid by Commi	Haa	October 29th Filin	g	Mi wiew
PATRICK SCULLY Street Address	P. Expe	enses Paid by Commi	ttoo			
PATRICK SCULLY Street Address			ttee			
				Date of Payment October 22, 2013	(Of Payment: Check #931
119 WEST WYOM		City			State	Debit Card Zip Code
		MELROSE			MA	02176
Purpose of Expenditure (by code) MISC	Description LODGING FOR CONSULTANT		Event	#	300	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Added Coordinated without reimbursement sought O Inc.	ndum P Required Cood	ordinated w	ith reimbursement sought		
Name of Payee PATRICK SCULLY				Date of Payment October 22, 2013		f Payment: Check # <u>932</u> Debit Card
Street Address 119 WEST WYOMI	NG AVE, SUITE A	City MELROSE			State MA	Zip Code 02176
Purpose of Expenditure by code) MISC	Description LODGING FOR CONSULTANT		Event #	‡	300	Amount
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Adden Coordinated without reimbursement sought O Ind	dum P Required O Cool	rdinated with	th reimbursement sought		
Name of Payee		<u> </u>		Date of Payment	Method of	Daymant
ASON BARTLETT			1	October 22, 2013	0	Payment: Check # <mark>933</mark> Debit Card
PENDLETON STREE		NEW HAVEN			State CT	Zip Code 06511
urpose of Expenditure by code) CNSLT	Description CONSULTANT		Event #		2,000	Amount
xpenditure # (applicable)	Type of Expenditure (if applicable) Itemization in Addence Coordinated without reimbursement sought O Inde	dum P Required O Coord	dinated with	reimbursement sought	2,000	
ame of Payee OPEYES		Maria	1	Date of Payment October 22, 2013	Method of F	Payment: Theck #934 Debit Card
reet Address O BOX 4308		City HAMDEN			State CT	Zip Code 06514
rpose of Expenditure (code) FOOD	Description LUNCHES - FUNDRAISERS		Event #			Amount
penditure # 1	Type of Expenditure (if applicable) Itemization in Addend Coordinated without reimbursement sought Indep	um P Required Coord	linated with	reimbursement sought	500	
		SUBTOTAL Section	ST 1 S 1 20	TRANSF GARRIER		
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Toni Harp 2013	ITTEE					TYPE OF REPORT		
Super-		MARKEN STATE OF A ST	P			October 29th Filir	ng	
lame of Payee		P.	Expenses Paid b	y Committ				
(INGSLEY OSEI					- 1	Date of Payment October 22, 2013		of Payment: Otheck #935 Debit Card
60 FAIRFIELD A	VE., SUITE 200		City BRIDEP	ORT			State	Zip Code 06604
turpose of Expenditure by code) FNDR	Description DJ FOR FUND	RAISER			Event #	3-A	150	Amount
expenditure # fapplicable)		(if applicable) Itemization in thout reimbursement sought			dinated with	reimbursement sough		
ame of Payee						ate of Payment October 22, 2013	9	of Payment: Check # <u>936</u> Debit Card
treet Address 7 EDGEWOOD A	VENUE		City NEW HA	VEN			State	Zip Code 06511
urpose of Expenditure y code) RCW	Description CELL PHONES	PHONE BANK	· · · · · · · · · · · · · · · · · · ·		Event #		652.4	Amount
xpenditure # fapplicable)		(if applicable) Itemization in A			linated with	reimbursement sought		·o
me of Payee EAL PRINTING (ite of Payment		f Payment:
cet Address	LOWPANT		I c/c		0	ctober 22, 2013)Check # <u>937</u>)Debit Card
D BOX 8488			NEW HA	VEN			State CT	Zip Code 06531
pose of Expenditure code) PRINT	Description PRINTING - HA	ND OUT			Event #		659.3	Amount
penditure # applicable)	Type of Expenditure (fapplicable) Itemization in A nout reimbursement sought	Addendum P Required Independent Orga	Coordin	inated with r	eimbursement sought	033.3	,
me of Payee RIZON eet Address					Dat		Method of	Payment: Check #938 Debit Card
BOX 15062			City				State NY	Zip Code 12212
ose of Expenditure code) OVHD	Description TELEPHONES				Event #		396.14	Amount
enditure # oplicable)	Type of Expenditure (if Coordinated with	applicable) Itemization in Acoustic on the Court reimbursement sought	ddendum P Required Independent Organ	O Coordin	nated with re	imbursement sought	-2011	
			CUPTOTAL	Section P	P This	Page 1,857.99		

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NAME OF COMM Toni Harp 2013	ITTEE					TYPE OF REPORT		
F = 0.0		parentina de la	D 5			October 29th Filin	g	
Name of Payee			P. Expenses	Paid by Co	mmittee			
CAROL KENYHE	RCZ					October 22, 2013	0	of Payment: Check #939 Debit Card
Street Address				City			State	Zip Code
80 TURTLE BAY				BRANFORD			ст	06405
Purpose of Expenditure (by code) CNSLT	- 1	scription DNSULTANT			Even	t #		Amount
Expenditure #							4,095	5
(if applicable)	О	of Expenditure (if applicable) Ite Coordinated without reimburse.	mization in Addendum ment sought O Independ	P Required (dent Organiza	Coordinated witton: OA OB	vith reimbursement sought		
Name of Payee						Date of Payment	Method o	of Payment:
STOP & SHOP Street Address						October 23, 2013	@	Check #866 Debit Card
DIXWELL AVENU				City			State	Zip Code
DIXWELL AVENU	'E			NEW HAVEN			СТ	06510
Purpose of Expenditure (by code)	Des	cription		I	Event	#		
FOOD	FO	OD						Amount
Expenditure #	Type	of Expenditure (if applicable) Iter	nization in Addendum I	P. Daguirad (Conding		39.96	
(if applicable)	Oc	oordinated without reimbursen	nent sought O Independ	ont O Organisati	Coordinated wi	th reimbursement sought		
Name of Payee	<u> </u>		none sought O macpena	en Oorganizati	ion:Ox O B (
PRISCILLA KNOX						Date of Payment October 23, 2013	0	f Payment: Check #944
Street Address				City			State	Debit Card Zip Code
	·						State	Zip Code
Purpose of Expenditure (by code) WAGE	- 1	ription			Event #	f		Amount
WAGE	WA	GE STAFF					100	
Expenditure #	Туре	of Expenditure (if applicable) Item	nization in Addendum P	Required C	Coordinated wit	h reimbursement sought	100	
у присиску		ordinated without reimbursem				OC OD OE		
Name of Payee			-					
SARMARIAN TREM	ABLE					Date of Payment October 23, 2013	Method of	Payment: Check # <mark>949</mark>
street Address						October 23, 2013	Ŏ ⁱ	Debit Card
				City			State	Zip Code
urpose of Expenditure	Desci	íption			Event #			1
WAGE	WA	GE STAFF			L VOIR #			Amount
xpenditure #	Type o	Expenditure (if applicable) Item	ization in Addandum D	Paguinad O	V Carali v I VI		40	
f applicable)		ordinated without reimburseme			Coordinated with	reimbursement sought		
			macpender O macpender	n Oorganizatio	"Ox O B C	OC O B OE		
			SUE	STOTAL Sec	ction P — TI	nis Page 4,274.96		
					cuon i — i i	iis i age		

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NAME OF COMMI	TTEE	A STATE OF THE STA	TYPE OF REPORT		
Toni Harp 2013	State of the state		October 29th Filing		
(A.C.)		P. Expenses Paid by Commi	ittee	1200	
Name of Payee VANESSA HOLM	ES		Date of Payment October 23, 2013	Method of Payment: Otheck #951 Debit Card	
Street Address		City		State Zip Code CT 06511	
Purpose of Expenditure (by code) WAGE	Description WAGE STAFF		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiz Coordinated without reimbursemen	ation in Addendum P Required Control of the Control	pordinated with reimbursement sought	140	
Name of Payee FADRIKA HOLME Street Address	S		Date of Payment October 23, 2013	Method of Payment: Otheck #952 Debit Card	
537 SHERMAN AV		City NEW HAVEN	•	State Zip Code CT 06515	
Purpose of Expenditure (by code) WAGE	Description 06515		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiza Coordinated without reimbursement	ation in Addendum P Required O Coordinate Coordinate O Co	ordinated with reimbursement sought OA OB OC OD OE		
Name of Payee VALERIE MCKINN	IE		Date of Payment October 23, 2013	Method of Payment: Check #945 Debit Card	
Street Address 48 FOOTE STREET	_	City		State Zip Code	
Purpose of Expenditure by code) WAGE	Description WAGE STAFF	•	Event #	Amount	
Expenditure # if applicable)	Type of Expenditure (if applicable) Itemiza Coordinated without reimbursement	tion in Addendum P Required Coo sought O Independent O Organization: O	rdinated with reimbursement sought		
Name of Payee KESHA DENNIE			Date of Payment October 23, 2013	Method of Payment: Check #946 Debit Card	
treet Address		City		State Zip Code	
urpose of Expenditure by code) WAGE	Description WAGE STAFF		Event #	Amount 40	
xpenditure # f applicable)	Type of Expenditure (if applicable) Itemizat Coordinated without reimbursement s	ion in Addendum P Required Coor	rdinated with reimbursement sought		
		SUBTOTAL Section	1 P — This Page 420		

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NAME OF COMMI	TTEE		TYPE OF REPORT	Contract Asset	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Toni Harp 2013			October 29th Fil	ing	
		P. Expenses Paid by Commit			A SECTION ASSESSMENT
Name of Payee			Date of Payment	Method	of Payment:
CANDANCE MAC	KEY		October 23, 2013	9	Check #947 Debit Card
Street Address		City		State	Zip Code
					Zap cour
Purpose of Expenditure	Description		Event #		
(by code) WAGE	WAGE STAFF		Event #		Amount
Expenditure #				100	
(if applicable)	Type of Expenditure (if applicable) Itemiz		rdinated with reimbursement soug	ght	
	Coordinated without reimbursemen	nt sought O Independent O Organization: O	OB OC OD OE	a a s	
Name of Payee			Date of Payment		of Payment:
MANUAL FORD JI	R		October 23, 2013	1 8	Check #948 Debit Card
Street Address		City		State	Zip Code
59 TAYLOR AVEN	UE	NEW HAVEN		СТ	06515
urpose of Expenditure	Description	L	Event #	N ANY SAL	30313
by code) WAGE	WAGE STAFF		CACIT #		Amount
Expenditure #				60	
if applicable)	Type of Expenditure (if applicable) Itemizs		dinated with reimbursement sough	ht	
	Coordinated without reimbursement	t sought O Independent O Organization: OA	OB OC OD OE		
lame of Payee		Colory and the Assessment of the second	Date of Payment		f Payment:
ARMARIAN TREM	ABLE		October 23, 2013	OCheck #949 Debit Card	
treet Address		City		State	Zip Code
50 VALLET STREE	T	NEW HAVEN	NEW HAVEN		06515
urpose of Expenditure	Description		Event #		
y code) WAGE	WAGE STAFF				Amount
xpenditure #	Type of Expenditure (if applicable) Itemiza	distribution and the second		40	
(applicable)		sought O Independent O Organization: O	linated with reimbursement sough	t	
ame of Payee	Coordinated without remipulsement	Sought O Independent O Organization: O	OB OC OD OE		
EORGE E. CARTE			Date of Payment	Method of	
	(Malfieldinen alle Ferdines van 1		October 23, 2013	8	Check #950 Debit Card
reet Address		City City		State	Zip Code
5 TILTON STREET		NEW HAVEN		СТ	06511
rpose of Expenditure	Description		Event #	ODANIA SE	
	WAGE STAFF				Amount
WAGE				40	
wage	Type of Expenditure (if applicable) Itemizet	ion in Addanda - D.D			
penditure #	Type of Expenditure (if applicable) Itemizat		inated with reimbursement sought		
penditure #		tion in Addendum P Required Coordinates Co	OBOCODOE		
penditure #			O B OC O D OE		

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Purpose of Expenditure (by code) WAGE Expenditure # (if applicable) Type Name of Payee	ENUE rescription	Paid by Committee City NEW HAVEN	October 29th Filing Date of Payment October 23, 2013	Method of State	f Payment: OCheck #955 Debit Card Zip Code
DONALD BRYANT Street Address B04 EDGEWOOD AVEI Purpose of Expenditure by code) WAGE Expenditure # if applicable) Name of Payee	ENUE rescription	City NEW HAVEN		State	Check #955 Debit Card
DONALD BRYANT Street Address BO4 EDGEWOOD AVEI Purpose of Expenditure by code) WAGE Expenditure # if applicable) Type O Column of Payee	escription	NEW HAVEN		State	Check #955 Debit Card
(by code) WAGE Expenditure # (sf apphicable) Name of Payee	escription	NEW HAVEN		State	
Purpose of Expenditure (by code) WAGE Expenditure # (if applicable) Type Name of Payce	escription			1	1
(by code) WAGE Expenditure # (if applicable) Name of Payee	•			CT	06510
(if applicable) Name of Payee	WAGE STAFF		Event #	40	Amount
Name of Payee	Type of Expenditure (if applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought O Independent O Organization: OA OB OC OD OE			1	
UNITED ILLUMINATING			Date of Payment October 23, 2013	Method of	Payment: Check # <u>957</u> Debit Card
Street Address PO BOX 9230	į.	City CHELSEA		State MA	Zip Code 02150
(by code)	e Description ELECTRICITY - HEADQUARTERS		Event #	Amount	
	Type of Expenditure (if applicable) Itemization in Addendum P Required O Coordinated with reimbursement sought O Coordinated without reimbursement sought Organization: O B O D E			829.82	
Name of Payee				1.1.1.1.1.1	
SNOW TURNER Street Address			October 23, 2013		Payment: Check # <mark>958</mark> Debit Card
144 EXCHANGE STREE		City NEW HAVEN		State CT	Zip Code 06513
by code)	AGE STAFF	Ev	vent #	310	Amount
	of Expenditure (if applicable) Itemization in Addendum P I oordinated without reimbursement sought Independen		d with reimbursement sought B OC O D OE	310	
lame of Payee				Method of Pa	
IONDA SMITH			October 23, 2013	OCH OD	heck # <u>959</u> ebit Card
treet Address 33 HARPER AVENUE		City NEW HAVEN			Zip Code 06511
y code)	GE STAFF	Ev	rent #		Amount
	of Expenditure (if applicable) Itemization in Addendum P R coordinated without reimbursement sought Independent		with reimbursement sought	800	
		TOTAL Section P —	ESSENCE CONTRACT		

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Toni Harp 2013 Name of Payee R. SAM GHANEY					
R. SAM GHANEY			October 29th Fi	ling	
	· · · · · · · · · · · · · · · · · · ·	P. Expenses Paid by Comm			
			October 23, 201	, G	of Payment: Check #960 Debit Card
Street Address		City		State	Zip Code
213 NORTON STR	EET, APT 2	NEW HAVEN		СТ	06511
Purpose of Expenditure by code)	Description	<u> </u>	Event #		Amount
WAGE	WAGE STAFF			500	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizatio	n in Addendum P Required O Co	pordinated with reimbursement sou		
	Coordinated without reimbursement so	ught O Independent O Organization:	DA OB OC OD OE		
Name of Payee			Date of Payment	Method o	f Payment:
AROL SUBER			October 23, 2013		Check # <u>961</u>
treet Address		City		State	Debit Card
95 STEVENSON R	D.	NEW HAVEN		CT	Zip Code 06515
urpose of Expenditure	Description		Event #		100313
w code) WAGE	WAGE STAFF		Event #		Amount
xpenditure #	Type of Expenditure (if applicable) Itemization	in Add at DD at a DD		320	
fapplicable)	OCoordinated without reimbursement sou	in Addendum P Required Co	ordinated with reimbursement soug	ht	
ame of Payee	out of the state o	ight of independent of Organization:			
ASON BARTLETT			Date of Payment	Method of	Payment: Check # 963
reet Address			October 25, 2013		Debit Card
4 HIGHVIEW TERF	RACE	City		State	Zip Code
CF		NEW HAVEN		CT	06801
rpose of Expenditure code) WAGE	Description WAGE STAFF				Amount
				1,000	
penditure # applicable)	Type of Expenditure (if applicable) Itemization	in Addendum P Required O Coo	rdinated with reimbursement sough	t	
	Coordinated without reimbursement soug	ght O Independent O Organization: O	A OB OC OD OE		
me of Payee			Date of Payment	Method of F	
EXIS PERKINS			October 23, 2013		heck #964 ebit Card
eet Address		City		State	Zip Code
4 MUNSON STRE	ET	NEW HAVEN		ст	06511
pose of Expenditure	Description		Event #	-	<u> </u>
code) WAGE	WAGE STAFF				Amount
penditure # T	ype of Expenditure (if applicable) Itemization i	n Addendum P Required O Coor	dinated with reimbursement sought	200	
pplicable)	Coordinated without reimbursement sough	ht O Independent O Organization OA	O B OC O B OF		
l de la companya de l			O 2 Oc O 2 O E		
		SUBTOTAL Section	P — This Page 2,020		
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Section P. ADDITIONAL PAGE⁵³ of SS

TODI Marb 2013	ITTEE		TYPE OF REPORT		AVIK SIEL	
Toni Harp 2013			October 29th Filir	ng		
Name of Payee		P. Expenses Paid by Comr	nittee			
MAYA WELFARE			Date of Payment October 25, 2013	6	of Payment: Check #965 Debit Card	
39 ELMWOOD R	OAD	City NEW HAVEN		State	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					
ATRICK SKULLY			Date of Payment October 25, 2013	0	f Payment: Check # <u>966</u> Debit Card	
119 WEST WYOMING AVE, SUITE A		City MELROSE		State MA	Zip Code 02176	
curpose of Expenditure by code) CNSLT	Description CONSULTING		Event #	600	Amount	
Expenditure # f applicable)		Type of Expenditure (if applicable) Itemization in Addendum P Required Coordinated with reimbursement sought Coordinated without reimbursement sought O Independent O Organization: OA OB OC OD OE				
Name of Payee HERODOTUS CAMPAIGNS			October 25, 2013	Method of Payment: Check #967 Debit Card		
7 BROWN STREE	ī	City NEW HAVEN		State	Zip Code 06511	
rpose of Expenditure	Description		Event #	New N	Amount	
CNSLT	CONSULTANT	and a serious sear a second common and a first second second second second and common and common second second		5,000		
CNSLT	Type of Expenditure (if applicable) Itemiza		oordinated with reimbursement sought OA OB OC OD OE	5,000		
cnstr spenditure # applicable) ame of Payee ATRICK SKULLY	Type of Expenditure (if applicable) Itemiza	tion in Addendum P Required O Co sought O Independent O Organization:	OA OB OC OD OE Date of Payment October 25, 2013	Method of	Payment: Check # 968 Debit Card	
CNSLT spenditure # applicable) me of Payee ATRICK SKULLY cet Address 9 WEST WYOM!	Type of Expenditure (if applicable) Itemiza		Date of Payment	Method of	Check #968	
cpenditure # applicable) ame of Payee ATRICK SKULLY eet Address 19 WEST WYOM!	Type of Expenditure (if applicable) Itemiza Coordinated without reimbursement	sought O Independent O Organization:	Date of Payment	Method of C	Check #968 Debit Card Zip Code 02176 Amount	
xpenditure # [applicable] ame of Payee ATRICK SKULLY reet Address	Type of Expenditure (if applicable) Itemiza: Coordinated without reimbursement NG AVE., SUITE A Description RENTAL PODIUM Type of Expenditure (if applicable) Itemizat	sought O Independent O Organization: City MELROSE	Date of Payment October 25, 2013 Event #	Method of I	Check #968 Debit Card Zip Code 02176 Amount	

Section P. ADDITIONAL PAGE⁵⁴

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NAME OF COMM	ITTEE		TYPE OF REPORT		BHOW DOWN	
Toni Harp 2013				October 29th Filing		
		P. Expenses Paid by Comm			STEP AND LESS	
Name of Payee			Date of Payment	Method	of Payment:	
IMMANUEL MIS	SIONARY BAPTIST CHURCH		October 25, 201	3	Check #969	
Street Address		City		State	Debit Card Zip Code	
1324 CHAPEL ST	REET	NEW HAVEN		СТ	06511	
Purpose of Expenditure	Description		Event #			
(by code) OVHD	RENTAL OF CENTER				Amount	
Expenditure #	Type of Expenditure (if applicable) Itemizati	ion in Addendum P Required O Co	pordinated with reimbursement sou	300		
(if applicable)	O Coordinated without reimbursement s	ought O Independent O Organization:	A OR OC OR OF	ght		
Name of Payee						
COSCO WHOLES	SALE		Date of Payment		f Payment: Check #970	
Street Address			October 25, 2013	<u> </u>	Debit Card	
718 BOSTON PO	OST RD.	City		State	Zip Code	
		MILFORD		СТ	06460	
by code) MISC	Description		Event #		Amount	
3 10 (5) (6)	MISC - DIAPERS FOR DIAPER DE			137.9	5	
xpenditure # (applicable)	Type of Expenditure (tf applicable) Itemization		ordinated with reimbursement sou	ALL CALLS		
	O Coordinated without reimbursement so	ought O Independent O Organization:	A OB OC OD OE			
ame of Payee			Date of Payment	Method of		
IERODOTUS CAI	MPAIGN		October 25, 2013		Check #971 Debit Card	
reet Address		City		State	Zip Code	
7 BROWN STREE		NEW HAVEN		СТ	06511	
rpose of Expenditure	Description		Event #		Amanet	
RCW	OFFICE EXP - PAPER			61.50	Amount	
spenditure #	Type of Expenditure (if applicable) Itemization	n in Addendum P Required O Coo	rdinated with reimbursement soug	61.58		
	O Coordinated without reimbursement sou		A OB OC OD OE			
ame of Payee			Date of Payment	Method of	Daymant.	
RIAN JENKINS			October 25, 2013	0	Check #	
rect Address	THE REST OF THE PARTY OF THE PA	City			Debit Card	
584 QUINNIPIAC	AVENUE	NEW HAVEN		State	Zip Code 06513	
pose of Expenditure	Description		France #	5	100313	
			Event #		Amount	
	CONSULTANT			The state of the s		
CNSLT	CONSULTANT Type of Expenditure (if continue to a standard			1,432		
CNSLT	Type of Expenditure (if applicable) Itemization		dinated with reimbursement sough			
CNSLT			dinated with reimbursement sough			
code)	Type of Expenditure (if applicable) Itemization		O B OC O D OE	t		

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Coordinated Name of Payee OHN OLSEN RETIREMENT Street Address 1965 DIXWELL AVENUE Description 1/4 PAGE All Expenditure # if applicable) Type of Expenditur Coordinated Type of Expenditur Coordinated Type of Expenditur Coordinated Description Description Description	NT are (if applicable) Itemization in without reimbursement sough	City HAMDEN Addendum P Required	Coordinated eation: A B	with reimbursement sought OC OD OE Date of Payment October 25, 2013	Method of State 06513	Check #973 Debit Card Zip Code Amount
Street Address 1016 QUINNIPIAC AVENUE Purpose of Expenditure by code) CNSLT Description CONSULTA Type of Expendit C Coordinated Name of Payee OHN OLSEN RETIREMENT Street Address 1016 QUINNIPIAC AVENUE Description Type of Expenditure C Coordinated Description 1/4 PAGE All Type of Expenditure Ty	NT we (if applicable) Itemization in without reimbursement sough	City NEW HAVI Addendum P Required To Independent Organiz City HAMDEN Addendum P Required O Independent Organiz	Coordinated eation: A B	Date of Payment October 25, 2013 That # With reimbursement sought October 25, 2013 Date of Payment October 25, 2013	Method of State Of State CT	Check #973 Debit Card Zip Code Amount Payment: Check #975 Debit Card Zip Code 06514
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y code)		1 City		107	O D	ebit Card
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