

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CT DEMOCRATIC STATE CENTRAL COMMITTEE

ADDRESS (number and street) 179 Allyn Street
 Check if different than previously reported. (ACC)
Hartford CT 06103

2. **FEC IDENTIFICATION NUMBER** C00167320
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Emma Pierce

Signature of Treasurer Electronically Filed by Emma Pierce Date 09 19 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		76255.75
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	184127.05									
(c) Total Receipts (from Line 19)	20804.15	2200339.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	204931.20	2276595.14								
7. Total Disbursements (from Line 31)	53699.79	2125363.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	151231.41	151231.41								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5000.00	399025.00
(i) Itemized (use Schedule A)	0.00	63791.00
(ii) Unitemized	5000.00	462816.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	122270.00
(c) Other Political Committees (such as PACs)	0.00	585086.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	1448257.94
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1425.59	7552.93
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	2500.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	14378.56	133729.28
(b) Levin Funds (from Schedule H5)	0.00	23213.24
(c) Total Transfer (add 18(a) and 18(b)).	14378.56	156942.52
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20804.15	2200339.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6425.59	2043396.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	2854.02	118037.00
(ii) Non-Federal Share.....	10736.57	198040.84
(b) Other Federal Operating Expenditures.....	10731.80	125871.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	24322.39	441948.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	50.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	164756.20
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2500.00
29. Other Disbursements.....	900.00	15150.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	6504.50
(ii) "Levin" Share	0.00	24469.34
(b) Federal Election Activity Paid Entirely With Federal Funds	28477.40	1469984.74
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	28477.40	1500958.58
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	53699.79	2125363.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	42963.22	1902853.55

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5000.00	585086.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	582586.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13585.82	243908.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	1425.59	7552.93
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12160.23	236355.18

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SL1

NAME OF COMMITTEE (In Full) CT DEMOCRATIC STATE CENTRAL COMMITTEE
NAME OF ACCOUNT LEVIN

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... <small>(Use Schedule L-A)</small>	0.00	25600.00
b. Unitemized.....	0.00	-7500.00
c. Total.....	0.00	18100.00
2. OTHER RECEIPTS.....	0.00	7500.00
3. TOTAL RECEIPTS..... <small>(Add Lines 1c and 2)</small>	0.00	25600.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT <small>(Use Schedule L-B)</small>		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	24469.34
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	24469.34
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... <small>(Add Lines 4e and 5)</small>	0.00	24469.34
7. BEGINNING CASH ON HAND..... <small>(for Column B, use cash as of January 1st)</small>	1130.66	0.00
8. RECEIPTS..... <small>(from Line 3)</small>	0.00	25600.00
9. SUBTOTAL..... <small>(Add Lines 7 and 8)</small>	1130.66	25600.00
10. DISBURSEMENTS..... <small>(From Line 6)</small>	0.00	24469.34
11. ENDING CASH ON HAND..... <small>(Subtract Line 10 From Line 9)</small>		1130.66

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 50	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Vincent Roberti

Mailing Address 14 North Main Street
Apt. 2

City Kent State CT Zip Code 06757

FEC ID number of contributing federal political committee. **C**

Name of Employer Palisades Pictures Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	0	6

Transaction ID: 70122.C54199

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 50
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Comfort Suites		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 275 Otrobando Avenue		Transaction ID: 70122.C54196	
City State Zip Code Norwich CT 06360-	Amount of Each Receipt this Period 874.24		
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 874.24		

Full Name (Last, First, Middle Initial) B. Katharine Dischino		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 43 Prudence Drive		Transaction ID: 70122.C54194	
City State Zip Code Stamford CT 06907-	Amount of Each Receipt this Period 497.42		
FEC ID number of contributing federal political committee. C	Offsets to Operating Expenditure		
Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 994.84		

SUBTOTAL of Receipts This Page (optional) ▶	1371.66
TOTAL This Period (last page this line number only) ▶	1371.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: 70131.E15440 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 225 2nd Avenue		Amount of Each Disbursement this Period 89.45
City Waltham State MA Zip Code 02451-1122	Purpose of Disbursement PAYROLL SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL SERVICES

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: 70131.E15434 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 225 2nd Avenue		Amount of Each Disbursement this Period 55.38
City Waltham State MA Zip Code 02451-1122	Purpose of Disbursement PAYROLL SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL SERVICES

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: 70131.E15441 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 225 2nd Avenue		Amount of Each Disbursement this Period 222.60
City Waltham State MA Zip Code 02451-1122	Purpose of Disbursement PAYROLL SERVICES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶	367.43
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: 70131.E15435 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 225 2nd Avenue		Amount of Each Disbursement this Period 55.38
City Waltham State MA Zip Code 02451-1122	PAYROLL SERVICES	
Purpose of Disbursement PAYROLL SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: 70131.E15442 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address 225 2nd Avenue		Amount of Each Disbursement this Period 58.13
City Waltham State MA Zip Code 02451-1122	PAYROLL SERVICES	
Purpose of Disbursement PAYROLL SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Anthem Blue Cross		Transaction ID: 70122.E15408 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 778		Amount of Each Disbursement this Period 534.63
City Lewiston State ME Zip Code 04243-0778	HEALTH INSURANCE	
Purpose of Disbursement HEALTH INSURANCE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	648.14
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. CT SUI Full Name (Last, First, Middle Initial) Mailing Address 200 Folly Brook Blvd. City Wethersfield State CT Zip Code 06109-1153 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70122.E15381 Date of Disbursement 12 / 15 / 2006 Amount of Each Disbursement this Period 37.80 PAYROLL TAXES
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B. IRS/FUTA Full Name (Last, First, Middle Initial) Mailing Address City Andover State MA Zip Code 01810- Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70122.E15380 Date of Disbursement 12 / 15 / 2006 Amount of Each Disbursement this Period 7.20 PAYROLL TAXES
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C. IRS/FICA Full Name (Last, First, Middle Initial) Mailing Address City Andover State MA Zip Code 05501-0001 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E12749 Date of Disbursement 11 / 30 / 2006 Amount of Each Disbursement this Period 220.67 PAYROLL TAXES
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SUBTOTAL of Disbursements This Page (optional) ▶	265.67
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. IRS/FICA		Transaction ID: 70122.E15386
Mailing Address		Date of Disbursement MM / DD / YYYY 12 / 14 / 2006
City Andover	State MA	Zip Code 05501-0001
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 220.67
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
State: District:		

Full Name (Last, First, Middle Initial) B. IRS/FICA		Transaction ID: 70122.E15378
Mailing Address		Date of Disbursement MM / DD / YYYY 12 / 15 / 2006
City Andover	State MA	Zip Code 05501-0001
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 68.85
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
State: District:		

Full Name (Last, First, Middle Initial) C. IRS/FICA		Transaction ID: 70122.E15388
Mailing Address		Date of Disbursement MM / DD / YYYY 12 / 28 / 2006
City Andover	State MA	Zip Code 05501-0001
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Amount of Each Disbursement this Period 220.67
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
State: District:		

SUBTOTAL of Disbursements This Page (optional)	510.19
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Justin Kronholm		Transaction ID: 61205.E12722 Date of Disbursement 11 / 30 / 2006	
Mailing Address 10 Old Depot Road		Amount of Each Disbursement this Period 2884.61	
City Chester State CT Zip Code 06412-1242	Purpose of Disbursement PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Justin Kronholm		Transaction ID: 70122.E15382 Date of Disbursement 12 / 14 / 2006	
Mailing Address 10 Old Depot Road		Amount of Each Disbursement this Period 2884.61	
City Chester State CT Zip Code 06412-1242	Purpose of Disbursement PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Justin Kronholm		Transaction ID: 70122.E15383 Date of Disbursement 12 / 28 / 2006	
Mailing Address 10 Old Depot Road		Amount of Each Disbursement this Period 2884.61	
City Chester State CT Zip Code 06412-1242	Purpose of Disbursement PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	8653.83
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Peoples Bank		Transaction ID: 70131.E15451 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 1 Financial Plaza		Amount of Each Disbursement this Period 10.00
City Hartford State CT Zip Code 06103-2601	WIRE FEE	
Purpose of Disbursement WIRE FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Peoples Bank		Transaction ID: 70131.E15453 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 1 Financial Plaza		Amount of Each Disbursement this Period 20.00
City Hartford State CT Zip Code 06103-2601	BANK FEE	
Purpose of Disbursement BANK FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Peoples Bank		Transaction ID: 70131.E15452 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1 Financial Plaza		Amount of Each Disbursement this Period 31.16
City Hartford State CT Zip Code 06103-2601	BANK FEE	
Purpose of Disbursement BANK FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	61.16
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. Net1 Payment Services

Mailing Address 1501 Farm Credit Drive

City State Zip Code
Mc Lean VA 22102-5004

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70131.E15444

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.52

CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional)

100.52

TOTAL This Period (last page this line number only)

10606.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Mae Flexer		Transaction ID: 70122.E15375 Date of Disbursement 12 / 15 / 2006	
Mailing Address 5 Francis Street Killingly DTC		Amount of Each Disbursement this Period 900.00	
City Danielson State CT Zip Code 06239-1913	Purpose of Disbursement RECOUNT	Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	900.00
TOTAL This Period (last page this line number only)	900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Mattys Corner		Transaction ID: 70131.E15460 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 2816 Fairfield Avenue		Amount of Each Disbursement this Period 694.51
City Bridgeport State CT Zip Code 06605-	Category/ Type FOOD	
Purpose of Disbursement FOOD		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Murphys Law		Transaction ID: 70220.E15526 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 239 Fairfield Avenue		Amount of Each Disbursement this Period 300.00
City Bridgeport State CT Zip Code 06607-	Category/ Type FOOD	
Purpose of Disbursement FOOD		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David Aguilar		Transaction ID: 70220.E15534 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 74 Arcadia Ave		Amount of Each Disbursement this Period 150.00
City Plainville State CT Zip Code 06062-2402	Category/ Type DOOR-TO-DOOR GOTV	
Purpose of Disbursement DOOR-TO-DOOR GOTV		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1144.51
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Anthem Blue Cross		Transaction ID: 70122.E15409 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 778		Amount of Each Disbursement this Period 2256.35
City Lewiston State ME Zip Code 04243-0778	FEA HEALTH INSURANCE	
Purpose of Disbursement FEA HEALTH INSURANCE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Glenn Butler		Transaction ID: 70220.E15517 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 32 Reed Street		Amount of Each Disbursement this Period 685.46
City Stratford State CT Zip Code 06614-	SALARY	
Purpose of Disbursement SALARY		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Michael Carlo		Transaction ID: 70220.E15520 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 181 White St Pinney Hall		Amount of Each Disbursement this Period 300.00
City Danbury State CT Zip Code 06810-6826	DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3241.81
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Colette DuBose		Transaction ID: 70131.E15490 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 608 N Summerfield Ave		Amount of Each Disbursement this Period 150.00
City Bridgeport State CT Zip Code 06610-2551	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Colette DuBose		Transaction ID: 70131.E15491 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 608 N Summerfield Ave		Amount of Each Disbursement this Period 150.00
City Bridgeport State CT Zip Code 06610-2551	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carrie Gay		Transaction ID: 70131.E15461 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 1575 Boston Ave		Amount of Each Disbursement this Period 50.00
City Bridgeport State CT Zip Code 06610-2640	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Carrie Gay		Transaction ID: 70220.E15516 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 1575 Boston Ave		Amount of Each Disbursement this Period 50.00	
City Bridgeport State CT Zip Code 06610-2640	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE	

Full Name (Last, First, Middle Initial) B. Jon Green		Transaction ID: 70131.E15464 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 538 Fairfield Ave		Amount of Each Disbursement this Period 150.00	
City Stamford State CT Zip Code 06902-7525	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE	

Full Name (Last, First, Middle Initial) C. Maura Halloran		Transaction ID: 61205.E13664 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 270 Mohegan Ave # 3807		Amount of Each Disbursement this Period 105.00	
City New London State CT Zip Code 06320-4125	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE	

SUBTOTAL of Disbursements This Page (optional) ▶	305.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Calvin Harris		Transaction ID: 70220.E15518 Date of Disbursement 12 / 11 / 2006	
Mailing Address 1575 Boston Ave		Amount of Each Disbursement this Period 100.00	
City Bridgeport State CT Zip Code 06610-2640	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE	

Full Name (Last, First, Middle Initial) B. Susan Harrison		Transaction ID: 70131.E15465 Date of Disbursement 12 / 05 / 2006	
Mailing Address 5 Prowitt St		Amount of Each Disbursement this Period 100.00	
City Norwalk State CT Zip Code 06855-1203	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE	

Full Name (Last, First, Middle Initial) C. Jeremy Inpen		Transaction ID: 61205.E14163 Date of Disbursement 11 / 28 / 2006	
Mailing Address 222 Church St # 4530		Amount of Each Disbursement this Period 50.00	
City Middletown State CT Zip Code 06459-3139	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE	

SUBTOTAL of Disbursements This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. IRS/FICA		Transaction ID: 61205.E12745 Date of Disbursement 11 / 30 / 2006
Mailing Address		Amount of Each Disbursement this Period 176.54
City Andover	State MA	
Zip Code 05501-0001		Category/ Type
Purpose of Disbursement FEA PAYROLL TAXES		
Candidate Name		FEA PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. IRS/FICA		Transaction ID: 70122.E15379 Date of Disbursement 11 / 30 / 2006
Mailing Address		Amount of Each Disbursement this Period 161.82
City Andover	State MA	
Zip Code 05501-0001		Category/ Type
Purpose of Disbursement FEA PAYROLL TAXES		
Candidate Name		FEA PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. IRS/FICA		Transaction ID: 70122.E15376 Date of Disbursement 12 / 01 / 2006
Mailing Address		Amount of Each Disbursement this Period 161.82
City Andover	State MA	
Zip Code 05501-0001		Category/ Type
Purpose of Disbursement FEA PAYROLL TAXES		
Candidate Name		FEA PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	500.18
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. IRS/FICA		Transaction ID: 70122.E15387	
Mailing Address		Date of Disbursement	
City Andover		State MA	Zip Code 05501-0001
Purpose of Disbursement FEA PAYROLL TAXES		Amount of Each Disbursement this Period	
Candidate Name		176.54	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	
		FEA PAYROLL TAXES	

Full Name (Last, First, Middle Initial) B. IRS/FICA		Transaction ID: 70122.E15377	
Mailing Address		Date of Disbursement	
City Andover		State MA	Zip Code 05501-0001
Purpose of Disbursement FEA PAYROLL TAXES		Amount of Each Disbursement this Period	
Candidate Name		161.83	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	
		FEA PAYROLL TAXES	

Full Name (Last, First, Middle Initial) C. IRS/FICA		Transaction ID: 70122.E15389	
Mailing Address		Date of Disbursement	
City Andover		State MA	Zip Code 05501-0001
Purpose of Disbursement FEA PAYROLL TAXES		Amount of Each Disbursement this Period	
Candidate Name		176.54	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		<input type="checkbox"/> Other (specify) ▼	
		FEA PAYROLL TAXES	

SUBTOTAL of Disbursements This Page (optional)	514.91
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Belinda Johnson		Transaction ID: 70131.E15466 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 138 Glenn Ave		Amount of Each Disbursement this Period 50.00
City Stamford State CT Zip Code 06902-	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE

Full Name (Last, First, Middle Initial) B. Kanyassha Johnson		Transaction ID: 70131.E15486 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 150 Manhan St Unit 6		Amount of Each Disbursement this Period 50.00
City Waterbury State CT Zip Code 06710-1876	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE

Full Name (Last, First, Middle Initial) C. Latrice Johnson		Transaction ID: 70131.E15484 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 250 Summit St		Amount of Each Disbursement this Period 50.00
City Bridgeport State CT Zip Code 06606-4739	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Juneau Lee		Transaction ID: 70122.E15368 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 50 Kent St		Amount of Each Disbursement this Period 100.00
City Bridgeport State CT Zip Code 06610-1921	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew Macauley		Transaction ID: 70220.E15531 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 181 White Street Pinney Hall		Amount of Each Disbursement this Period 200.00
City Danbury State CT Zip Code 06810-	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dana Mack		Transaction ID: 61207.E15193 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 97 White St		Amount of Each Disbursement this Period 100.00
City Bridgeport State CT Zip Code 06610-2751	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Nina Martin		Transaction ID: 70220.E15522 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 181 White Street Fairfield Hall		Amount of Each Disbursement this Period 200.00
City Danbury State CT Zip Code 06810-	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE

Full Name (Last, First, Middle Initial) B. Richard Matos		Transaction ID: 70220.E15532 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 26 Locust St		Amount of Each Disbursement this Period 50.00
City Meriden State CT Zip Code 06450-2226	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE

Full Name (Last, First, Middle Initial) C. Orlando Moore		Transaction ID: 70122.E15369 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 485 Jane St		Amount of Each Disbursement this Period 50.00
City Bridgeport State CT Zip Code 06608-1707	Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DOOR-TO-DOOR GET-OUT-THE-VOTE

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Moriah Moriarty		Transaction ID: 70122.E15374 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 52 Buckingham Street, Apt. 2		Amount of Each Disbursement this Period 2115.38	
City Hartford State CT Zip Code 06106-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA PAYROLL		

Full Name (Last, First, Middle Initial) B. Moriah Moriarty		Transaction ID: 70122.E15372 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 52 Buckingham Street, Apt. 2		Amount of Each Disbursement this Period 2115.38	
City Hartford State CT Zip Code 06106-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA PAYROLL		

Full Name (Last, First, Middle Initial) C. Moriah Moriarty		Transaction ID: 70122.E15373 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 52 Buckingham Street, Apt. 2		Amount of Each Disbursement this Period 2115.38	
City Hartford State CT Zip Code 06106-	Purpose of Disbursement FEA PAYROLL Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA PAYROLL		

SUBTOTAL of Disbursements This Page (optional) ▶	6346.14
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 28 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Lynnette Nieves		Transaction ID: 70220.E15519 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 122 Milford Street Ext Unit C-4		Amount of Each Disbursement this Period 50.00
City Plainville State CT Zip Code 06062-2482	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sean Nugent		Transaction ID: 61205.E14142 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 50 Fremont St Apt E2		Amount of Each Disbursement this Period 100.00
City Bridgeport State CT Zip Code 06605-1549	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amber Page		Transaction ID: 61205.E12728 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 506 King Street, Unit 9		Amount of Each Disbursement this Period 2307.70
City Bristol State CT Zip Code 06010-4043	Category/ Type FEA PAYROLL	
Purpose of Disbursement FEA PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2457.70
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Amber Page		Transaction ID: 70122.E15384	
Mailing Address 506 King Street, Unit 9		Date of Disbursement 12 / 14 / 2006	
City Bristol	State CT	Zip Code 06010-4043	Amount of Each Disbursement this Period 2307.70
Purpose of Disbursement FEA PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL
State: District:			

Full Name (Last, First, Middle Initial) B. Amber Page		Transaction ID: 70122.E15385	
Mailing Address 506 King Street, Unit 9		Date of Disbursement 12 / 28 / 2006	
City Bristol	State CT	Zip Code 06010-4043	Amount of Each Disbursement this Period 2307.70
Purpose of Disbursement FEA PAYROLL		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEA PAYROLL
State: District:			

Full Name (Last, First, Middle Initial) C. Shaneese Pettway		Transaction ID: 70122.E15367	
Mailing Address 369 Carroll Ave		Date of Disbursement 12 / 21 / 2006	
City Bridgeport	State CT	Zip Code 06607-	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		DOOR-TO-DOOR GET-OUT-THE-VOTE
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4715.40
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Shantay Pettway		Transaction ID: 61205.E14161 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 369 Carroll Ave		Amount of Each Disbursement this Period 50.00
City Bridgeport State CT Zip Code 06607-1815	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ramona Rodriguez		Transaction ID: 70220.E15533 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 76 Union Street #02 W		Amount of Each Disbursement this Period 240.00
City Vernon Rockville State CT Zip Code 06066-3150	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Calynn Ross		Transaction ID: 61205.E13746 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 108 Ridge Rd		Amount of Each Disbursement this Period 420.00
City Terryville State CT Zip Code 06786-4522	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	710.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Michael Russo		Transaction ID: 70220.E15530 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 181 White St Pinney Hall		Amount of Each Disbursement this Period 200.00
City Danbury State CT Zip Code 06810-6826	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. David Sabatino		Transaction ID: 70220.E15527 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address 64 Chester St		Amount of Each Disbursement this Period 150.00
City Plainville State CT Zip Code 06062-2410	Category/ Type DOOR-TO-DOOR GET-OUT-THE-VOTE	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Leighann Scheider		Transaction ID: 70131.E15472 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 6 David Drive		Amount of Each Disbursement this Period 500.00
City Johnson City State NY Zip Code 13790-	Category/ Type SALARY	
Purpose of Disbursement SALARY		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Tristan Scott		Transaction ID: 61205.E14144 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 100.00
City	State Zip Code	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		DOOR-TO-DOOR GET-OUT-THE-VOTE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Horizon Staffing Services		Transaction ID: 70131.E15473 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 64 North Street		Amount of Each Disbursement this Period 2247.50
City	State Zip Code	
Purpose of Disbursement TEMPORARY GOTV WORKERS		TEMPORARY GOTV WORKERS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Jayasri Shaw		Transaction ID: 61205.E13490 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 47 Emerson St		Amount of Each Disbursement this Period 50.00
City	State Zip Code	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		DOOR-TO-DOOR GET-OUT-THE-VOTE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2397.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Glenn Tomlin Full Name (Last, First, Middle Initial) Mailing Address 30 Salem St City Bridgeport State CT Zip Code 06606-5017 Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70131.E15467 Date of Disbursement 12 / 05 / 2006 Amount of Each Disbursement this Period 200.00 DOOR-TO-DOOR GET-OUT-THE-VOTE
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B. Jessica Williams Full Name (Last, First, Middle Initial) Mailing Address 253 Montauk Dr City Stamford State CT Zip Code 06902-6406 Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61207.E15182 Date of Disbursement 12 / 06 / 2006 Amount of Each Disbursement this Period 100.00 DOOR-TO-DOOR GET-OUT-THE-VOTE
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C. Brittany Wilson Full Name (Last, First, Middle Initial) Mailing Address 69 Pine Street City Waterbury State CT Zip Code 06704- Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70220.E15528 Date of Disbursement 12 / 13 / 2006 Amount of Each Disbursement this Period 250.00 DOOR-TO-DOOR GET-OUT-THE-VOTE
--	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial) A. Juan Wilson		Transaction ID: 61205.E14154 Date of Disbursement MM / DD / YYYY 11 / 29 / 2006
Mailing Address 25 Woodlawn Ave		Amount of Each Disbursement this Period 100.00
City Bridgeport	State CT Zip Code 06606-2962	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		DOOR-TO-DOOR GET-OUT-THE-VOTE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Tyeasha Wilson		Transaction ID: 61205.E14146 Date of Disbursement MM / DD / YYYY 11 / 29 / 2006
Mailing Address 199 Read St Fl 2		Amount of Each Disbursement this Period 100.00
City Bridgeport	State CT Zip Code 06607-2020	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		DOOR-TO-DOOR GET-OUT-THE-VOTE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Vanessa Zurita		Transaction ID: 61205.E14156 Date of Disbursement MM / DD / YYYY 11 / 30 / 2006
Mailing Address 30 Orange St		Amount of Each Disbursement this Period 80.00
City Springfield	State MA Zip Code 01108-1217	
Purpose of Disbursement DOOR-TO-DOOR GET-OUT-THE-VOTE		DOOR-TO-DOOR GET-OUT-THE-VOTE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	280.00
TOTAL This Period (last page this line number only) ▶	25463.15

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
 CT DEMOCRATIC STATE CENTRAL COMMITTEE

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- X Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative Generic Voter Drive Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 CT DEMOCRATIC STATE CENTRAL COMMITTEE

NAME OF ACCOUNT DSCG Non-Federal 179 Allyn Street, Sui	DATE OF RECEIPT M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	TOTAL AMOUNT TRANSFERRED 14378.56
---	---	--------------------------------------

BREAKDOWN OF TRANSFER RECEIVED		14378.56
i) Total Administrative		Transaction ID: H370122.C54198
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative)	14378.56
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	14378.56

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Ann Street Station			Allocated Activity or Event Year-To-Date 175127.08		
City Hartford	State CT	Zip Code 06103-	Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6		
Purpose of Disbursement: postage			Transaction ID: H470122.E15390		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.57		2.15		2.72

B. Full Name (Last, First, Middle Initial) United States Postal Service			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Ann Street Station			Allocated Activity or Event Year-To-Date 181507.17		
City Hartford	State CT	Zip Code 06103-	Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6		
Purpose of Disbursement: postage			Transaction ID: H470122.E15391		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
49.14		184.86		234.00

C. Full Name (Last, First, Middle Initial) On-Site Support Service Corp			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2096 Silas Deane Highway Attn: John Longo			Allocated Activity or Event Year-To-Date 171637.68		
City Rocky Hill	State CT	Zip Code 06067-2347	Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6		
Purpose of Disbursement: computer consulting			Transaction ID: H470122.E15392		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
135.21		508.67		643.88

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
184.92		695.68		880.60

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DSL.NET/ MegaPath			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 31785			Allocated Activity or Event Year-To-Date 171805.61		
City Hartford	State CT	Zip Code 06150-1785	Date MM / DD / YYYY 12 / 05 / 2006		
Purpose of Disbursement: Internet services			Transaction ID: H470122.E15393		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.27		132.66		167.93

B. Full Name (Last, First, Middle Initial) Xerox			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 660501			Allocated Activity or Event Year-To-Date 172033.11		
City Dallas	State TX	Zip Code 75266-0501	Date MM / DD / YYYY 12 / 05 / 2006		
Purpose of Disbursement: Photo copier			Transaction ID: H470122.E15394		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.78		179.72		227.50

C. Full Name (Last, First, Middle Initial) SKAR LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 Wacona Avenue			Allocated Activity or Event Year-To-Date 175124.36		
City Waterbury	State CT	Zip Code 06705-	Date MM / DD / YYYY 12 / 05 / 2006		
Purpose of Disbursement: Rent			Transaction ID: H470122.E15395		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
648.90		2441.10		3090.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
731.95		2753.48		3485.43

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
ProPark
Mailing Address
1 Union Place
City State Zip Code
Hartford CT 06103-
Purpose of Disbursement:
parking
Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
178663.57
Date 12 / 12 / 2006
Transaction ID: H470122.E15396

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

B. Full Name (Last, First, Middle Initial)
ProPark
Mailing Address
1 Union Place
City State Zip Code
Hartford CT 06103-
Purpose of Disbursement:
parking
Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
181273.17
Date 12 / 18 / 2006
Transaction ID: H470122.E15397

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

C. Full Name (Last, First, Middle Initial)
Comcast
Mailing Address
PO Box 6505
City State Zip Code
Chelmsford MA 01824-0905
Purpose of Disbursement:
cable
Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
182852.50
Date 12 / 21 / 2006
Transaction ID: H470122.E15398

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.25		68.66		86.91

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.25		226.66		286.91

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Maura Downes			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 58 Miller Road			Allocated Activity or Event Year-To-Date 178563.57																						
City Broad Brook	State CT	Zip Code 06016-	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
1	2	/	1	1	/	2	0	0	6																
Purpose of Disbursement: media consulting			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H470122.E15399																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

B. Full Name (Last, First, Middle Initial) The Hartford Insurance			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P.O. Box 620			Allocated Activity or Event Year-To-Date 181807.17																						
City New Hartford	State NY	Zip Code 13413-0620	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
1	2	/	2	1	/	2	0	0	6																
Purpose of Disbursement: Liability insurance			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H470122.E15401																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.00		237.00		300.00

C. Full Name (Last, First, Middle Initial) Voter Activation Network			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 54 Regent Street			Allocated Activity or Event Year-To-Date 184363.94																						
City Cambridge	State MA	Zip Code 02140-	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
1	2	/	2	1	/	2	0	0	6																
Purpose of Disbursement: Voter file software			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H470122.E15404																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
399.00		1501.00		1900.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO BOX 27866			Allocated Activity or Event Year-To-Date 182365.61		
City Kansas City	State MO	Zip Code 64184-0001	Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: telephone bill			Transaction ID: H470122.E15405		
Activity or Event Identifier: ADMINISTRATION B 31			Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
76.91		289.34		366.25

B. Full Name (Last, First, Middle Initial) Ace Printery			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 41 Walnut Street Attn: Kathy Quinn			Allocated Activity or Event Year-To-Date 182479.56		
City Hartford	State CT	Zip Code 06120-2829	Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Printing			Transaction ID: H470122.E15406		
Activity or Event Identifier: ADMINISTRATION B 31			Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.93		90.02		113.95

C. Full Name (Last, First, Middle Initial) W.B. Mason			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 111			Allocated Activity or Event Year-To-Date 182765.59		
City Brockton	State MA	Zip Code 02303-0111	Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office supplies			Transaction ID: H470122.E15407		
Activity or Event Identifier: ADMINISTRATION B 31			Date <input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.07		225.96		286.03

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
160.91		605.32		766.23

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Ellington Town Hall			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 55 Main Street			Allocated Activity or Event Year-To-Date 172034.36		
City Ellington	State CT	Zip Code 06029-	Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6		
Purpose of Disbursement: copies			Transaction ID: H470122.E15410		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.26		0.99		1.25

B. Full Name (Last, First, Middle Initial) Peoples Bank Mastercard			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 18055			Allocated Activity or Event Year-To-Date 181173.17		
City Bridgeport	State CT	Zip Code 06601-2855	Date M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6		
Purpose of Disbursement: Credit Card: See below			Transaction ID: H470122.E15411		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
523.42		1969.05		2492.47

C. Full Name (Last, First, Middle Initial) Federal Express Corp			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 1140			Allocated Activity or Event Year-To-Date 18.06		
City Memphis	State TN	Zip Code 38101-1140	Date M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6		
Purpose of Disbursement: ITEMIZED: Shipping			Transaction ID: H470122.E15415		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM]ITEMIZED: Shipping					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.79		14.27		18.06

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
523.68		1970.04		2493.72

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Federal Express Corp
Mailing Address
P.O. Box 1140
City State Zip Code
Memphis TN 38101-1140
Purpose of Disbursement:
ITEMIZED: Shipping
Activity or Event Identifier:
ADMINISTRATION B 31
[MEMO ITEM] ITEMIZED: Shipping

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
18.06
Date 11 / 30 / 2006
Transaction ID: H470122.E15416

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.79		14.27		18.06

B. Full Name (Last, First, Middle Initial)
Federal Express Corp
Mailing Address
P.O. Box 1140
City State Zip Code
Memphis TN 38101-1140
Purpose of Disbursement:
ITEMIZED: Shipping
Activity or Event Identifier:
ADMINISTRATION B 31
[MEMO ITEM] ITEMIZED: Shipping

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
15.96
Date 11 / 30 / 2006
Transaction ID: H470122.E15420

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.35		12.61		15.96

C. Full Name (Last, First, Middle Initial)
Federal Express Corp
Mailing Address
P.O. Box 1140
City State Zip Code
Memphis TN 38101-1140
Purpose of Disbursement:
ITEMIZED: Shipping
Activity or Event Identifier:
ADMINISTRATION B 31
[MEMO ITEM] ITEMIZED: Shipping

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
32.66
Date 11 / 30 / 2006
Transaction ID: H470122.E15419

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.86		25.80		32.66

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Federal Express Corp			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 1140			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">32.66</div>		
City Memphis	State TN	Zip Code 38101-1140	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">11 / 30 / 2006</div> Transaction ID: H470122.E15417		
Purpose of Disbursement: ITEMIZED: Shipping		Category/ Type			
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] ITEMIZED: Shipping					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">6.86</div>		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">25.80</div>		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">32.66</div>	

B. Full Name (Last, First, Middle Initial) Federal Express Corp			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O. Box 1140			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">32.66</div>		
City Memphis	State TN	Zip Code 38101-1140	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">11 / 30 / 2006</div> Transaction ID: H470122.E15418		
Purpose of Disbursement: ITEMIZED: Shipping		Category/ Type			
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] ITEMIZED: Shipping					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">6.86</div>		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">25.80</div>		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">32.66</div>	

C. Full Name (Last, First, Middle Initial) BJs Wholesale Club			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 507 New Park Ave			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">70.04</div>		
City West Hartford	State CT	Zip Code 06110-1326	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">11 / 30 / 2006</div> Transaction ID: H470122.E15421		
Purpose of Disbursement: ITEMIZED: food		Category/ Type			
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] ITEMIZED: food					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">14.71</div>		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">55.33</div>		<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">70.04</div>	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;"> </div>

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
Peoples Bank Mastercard

Mailing Address
PO Box 18055

City State Zip Code
Bridgeport CT 06601-2855

Purpose of Disbursement:
ITEMIZED: Finance charges

Activity or Event Identifier:
ADMINISTRATION B 31
[MEMO ITEM] ITEMIZED: Finance charges

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
12.15
Date 11 / 30 / 2006
Transaction ID: H470122.E15412

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.55		9.60		12.15

B. Full Name (Last, First, Middle Initial)
First & Last Tavern

Mailing Address
939 Maple Avenue

City State Zip Code
Hartford CT 06114-2730

Purpose of Disbursement:
ITEMIZED: Food

Activity or Event Identifier:
ADMINISTRATION B 31
[MEMO ITEM] ITEMIZED: Food

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
82.15
Date 11 / 30 / 2006
Transaction ID: H470122.E15426

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.25		64.90		82.15

C. Full Name (Last, First, Middle Initial)
RadioShack

Mailing Address
39 South Main Street

City State Zip Code
W Hartford CT 06107-

Purpose of Disbursement:
ITEMIZED: Audio equipment

Activity or Event Identifier:
ADMINISTRATION B 31
[MEMO ITEM] ITEMIZED: Audio equipment

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date
25.51
Date 11 / 30 / 2006
Transaction ID: H470122.E15413

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.36		20.15		25.51

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Subway			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 471 Farmington Avenue			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">39.11</div>	
City	State	Zip Code	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 1 / 3 0 / 2 0 0 6</div>	
Hartford	CT	06105-		
Purpose of Disbursement: ITEMIZED: Food			Transaction ID: H470122.E15425	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.21		30.90		39.11

B. Full Name (Last, First, Middle Initial) Super Foodmart			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 772 North Main Street			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">15.48</div>	
City	State	Zip Code	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 1 / 3 0 / 2 0 0 6</div>	
W Hartford	CT	06117-		
Purpose of Disbursement: ITEMIZED: food			Transaction ID: H470122.E15414	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.25		12.23		15.48

C. Full Name (Last, First, Middle Initial) APC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6470 East Johns Crossing Suite 100			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">182863.94</div>	
City	State	Zip Code	Date M M / D D / Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 / 2 1 / 2 0 0 6</div>	
Duluth	GA	30097-		
Purpose of Disbursement: Conference call			Transaction ID: H470122.E15427	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.40		9.04		11.44

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.40		9.04		11.44

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Charter Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 830034			Allocated Activity or Event Year-To-Date 175141.76	
City	State	Zip Code	Category/ Type	
Baltimore	MD	21280-		
Purpose of Disbursement: internet			Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H470131.E15468	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.08		11.60		14.68

B. Full Name (Last, First, Middle Initial) AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 27866			Allocated Activity or Event Year-To-Date 170993.80	
City	State	Zip Code	Category/ Type	
Kansas City	MO	64184-0001		
Purpose of Disbursement: telephone bill			Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H470131.E15474	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.29		174.16		220.45

C. Full Name (Last, First, Middle Initial) AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 27866			Allocated Activity or Event Year-To-Date 176603.35	
City	State	Zip Code	Category/ Type	
Kansas City	MO	64184-0001		
Purpose of Disbursement: telephone bills			Date M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H470131.E15487	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
306.93		1154.66		1461.59

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
356.30		1340.42		1696.72

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) InfoHighway Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 39 Broadway, 19th floor			Allocated Activity or Event Year-To-Date 178463.57	
City	State	Zip Code	Date M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: H470131.E15488	
New York	NY	10006-		
Purpose of Disbursement: telephone bill			Category/ Type	
Activity or Event Identifier: ADMINISTRATION B 31				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
377.29		1419.33		1796.62

B. Full Name (Last, First, Middle Initial) Coachs Bar and Grill			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 187 Allyn Street			Allocated Activity or Event Year-To-Date 176666.95	
City	State	Zip Code	Date M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6 Transaction ID: H470220.E15524	
Hartford	CT	06103-		
Purpose of Disbursement: food			Category/ Type	
Activity or Event Identifier: ADMINISTRATION B 31				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.36		50.24		63.60

C. Full Name (Last, First, Middle Initial) Lon Seidman			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 76 Bushs Hill Road			Allocated Activity or Event Year-To-Date 178680.70	
City	State	Zip Code	Date M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6 Transaction ID: H470220.E15529	
Ivoryton	CT	06442-		
Purpose of Disbursement: telephone reimbursement			Category/ Type	
Activity or Event Identifier: ADMINISTRATION B 31				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.60		13.53		17.13

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
394.25		1483.10		1877.35

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
CT DEMOCRATIC STATE CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) Accessline Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address SE 8th Street			Allocated Activity or Event Year-To-Date 17.13		
City Bellevue	State WA	Zip Code 98004-	Date M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6		
Purpose of Disbursement: telephone bill			Transaction ID: H470220.E15543		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] telephone bill					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.60		13.53		17.13

B. Full Name (Last, First, Middle Initial) AT&T			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO BOX 27866			Allocated Activity or Event Year-To-Date 181999.36		
City Kansas City	State MO	Zip Code 64184-0001	Date M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6		
Purpose of Disbursement: telephone bill			Transaction ID: H470220.E15541		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.36		151.83		192.19

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.36		151.83		192.19

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
2854.02		10736.57		13590.59

Image# 27931204365

Form/Schedule: **F3XA**

Transaction ID: **C00167320**

FEC Amendment for Amended Year End Report (11/28/06 - 12/31/06) received 6/11/06 Q.1 Due to a computer programming error, the totals listed in Column B on the disbursement pages were not adding correctly, this has been corrected and the year-to-date totals are correct in this amended report. Q.2. Due to an error in a previous report, Line 8 was not adding correctly. This has been corrected and the Cash-on-hand at the close of the current reporting period is equal to the closing calendar year-to-date cash on hand amount. Q.3. Also due to a computer software issue in a previous report, Schedule L, Line 7A, 9A, 10A and 11B were off. This issue has been resolved and this amended report now displays a corrected Schedule L.
