

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CT WORKING FAMILIES FEDERAL PAC D/B/A TAKE BACK CONGRESS CT

ADDRESS (number and street) 30 ARBOR STREET SUITE 210 HARTFORD CT 06106 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00428649 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 Year-End 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) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) 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 (12S) Election on 11/06/2018 in the State of CT (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 10/01/2018 through 10/17/2018

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 Becotte, Donna, , ,

Signature of Treasurer Becotte, Donna, , , [Electronically Filed] Date 10/25/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**CT WORKING FAMILIES FEDERAL PAC D/B/A TAKE BACK CONGRESS CT**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text"/>	<input type="text" value="53991.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="66987.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12.00"/>	<input type="text" value="18480.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="66999.87"/>	<input type="text" value="72471.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8305.62"/>	<input type="text" value="13777.36"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58694.25"/>	<input type="text" value="58694.25"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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 WORKING FAMILIES FEDERAL PAC D/B/A TAKE BACK CONGRESS CT**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	0.00	5860.00
(ii) Unitemized .....	12.00	120.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12.00	5980.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	12500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12.00	18480.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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).....	0.00	0.00
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	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12.00	18480.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12.00	18480.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	242.89	5714.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	242.89	5714.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	8062.73	8062.73
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	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8305.62	13777.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8305.62	13777.36

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12.00	18480.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12.00	18480.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	242.89	5714.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	242.89	5714.63

**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"/> 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 WORKING FAMILIES FEDERAL PAC D/B/A TAKE BACK CONGRESS CT**

Full Name (Last, First, Middle Initial)

**A. Vincenty, Cristina, , ,**

Mailing Address 55 Ironworks Road

City  
Killingworth

State  
CT

Zip Code  
06419

Purpose of Disbursement  
mileage reimbursement

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			04			2018					

FEC Identification Number

C

Transaction ID : SB21B.4646

Amount of Each Disbursement this Period

242.89
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

242.89
--------

242.89
--------

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>CT WORKING FAMILIES FEDERAL PAC D/B/A TAKE BACK CONGRESS CT</b>					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee			
		Mailing Address			
		City		State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee <b>CCM &amp; Co.</b>		<input type="checkbox"/> Memo Item		Purpose of Expenditure palm cards, lit, general survey	
Mailing Address 1022 Boulevard #339				006 Category/Type	
City West Hartford		State CT		Date 10 / 04 / 2018	
Zip Code 06119					
Name of Federal Candidate Supported HAYES, JAHANA, , ,		Office Sought: <input checked="" type="checkbox"/> House		State: CT	
		<input type="checkbox"/> Senate		District: 05	
		<input type="checkbox"/> Presidential			
Aggregate General Election Expenditure for this Candidate ▶		2205.70		Amount 2205.70	
		<b>Transaction ID : SF.4644</b>			
Full Name (Last, First, Middle Initial) of Each Payee <b>CCM &amp; Co.</b>		<input type="checkbox"/> Memo Item		Purpose of Expenditure palm cards, campaign lit, general survey	
Mailing Address 1022 Boulevard #339				006 Category/Type	
City West Hartford		State CT		Date 10 / 04 / 2018	
Zip Code 06119					
Name of Federal Candidate Supported MURPHY, CHRISTOPHER S MR, ,		Office Sought: <input checked="" type="checkbox"/> Senate		State: CT	
		<input type="checkbox"/> House		District: 00	
		<input type="checkbox"/> Presidential			
Aggregate General Election Expenditure for this Candidate ▶		1357.03		Amount 1357.03	
		<b>Transaction ID : SF.4645</b>			
Full Name (Last, First, Middle Initial) of Each Payee <b>TruCorps - Eastern Region</b>		<input type="checkbox"/> Memo Item		Purpose of Expenditure payroll reimbursement	
Mailing Address 228 Park Avenue South - 28822				001 Category/Type	
City New York		State NY		Date 10 / 16 / 2018	
Zip Code 10003					
Name of Federal Candidate Supported DELAURO, ROSA L, , ,		Office Sought: <input checked="" type="checkbox"/> House		State: CT	
		<input type="checkbox"/> Senate		District: 03	
		<input type="checkbox"/> Presidential			
Aggregate General Election Expenditure for this Candidate ▶		125.00		Amount 125.00	
		<b>Transaction ID : SF.4647</b>			
<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶				3687.73	
<b>TOTAL</b> This Period (last page this line number only).....▶					

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)  
**CT WORKING FAMILIES FEDERAL PAC D/B/A TAKE BACK CONGRESS CT**

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee <b>TruCorps - Eastern Region</b>	<input type="checkbox"/> Memo Item	Purpose of Expenditure payroll reimbursement	Category/ Type 001
Mailing Address 228 Park Avenue South - 28822		Date 10 / 16 / 2018	
City New York	State NY	Zip Code 10003	
Name of Federal Candidate Supported MURPHY, CHRISTOPHER S MR, ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: CT District: 00	Amount 1000.00
Aggregate General Election Expenditure for this Candidate ▶ 2357.03 <b>Transaction ID : SF.4649</b>			

Full Name (Last, First, Middle Initial) of Each Payee <b>TruCorps - Eastern Region</b>	<input type="checkbox"/> Memo Item	Purpose of Expenditure payroll reimbursement	Category/ Type 001
Mailing Address 228 Park Avenue South - 28822		Date 10 / 16 / 2018	
City New York	State NY	Zip Code 10003	
Name of Federal Candidate Supported HAYES, JAHANA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: CT District: 05	Amount 3375.00
Aggregate General Election Expenditure for this Candidate ▶ 5580.70 <b>Transaction ID : SF.4650</b>			

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	Category/ Type
Mailing Address		Date	
City	State	Zip Code	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			

<b>SUBTOTAL</b> of Expenditures This Page (optional)..... ▶	4375.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	8062.73