

# 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 09 01 2005 through 09 30 2005

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 03 31 2006

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**

Write or Type Committee Name  
CT DEMOCRATIC STATE CENTRAL COMMITTEE

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		46700.05
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	42252.74									
(c) Total Receipts (from Line 19) .....	43988.42	368658.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	86241.16	415358.44								
7. Total Disbursements (from Line 31) .....	29702.11	358819.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56539.05	56539.05								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	974.29									

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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	16125.00	128849.50
(i) Itemized (use Schedule A) .....	6206.00	47461.50
(ii) Unitemized .....	22331.00	176311.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	400.00	575.00
(b) Political Party Committees .....	7500.00	34975.00
(c) Other Political Committees (such as PACs) .....	30231.00	211861.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	5000.00	30849.03
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	190.09
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) .....	8757.42	125758.27
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	8757.42	125758.27
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	43988.42	368658.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35231.00	242900.12

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	8060.82	65970.42
(ii) Non-Federal Share.....	14599.04	123867.56
(b) Other Federal Operating Expenditures.....	851.45	107467.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	23511.31	297305.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	5150.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	4.06
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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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 .....	6190.80	56360.11
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	6190.80	56360.11
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29702.11	358819.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15103.07	234951.83

**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) .....	30231.00	211861.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30231.00	211861.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8912.27	173437.66
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	190.09
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8912.27	173247.57

# 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 6 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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) <b>A. Mary Ellen Cody</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2005
Mailing Address 290 Old Farms Road		<b>Transaction ID: 51020.C52306</b>
City State Zip Code Glastonbury CT 06033-3825	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Homemaker Homemaker	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Marilyn Rossetti</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2005
Mailing Address 253 Freeman Street		<b>Transaction ID: 51020.C52268</b>
City State Zip Code Hartford CT 06106-4309	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation UTC Eng. Asst.	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Koskoff</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005
Mailing Address 350 Fairfield Avenue		<b>Transaction ID: 51020.C52331</b>
City State Zip Code Bridgeport CT 06604-6023	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Occupation Koskoff, Koskoff, and Bieder Attorney	Aggregate Year-to-Date ▼ 3750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 7 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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

**A.** Full Name (Last, First, Middle Initial)  
Patricia LeShane

Mailing Address 1090 Prospect Avenue

City State Zip Code  
Hartford CT 06105-1125

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

Name of Employer Occupation  
Sullivan & LeShane Lobbyist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2005

Transaction ID: 51020.C52267

Amount of Each Receipt this Period  
400.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ann Sheffer

Mailing Address 19 Stony Point Road

City State Zip Code  
Westport CT 06880-5923

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

Name of Employer Occupation  
N/A volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2005

Transaction ID: 51020.C52180

Amount of Each Receipt this Period  
400.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Donna King

Mailing Address 71 Aiken Street Apt .Q16  
Norwalk DTC

City State Zip Code  
Norwalk CT 06851-2144

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

Name of Employer Occupation  
Office of the Treasurer Executive Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2005

Transaction ID: 51020.C52176

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	840.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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

**A.** Full Name (Last, First, Middle Initial)  
Donna King

Mailing Address 71 Aiken Street Apt .Q16  
Norwalk DTC

City Norwalk State CT Zip Code 06851-2144

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

Name of Employer Office of the Treasurer Occupation Executive Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 16 / 2005

Transaction ID: 51020.C52231

Amount of Each Receipt this Period  
50.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Michael Long

Mailing Address 9 Metacom Dr

City Simsbury State CT Zip Code 06070-1851

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

Name of Employer Ensign-Bickford Industries, Inc Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2005

Transaction ID: 51020.C52205

Amount of Each Receipt this Period  
150.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Philip Schonberger

Mailing Address 12 Sill Lane

City Old Lyme State CT Zip Code 06371

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

Name of Employer Self Occupation Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2005

Transaction ID: 51020.C52333

Amount of Each Receipt this Period  
400.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**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 9 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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) <b>A. Anna Migliore</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2005
Mailing Address 336 Evers Street		<b>Transaction ID:</b> 51020.C52225
City Bridgeport	State CT	Zip Code 06610-1303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Dorothy A. Mrowka</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2005
Mailing Address 399 Lebanon Avenue		<b>Transaction ID:</b> 51020.C52303
City Colchester	State CT	Zip Code 06415-2112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>C. Steve Fontana</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2005
Mailing Address 23 Angel Place		<b>Transaction ID:</b> 51020.C52307
City North Haven	State CT	Zip Code 06473-2402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer State of CT	Occupation Legislator	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>560.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 10 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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

**A.** Full Name (Last, First, Middle Initial)  
Barbara Gordon

Mailing Address 195 Wood Pond Road

City State Zip Code  
W Hartford CT 06107

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

Name of Employer Occupation  
CT Seafood Council Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

Transaction ID: 51020.C52168

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Maureen Magnan

Mailing Address 120 Elmfield Street  
West Hartford DTC

City State Zip Code  
W Hartford CT 06110-1824

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

Name of Employer Occupation  
State of CT Aide

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2005

Transaction ID: 51020.C52258

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Gerry Weiner

Mailing Address 15 Bishop Drive  
Woodbridge DTC

City State Zip Code  
Woodbridge CT 06525-2301

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

Name of Employer Occupation  
Self lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2005

Transaction ID: 51020.C52308

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 11 / 47		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
Karen Ann Talamelli

Mailing Address 77 Johnson Avenue

City State Zip Code  
Seymour CT 06483-2734

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

Name of Employer Luchs Associates Inc. Occupation marketing coordinator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2005

Transaction ID: 51020.C52329

Amount of Each Receipt this Period  
160.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jill Ferraiolo

Mailing Address 131 Old Hickory Road

City State Zip Code  
Orange CT 06477-1826

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

Name of Employer State of Conn. Occupation Executive Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2005

Transaction ID: 51020.C52245

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Susan Barrett

Mailing Address 122 Wilton Road

City State Zip Code  
Fairfield CT 06824-4043

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

Name of Employer Town of Stratford Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2005

Transaction ID: 51020.C52166

Amount of Each Receipt this Period  
400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

**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 12 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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

**A.** Full Name (Last, First, Middle Initial)  
Sandra Wagenfeld

Mailing Address 2 Judy Point Lane

City State Zip Code  
Westport CT 06880-6419

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

Name of Employer Occupation  
Aviation Products Management Aviation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2005

Transaction ID: 51020.C52262

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Stewart Greenfield

Mailing Address 279 Sturges Highway

City State Zip Code  
Westport CT 06880-1722

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

Name of Employer Occupation  
Oak Hill Partners Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2005

Transaction ID: 51020.C52334

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Wine & Spirit Wholesalers

Mailing Address 132 Temple Street  
Attn: George Montano

City State Zip Code  
New Haven CT 06525-0952

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

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2005

Transaction ID: 51020.C52315

Amount of Each Receipt this Period  
250.00

Receipt

Note: See memo end of rpt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# 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 13 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input 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

**A.** Full Name (Last, First, Middle Initial)  
Claudia Baio-Downes

Mailing Address 10 Ten Rod Highway  
Rocky Hill DTC

City Rocky Hill State CT Zip Code 06067

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

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2005

Transaction ID: 51020.C52197

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Susan Cocco

Mailing Address 326 Wilton Road East  
Ridgefield DTC

City Ridgefield State CT Zip Code 06877

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

Name of Employer Colangelos Synergy Market- ing Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2005

Transaction ID: 51020.C52239

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dora Stuttman

Mailing Address 2 Cardinal Lane

City Westport State CT Zip Code 06880-1714

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2005

Transaction ID: 51020.C52263

Amount of Each Receipt this Period  
400.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	480.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 14 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input 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) <b>A.</b> Nannette Scudiero		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2005	
Mailing Address 6 Wheeler Drive		Transaction ID: 51020.C52243	
City State Zip Code Danbury CT 06811-3060	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer State of CT Occupation Executive Secretary	Aggregate Year-to-Date ▼ 215.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Hartford Neighborhood Democrats		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2005	
Mailing Address 355 Fairfield Avenue Attn: Donald Romanik		Transaction ID: 51020.C52317	
City State Zip Code Hartford CT 06114-2716	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Hartford Neighborhood Democrat Occupation Treasurer	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Note: See memo end of rpt	

Full Name (Last, First, Middle Initial) <b>C.</b> Jean REXFORD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2005	
Mailing Address 26 W woodland Drive		Transaction ID: 51020.C52270	
City State Zip Code Redding CT 06896	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer CT Patients Rights Occupation Exec Director	Aggregate Year-to-Date ▼ 215.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 15 / 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) CT State Employees Association PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address 760 Capitol Avenue Attn: Steve Reviczky		<b>Transaction ID:</b> 51020.C52312	
City State Zip Code Hartford CT 06106-1206		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation N/A N/A		Note: See memo end of rpt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Gloria Collins		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2005	
Mailing Address 164 Box Mountain Drive		<b>Transaction ID:</b> 51020.C52256	
City State Zip Code Vernon CT 06066-6307		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation N/A Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph F. Coombs		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2005	
Mailing Address 8 Cedar Street		<b>Transaction ID:</b> 51020.C52222	
City State Zip Code Wethersfield CT 06109-1406		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Occupation N/A Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 215.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	480.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 16 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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) <b>A.</b> Nancy J. DiNardo		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2005
Mailing Address 61 Suzanne Circle Trumbull DTC		Transaction ID: 51020.C52226
City Trumbull State CT Zip Code 06611-4537	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date ▼ 3025.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Francine Goldstein		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2005
Mailing Address 2 Judy Point Lane		Transaction ID: 51020.C52254
City Westport State CT Zip Code 06880-6419	Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Aviation Products Management Occupation Aviation	Aggregate Year-to-Date ▼ 80.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Francine Goldstein		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2005
Mailing Address 2 Judy Point Lane		Transaction ID: 51020.C52252
City Westport State CT Zip Code 06880-6419	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Aviation Products Management Occupation Aviation	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	630.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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 17 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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

**A.** Full Name (Last, First, Middle Initial)  
Susan Grady

Mailing Address 25 Westlook Road

City State Zip Code  
Wethersfield CT 06109-1459

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2005

Transaction ID: 51020.C52281

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Linda Hershman

Mailing Address 4 Capri Drive

City State Zip Code  
Norwich CT 06360-1626

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

Name of Employer State of CT Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 16 / 2005

Transaction ID: 51020.C52247

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Charlotte Koskoff

Mailing Address 8 River Edge Court

City State Zip Code  
Plainville CT 06062-3228

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

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

Transaction ID: 51020.C52177

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# 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 18 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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

**A.** Full Name (Last, First, Middle Initial)  
William McCue

Mailing Address PO. Box 1000

City State Zip Code  
New Britain CT 06051-2636

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

Name of Employer McCue Mortgage Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2005

Transaction ID: 51020.C52273

Amount of Each Receipt this Period  
80.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Dominic Palumbo

Mailing Address 1298 Hartford Turnpike, 2-E

City State Zip Code  
North Haven CT 06473-2175

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2005

Transaction ID: 51020.C52170

Amount of Each Receipt this Period  
100.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Judith Russo

Mailing Address 78 Hawks Nest Circle

City State Zip Code  
Middletown CT 06457-1514

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2005

Transaction ID: 51020.C52172

Amount of Each Receipt this Period  
325.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	505.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 19 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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

**A.** Full Name (Last, First, Middle Initial)  
Judith Russo

Mailing Address 78 Hawks Nest Circle

City Middletown State CT Zip Code 06457-1514

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2005

Transaction ID: 51020.C52215

Amount of Each Receipt this Period  
240.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Anne Marie Sutton

Mailing Address 69 West Cross Road

City New Canaan State CT Zip Code 06840-6542

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

Name of Employer Self-Employed Occupation Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2005

Transaction ID: 51020.C52271

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Richard D. Tulisano

Mailing Address 11 Sunny Crest Drive

City Rocky Hill State CT Zip Code 06067

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

Name of Employer State of Connecticut Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2005

Transaction ID: 51020.C52339

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>320.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Marilyn Pillion

Mailing Address 100 Wells Street, Apt. 1003

City State Zip Code  
Hartford CT 06103-2924

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

Name of Employer not employed Occupation not employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

Transaction ID: 51020.C52191

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Galen Wells

Mailing Address 224 West Norwalk Road  
Norwalk DTC

City State Zip Code  
Norwalk CT 06850-4316

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2005

Transaction ID: 51020.C52290

Amount of Each Receipt this Period  
80.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Galen Wells

Mailing Address 224 West Norwalk Road  
Norwalk DTC

City State Zip Code  
Norwalk CT 06850-4316

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2005

Transaction ID: 51020.C52337

Amount of Each Receipt this Period  
50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 21 / 47		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
Deborah DAgostino

Mailing Address 319 Thomaston Road, Unit 21

City State Zip Code  
Watertown CT 06795

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

Name of Employer State of CT. Occupation  
Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
09 / 17 / 2005

Transaction ID: 51020.C52297

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gail Crockett

Mailing Address 31 Plainfield Road

City State Zip Code  
West Hartford CT 06117-1936

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

Name of Employer State of CT. Occupation  
Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
09 / 16 / 2005

Transaction ID: 51020.C52246

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Richard Bieder

Mailing Address 19 Millertown Road

City State Zip Code  
Bedford NY 10506-1304

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

Name of Employer Koskoff, Koskoff, and Bieder Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
09 / 22 / 2005

Transaction ID: 51020.C52328

Amount of Each Receipt this Period  
1250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1330.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 47						
	(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Jones

Mailing Address 101 Harrison Avenue  
New Canaan DTC

City State Zip Code  
New Canaan CT 06840-5804

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

Name of Employer Occupation  
Self Employed Landscaper

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

Transaction ID: 51020.C52190

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Karen Schuessler

Mailing Address 76 Lawson Lane

City State Zip Code  
Ridgefield CT 06877

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

Name of Employer Occupation  
Human Resources Council Special Projects Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 16 / 2005

Transaction ID: 51020.C52241

Amount of Each Receipt this Period  
80.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
John W. Bradley, Jr.

Mailing Address 480 Wells Road

City State Zip Code  
Wethersfield CT 06109-2869

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

Name of Employer Occupation  
Rome McGuigan Sabanosh, PC Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 17 / 2005

Transaction ID: 51020.C52278

Amount of Each Receipt this Period  
40.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	160.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# 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 23 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<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)  
Christopher Perone

Mailing Address 8 East Rocks Road

City State Zip Code  
Norwalk CT 06851-2919

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

Name of Employer State of Connecticut Occupation State Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2005

Transaction ID: 51020.C52324

Amount of Each Receipt this Period  
40.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kim Healey

Mailing Address 187 Weed Street

City State Zip Code  
New Canaan CT 06840

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

Name of Employer New Alliance Bank Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2005

Transaction ID: 51020.C52210

Amount of Each Receipt this Period  
40.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jane Musky

Mailing Address 72 Woods End Road

City State Zip Code  
New Canaan CT 06840

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

Name of Employer Self Occupation Producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2005

Transaction ID: 51020.C52342

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 24 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input 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

**A.** Full Name (Last, First, Middle Initial)  
Frances Evans

Mailing Address 155 Margarite Road Ext.

City Middletown State CT Zip Code 06457-5136

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
09 / 06 / 2005

Transaction ID: 51020.C52173

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Hartford Advocates Fund-CT

Mailing Address Mr. Robert Price, Treasurer  
Hartford Plaza

City Hartford State CT Zip Code 06115

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt  
09 / 20 / 2005

Transaction ID: 51020.C52316

Amount of Each Receipt this Period  
400.00

Receipt

Note: See memo end of rpt

**C.** Full Name (Last, First, Middle Initial)  
Sheila Gasuk

Mailing Address 280 France Street

City Rocky Hill State CT Zip Code 06067

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

Name of Employer Maui Jim USA Occupation Sales Rep.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
09 / 14 / 2005

Transaction ID: 51020.C52213

Amount of Each Receipt this Period  
400.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 47
	(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"/> 14
<input 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

**A.** Full Name (Last, First, Middle Initial)  
Sheila Gasuk

Mailing Address 280 France Street

City State Zip Code  
Rocky Hill CT 06067

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

Name of Employer Occupation  
Maui Jim USA Sales Rep.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2005

Transaction ID: 51020.C52298

Amount of Each Receipt this Period  
150.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
M.P. Guinan Associates, LLC

Mailing Address 44 Capitol Avenue, Suite 401

City State Zip Code  
Hartford CT 06106

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2005

Transaction ID: 51020.C52321

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16125.00

**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 26 / 47
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input 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

**A.** Full Name (Last, First, Middle Initial)  
Friends of Rosa DeLauro

Mailing Address 49 Huntington Street  
Attn: Helaine Lender

City State Zip Code  
New Haven CT 06511-1332

FEC ID number of contributing federal political committee. **C** C00238865

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2005

Transaction ID: 51020.C52357

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Larson For Congress

Mailing Address 29 Ruff Circle  
Attn: Barry Feldman

City State Zip Code  
Glastonbury CT 06033-1437

FEC ID number of contributing federal political committee. **C** C00330142

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2005

Transaction ID: 51020.C52319

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Friends of Chris Dodd 2004

Mailing Address P.O. Box 270701  
Attn: Frank Zullo

City State Zip Code  
West Hartford CT 06127-0701

FEC ID number of contributing federal political committee. **C** C00347310

Name of Employer Occupation  
N/A N/A

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 16 / 2005

Transaction ID: 51020.C52249

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 47	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" 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

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

**A.** Full Name (Last, First, Middle Initial)  
Simsbury DTC

Mailing Address 39 Berkshire Way  
Attn: Erwin S. Marques

City State Zip Code  
Simsbury CT 06070-1201

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

Name of Employer Occupation  
Simsbury DTC Treasurer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2005

Transaction ID: 51020.C52313

Amount of Each Receipt this Period  
400.00

Receipt

Note: See memo end of rpt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	400.00

**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 28 / 47
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input 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) <b>A.</b> ASDC Dollars For Democrats		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2005
Mailing Address 430 South Capitol Street, S.E.		<b>Transaction ID:</b> 51020.C52250
City Washington State DC Zip Code 20003-4024	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer N/A Occupation N/A	Aggregate Year-to-Date ▼ 25000.00	Transfers From Affil./Autoh.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Joan Coyle		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address 41 Maxine Court		<b>Transaction ID:</b> 51020.C52351
City New Britain State CT Zip Code 06051-3712	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 80.00
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date ▼ 160.00	Transfer Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> ITEMIZE: ASDC Dollars for Dems

Full Name (Last, First, Middle Initial) <b>C.</b> Joan Coyle		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address 41 Maxine Court		<b>Transaction ID:</b> 51020.C52350
City New Britain State CT Zip Code 06051-3712	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 80.00
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date ▼ 160.00	Transfer Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> ITEMIZE: ASDC Dollars for Dems

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 47
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input 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

A. Full Name (Last, First, Middle Initial) Margaret Selby Mailing Address P.O. Box 195 City State Zip Code Cornwall Bridge CT 06754-		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005 Transaction ID: 51020.C52354 Amount of Each Receipt this Period 200.00 Transfer Memo <b>[MEMO ITEM]</b> ITEMIZE: ASDC Dollars for Dems
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MJM Creative Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B. Full Name (Last, First, Middle Initial) Charles Lemmen Mailing Address P.O. Box 207 City State Zip Code Falls Village CT 06031-		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005 Transaction ID: 51020.C52355 Amount of Each Receipt this Period 237.50 Transfer Memo <b>[MEMO ITEM]</b> ITEMIZE: ASDC Dollars for Dems
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Edward R. Hamilton Occupation Computer Programmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C. Full Name (Last, First, Middle Initial) UNITEMIZED RECEIPTS Mailing Address 430 South Capitol Street, S.E. City State Zip Code WASHINGTON DC 20003-4024		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005 Transaction ID: 51020.C52353 Amount of Each Receipt this Period 4717.70 Transfer Memo <b>[MEMO ITEM]</b> ITEMIZED: Victory Fund unitemiz
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer N/A Occupation N/A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 112073.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# 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 30 / 47
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input 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) <b>A. UNITEMIZED RECEIPTS</b>		Date of Receipt
Mailing Address 430 South Capitol Street, S.E.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>
City	State	Zip Code
WASHINGTON	DC	20003-4024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 51020.C52352
Name of Employer N/A	Occupation N/A	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="16118.00"/>
	<input type="text" value="112073.20"/>	Transfer Memo
		<b>[MEMO ITEM]</b> ITEMIZED:ASDC unitemized

Full Name (Last, First, Middle Initial) <b>B. Bruce Degen</b>		Date of Receipt
Mailing Address 62 Castle Meadow Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2005"/>
City	State	Zip Code
Newtown	CT	06470-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 51020.C52349
Name of Employer Self	Occupation Artist/Author	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	Transfer Memo
		<b>[MEMO ITEM]</b> ITEMIZE: ASDC Dollars for Dems

Full Name (Last, First, Middle Initial) <b>C. Nando Parete</b>		Date of Receipt
Mailing Address 161 Collindale Drive		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2005"/>
City	State	Zip Code
Meriden	CT	06450-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 51020.C52356
Name of Employer CBRE Realty Finance	Occupation Assistant Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="142.50"/>
	<input type="text" value="142.50"/>	Transfer Memo
		<b>[MEMO ITEM]</b> ITEMIZE: Vicotory Fund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5000.00"/>

**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 31 / 47

<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) <b>A. Peoples Bank Mastercard</b>		<b>Transaction ID:</b> 51215.E11145 Date of Disbursement
Mailing Address PO Box 18055		<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City Bridgeport	State CT	Zip Code 06601-2855
Purpose of Disbursement SEE BELOW: CREDIT CARD 0809 1		Amount of Each Disbursement this Period <input type="text" value="334.66"/>
Candidate Name		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) ▼	
State: District:	SEE BELOW: CREDIT CARD 08-09 1	

Full Name (Last, First, Middle Initial) <b>B. Anthem Blue Cross</b>		<b>Transaction ID:</b> 50920.E10994 Date of Disbursement
Mailing Address P.O. Box 778		<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City Lewiston	State ME	Zip Code 04243-0778
Purpose of Disbursement HEALTH INSURANCE		Amount of Each Disbursement this Period <input type="text" value="191.78"/>
Candidate Name		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) ▼	
State: District:	HEALTH INSURANCE	

Full Name (Last, First, Middle Initial) <b>C. Peoples Bank Mastercard</b>		<b>Transaction ID:</b> 51020.E11056 Date of Disbursement
Mailing Address PO Box 18055		<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City Bridgeport	State CT	Zip Code 06601-2855
Purpose of Disbursement SEE BELOW: CREDIT CARD 0707 1		Amount of Each Disbursement this Period <input type="text" value="265.34"/>
Candidate Name		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) ▼	
State: District:	SEE BELOW: CREDIT CARD 07-07 1	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="791.78"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="791.78"/>

# 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 / 47

<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) <b>A. Anthem Blue Cross</b>		<b>Transaction ID:</b> 51215.E11139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address P.O. Box 778		Amount of Each Disbursement this Period 299.42
City Lewiston State ME Zip Code 04243-0778	FEA HEALTH INSURANCE	
Purpose of Disbursement FEA HEALTH INSURANCE 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>B. Adam Wood</b>		<b>Transaction ID:</b> 51020.E11026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 100 Oxbow Drive, Apt. B6		Amount of Each Disbursement this Period 2692.30
City Glastonbury State CT Zip Code 06033-1686	FEA PAYROLL	
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) ▼

Full Name (Last, First, Middle Initial) <b>C. IRS/FICA</b>		<b>Transaction ID:</b> 51020.E11030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address		Amount of Each Disbursement this Period 205.96
City Andover State MA Zip Code 05501-0001	FEA PAYROLL	
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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3197.68</b>
<b>TOTAL</b> 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 / 47

<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

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

<b>A. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 225 2nd Avenue 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) ▼		<b>Transaction ID:</b> 51020.E11050 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 09 / 14 / 2005 Amount of Each Disbursement this Period 47.43 Category/Type PAYROLL SERVICES
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<b>B. ADP</b> Full Name (Last, First, Middle Initial) Mailing Address 225 2nd Avenue 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) ▼		<b>Transaction ID:</b> 51020.E11051 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 09 / 28 / 2005 Amount of Each Disbursement this Period 47.43 Category/Type PAYROLL SERVICES
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<b>C. Adam Wood</b> Full Name (Last, First, Middle Initial) Mailing Address 100 Oxbow Drive, Apt. B6 City Glastonbury State CT Zip Code 06033-1686 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) ▼		<b>Transaction ID:</b> 51020.E11027 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 09 / 08 / 2005 Amount of Each Disbursement this Period 2692.30 Category/Type FEA PAYROLL
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2787.16
<b>TOTAL</b> 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 / 47

<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

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.** IRS/FICA

Mailing Address

City State Zip Code  
Andover MA 05501-0001

Purpose of Disbursement  
FEA PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 51020.E11031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

205.96

FEA PAYROLL

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

205.96

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

6190.80

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Peoples Bank Mastercard	Nature of Debt (Purpose): See Below: Credit Card 07-07 1
Mailing Address PO Box 18055	
City State ZIP Code Bridgeport CT 06601-2855	

Outstanding Balance Beginning This Period 265.34	<b>Transaction ID: 2LS51020.E11056</b>	
Amount Incurred This Period 0.00	Payment This Period 265.34	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Peoples Bank Mastercard	Nature of Debt (Purpose): See Below: Credit Card 08-09 1
Mailing Address PO Box 18055	
City State ZIP Code Bridgeport CT 06601-2855	

Outstanding Balance Beginning This Period 734.66	<b>Transaction ID: 3LS51215.E11145</b>	
Amount Incurred This Period 0.00	Payment This Period 334.66	Outstanding Balance at Close of This Period 400.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Peoples Bank Mastercard	Nature of Debt (Purpose): Credit Card 0914 1
Mailing Address PO Box 18055	
City State ZIP Code Bridgeport CT 06601-2855	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: LS51215.E11146</b>	
Amount Incurred This Period 574.29	Payment This Period 0.00	Outstanding Balance at Close of This Period 574.29

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>974.29</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>974.29</b>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**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)**(Separate 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 0 9 / 0 6 / 2 0 0 5	TOTAL AMOUNT TRANSFERRED 3849.37
---	---	-------------------------------------

BREAKDOWN OF TRANSFER RECEIVED		3849.37
i) Total Administrative .....		Transaction ID: H351020.C52195
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) .....	
TOTAL This Period (Generic Voter Drive) .....	
TOTAL This Period (Exempt Activities) .....	
TOTAL This Period (Direct Fundraising) .....	
TOTAL This Period (Direct Candidate Support) .....	
TOTAL This Period (Public Communications Referring Only to Party) .....	
TOTAL This Period (Total Amount Transferred) .....	

**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 09 / 27 / 2005	TOTAL AMOUNT TRANSFERRED 4908.05
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BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative .....		4908.05 Transaction ID: H351020.C52343
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) .....	8757.42
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) .....	8757.42

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

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

<b>A. Full Name (Last, First, Middle Initial)</b> SKAR LLC			<b>Type of Allocated Activity:</b> <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 91639.78	
City	State	Zip Code	Category/ Type	
Waterbury	CT	06705-		
Purpose of Disbursement: Rent			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 06 / 2005	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H450920.E10990	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
648.90		2441.10		3090.00

<b>B. Full Name (Last, First, Middle Initial)</b> The Hartford Insurance			<b>Type of Allocated Activity:</b> <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 92016.07	
City	State	Zip Code	Category/ Type	
New Hartford	NY	13413-0620		
Purpose of Disbursement: Liability Insurance			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 14 / 2005	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H450920.E10993	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
79.02		297.27		376.29

<b>C. Full Name (Last, First, Middle Initial)</b> SBC/SNET			<b>Type of Allocated Activity:</b> <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 1861			Allocated Activity or Event Year-To-Date 92707.48	
City	State	Zip Code	Category/ Type	
New Haven	CT	06508-0901		
Purpose of Disbursement: telephone services			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 14 / 2005	
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H450920.E10992	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
145.20		546.21		691.41

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
873.12		3284.58		4157.70

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Staples			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 9020			Allocated Activity or Event Year-To-Date 92750.28																						
City	State	Zip Code	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>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: H450920.E11002			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	4	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	1	4	/	2	0	0	5																
Des Moines	IA	50368-0001																							
Purpose of Disbursement: Office Supplie			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.99		33.81		42.80

<b>B. Full Name (Last, First, Middle Initial)</b> Aristotle International, Inc.			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 East Street, SE			Allocated Activity or Event Year-To-Date 94550.28																						
City	State	Zip Code	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>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: H450920.E10998			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	4	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	1	4	/	2	0	0	5																
Washington	DC	20003-2620																							
Purpose of Disbursement: Computer Software			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
378.00		1422.00		1800.00

<b>C. Full Name (Last, First, Middle Initial)</b> 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 94703.80																						
City	State	Zip Code	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>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table> Transaction ID: H450920.E11000			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	4	/	2	0	0	5
M	M	/				D	D	/	Y	Y	Y	Y													
0	9	/	1	4	/	2	0	0	5																
Brockton	MA	02303-0111																							
Purpose of Disbursement: Office Supplies			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.24		121.28		153.52

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
419.23		1577.09		1996.32

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Crystal Rock			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 1050 Buckingham Street			Allocated Activity or Event Year-To-Date 94740.03		
City Watertown	State CT	Zip Code 06795-6602	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Water			Transaction ID: H450920.E10991		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.61		28.62		36.23

<b>B. Full Name (Last, First, Middle Initial)</b> 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 95900.73		
City Rocky Hill	State CT	Zip Code 06067-2347	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Computer Software Service Contract			Transaction ID: H450920.E10999		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
243.75		916.95		1160.70

<b>C. Full Name (Last, First, Middle Initial)</b> DSL.NET			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 96074.03		
City Hartford	State CT	Zip Code 06150-1785	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: Internet			Transaction ID: H450920.E10995		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.39		136.91		173.30

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
287.75		1082.48		1370.23

**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

<b>A. Full Name (Last, First, Middle Initial)</b> 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 96523.97		
City Dallas	State TX	Zip Code 75266-0501	Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5		
Purpose of Disbursement: Photo Copier Lease			Transaction ID: H450920.E10997		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.49		355.45		449.94

<b>B. Full Name (Last, First, Middle Initial)</b> 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 96652.51		
City Duluth	State GA	Zip Code 30097-	Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5		
Purpose of Disbursement: Conference Call			Transaction ID: H450920.E11001		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.99		101.55		128.54

<b>C. Full Name (Last, First, Middle Initial)</b> 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 97852.51		
City Cambridge	State MA	Zip Code 02140-	Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5		
Purpose of Disbursement: Voter File Software			Transaction ID: H450920.E10996		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
252.00		948.00		1200.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
373.48		1405.00		1778.48

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Secretary of the State of CT			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 30 Trinity Street			Allocated Activity or Event Year-To-Date 98152.51		
City Hartford	State CT	Zip Code 06106-1634	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2005		
Purpose of Disbursement: Voter File			Transaction ID: H451020.E11038		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
63.00		237.00		300.00

<b>B. Full Name (Last, First, Middle Initial)</b> Hon. Evelyn Mantilla			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 36 Charter Oak Plaza, Unit 2			Allocated Activity or Event Year-To-Date 99742.51		
City Hartford	State CT	Zip Code 06106-1914	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2005		
Purpose of Disbursement: Voter File Consulting			Transaction ID: H451020.E11039		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
333.90		1256.10		1590.00

<b>C. Full Name (Last, First, Middle Initial)</b> Aristotle International, Inc.			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 East Street, SE			Allocated Activity or Event Year-To-Date 101542.51		
City Washington	State DC	Zip Code 20003-2620	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2005		
Purpose of Disbursement: Computer Software			Transaction ID: H451020.E11040		
Activity or Event Identifier: ADMINISTRATION B 31					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
378.00		1422.00		1800.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
774.90		2915.10		3690.00

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Harty Press			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 25 James Street			Allocated Activity or Event Year-To-Date 104229.96																						
City New Haven	State CT	Zip Code 06513-	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>0</td><td>9</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	7	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	2	7	/	2	0	0	5																
Purpose of Disbursement: Printing			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H451020.E11041																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
564.36		2123.09		2687.45

<b>B. Full Name (Last, First, Middle Initial)</b> ProPark			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 1 Union Place			Allocated Activity or Event Year-To-Date 104329.96																						
City Hartford	State CT	Zip Code 06103-	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>0</td><td>9</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	9	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	2	9	/	2	0	0	5																
Purpose of Disbursement: Parking			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31			Transaction ID: H451020.E11042																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

<b>C. Full Name (Last, First, Middle Initial)</b> 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 32.59																						
City Bridgeport	State CT	Zip Code 06601-2855	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>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	4	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y																
0	9	/	1	4	/	2	0	0	5																
Purpose of Disbursement: ITEMIZED: Finance Charge			Category/ Type																						
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] ITEMIZED: Finance Charge			Transaction ID: H451020.E11057																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.84		25.75		32.59

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
585.36		2202.09		2787.45

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Kinkos			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 196 Trumbull Street			Allocated Activity or Event Year-To-Date 206.70		
City Hartford	State CT	Zip Code 06103-2200	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: ITEMIZED: Copies			Transaction ID: H451020.E11055		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] ITEMIZED: Copies					
FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT					
<input type="text" value="43.41"/>		<input type="text" value="163.29"/>		<input type="text" value="206.70"/>	

<b>B. Full Name (Last, First, Middle Initial)</b> 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 150.00		
City Hartford	State CT	Zip Code 06103-	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: ITEMIZED: Postage			Transaction ID: H451020.E11053		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] ITEMIZED: Postage					
FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT					
<input type="text" value="31.50"/>		<input type="text" value="118.50"/>		<input type="text" value="150.00"/>	

<b>C. Full Name (Last, First, Middle Initial)</b> 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 185.00		
City Hartford	State CT	Zip Code 06103-	Date <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>		
Purpose of Disbursement: ITEMIZED: Postage			Transaction ID: H451020.E11054		
Activity or Event Identifier: ADMINISTRATION B 31 [MEMO ITEM] ITEMIZED: Postage					
FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT					
<input type="text" value="38.85"/>		<input type="text" value="146.15"/>		<input type="text" value="185.00"/>	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT					
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="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					
<input type="text"/>		<input type="text"/>		<input type="text"/>	

**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)**  
Hartford Hilton Hotel

Mailing Address  
315 Trumbull Street

City	State	Zip Code
Hartford	CT	06103-

Purpose of Disbursement:  
Food & Rental Fees for Womens Even

Category/  
Type

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

6879.68

Activity or Event Identifier:  
WOMENS EVENT

Date 09162005

Transaction ID: H451020.E11037

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4746.98		2132.70		6879.68

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4746.98		2132.70		6879.68

**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
8060.82	14599.04	22659.86

Form/Schedule: **F3XA**

Transaction ID: **C00167320**

Q1. The Committee inadvertently failed to disclose memo text for memo entries on Line 12 of Schedule A. Said text is now disclosed along with additional memo items which Committee inadvertently failed to disclose and memo activity now corresponds with itemized transactions. Q2. The Committee inadvertently failed to disclose its debt to this credit card vendor. Said debt of \$974.29 has now been disclosed on Schedule D of this amended report. Q3. The Committee failed to file a Schedule H2 to disclose allocation ratio for fundraising expense incurred and disclosed on Schedule H4. Said allocation ratio has been disclosed on Schedule H2 of this amended report. Q4. In review of the voter file, voter file consulting and voter file software issue you reference in your letter of March 8, 2006 and in consultation with our legal counsel, we have determined that these activities do not meet the definition of Federal Election Activity as these expenditures were for costs incurred in the building of our voter file, not for voter drive expenses and therefore payment for these activities were appropriately disclosed on line 21 (a). Q5. Q2. Due to a software glitch the Committee inadvertently disclosed FEA payroll, FEA health insurance and FEA payroll taxes on line 21 (b) and also disclosed non FEA payroll on 21- (b) but denoted it as FEA payroll. This technical error has been fixed and FEA payroll, FEA health insurance and FEA payroll taxes are now on 30(b) and non FEA payroll is on line 21 (b) with the proper notation.