

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER <b>C</b> C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
ADP Payroll Processing

Date  
M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 6

Mailing Address  
300 Long Beach Blvd.

Amount  
159.29

City State Zip Code  
Stratford CT 06614

Transaction ID: B156041  
Office Sought:  House State: CT  
 Senate District: 4  
 Presidential

Purpose of Expenditure Category/Type  
Staff Services 001

Name of Federal Candidate supported or Opposed by expenditure:  
Christopher Shays

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
8641.37

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
ADP Payroll Processing

Date  
M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Mailing Address  
300 Long Beach Blvd.

Amount  
6557.14

City State Zip Code  
Stratford CT 06615

Transaction ID: B156039  
Office Sought:  House State: CT  
 Senate District: 4  
 Presidential

Purpose of Expenditure Category/Type  
Staff Services 001

Name of Federal Candidate supported or Opposed by expenditure:  
Christopher Shays

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
15198.51

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures .....	6716.43
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth A Cooper  
Signature

Date M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 7