

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Rev. 1/08

FILED SEEC

2008 OCT 15 P 12:37

POSTMARKED OCT 09, 2008

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Do Not Mark In This Space For  
Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE

Vote No: Protect Our Constitution

2. TREASURER NAME

Title	First	MI	Last	Suffix
Mr	Stephen	A	Karp	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
79 Eddy Lane	Newington	CT	06111

4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT (Complete only if Candidate Committee)	6. DISTRICT NUMBER (if applicable)
11/04/2008		

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

Title	First	MI	Last	Suffix

8. TYPE OF REPORT (Check One Box)

- January 10 filing
  - April 10 filing
  - July 10 filing
  - October 10 filing
  - Independent Expenditure
    - Primary
    - Election
  - 7th day preceding primary
  - 30 days following primary
  - 7th day preceding election
  - 12th day preceding election  
(State Central Committees Only)
  - 45 days following election  
not held in November
  - 7th day preceding referendum
  - 45 days following referendum
  - Deficit
  - Termination
  - Initial Contribution or Disbursement  
(PACs ONLY)
  - Amendment to
- Type of Report: \_\_\_\_\_

9. PERIOD COVERED

Beginning Date	Ending Date
07/01/2008	09/30/2008

thru

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.

  
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Stephen A. Karp  
PRINT NAME OF SIGNER

10/07/2008  
DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 1/08

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	10/10/2008	
Vote No Protect Our Constitution	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$100.00
12. Balance on hand at the beginning of Reporting Period	\$45,982.00	
13. Contributions received from Individuals (Sections A and B)	\$795.00	\$795.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D-K)	\$783,250.00	\$828,350.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$784,045.00	\$829,145.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$830,027.00	\$829,245.00
19. Expenses Paid by Committee (Section P)	\$659,461.42	\$659,479.42
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$170,565.58	\$169,765.58
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$2,850.00	\$2,850.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$430.50	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$430.50	

**I. MONETARY RECEIPTS (Sections A-K)**

NAME OF COMMITTEE Vote No: Protect Our Constitution	FILING DUE DATE 10-10-08
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**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

Subtotal Section A

\$ 0.00

**B. Itemized Contributions from Individuals**

Last Name <b>Noe</b>	First <b>Dennis</b>	MI	Principal Occupation <b>Scientist</b>	<b>Amount of Contribution</b>	
Residential Street Address <b>5 Shepards Trail</b>	City <b>Madison</b>	State <b>CT</b>	Zip Code <b>06443</b>		Name of Employer <b>Pfizer</b>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>09/18/2008</b>	Aggregate contributions <b>\$500.00</b>	<b>\$500.00</b>

Last Name <b>Lacedonia</b>	First <b>Caryn</b>	MI	Principal Occupation <b>Student</b>	<b>Amount of Contribution</b>	
Residential Street Address <b>6 Quail Drive</b>	City <b>Tariffville</b>	State <b>CT</b>	Zip Code <b>06081</b>		Name of Employer <b>NA</b>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>09/18/2008</b>	Aggregate contributions <b>\$20.00</b>	<b>\$20.00</b>

Last Name <b>Sullivan</b>	First <b>Kevin</b>	MI <b>B</b>	Principal Occupation <b>President &amp; CEO</b>	<b>Amount of Contribution</b>	
Residential Street Address <b>70 Timberwood Road</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>		Name of Employer <b>The Children's Museum</b>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>08/25/2008</b>	Aggregate contributions <b>\$250.00</b>	<b>\$250.00</b>

Last Name <b>Gilson</b>	First <b>Cecile</b>	MI	Principal Occupation <b>Executive Assistant</b>	<b>Amount of Contribution</b>	
Residential Street Address <b>130 Sutton Place</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>		Name of Employer <b>Missionary Society of CT</b>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>08/22/2008</b>	Aggregate contributions <b>\$25.00</b>	<b>\$25.00</b>

**SUBTOTAL Section B-This Page**

**\$795.00**

**TOTAL of additional Section B Pages**

**\$0.00**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)**

**\$795.00**

**I. MONETARY RECEIPTS (Sections A-K)**

NAME OF COMMITTEE <p align="center">Vote No: Protect Our Constitution</p>	FILING DUE DATE <p align="center">10-10-08</p>
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**C1. Contributions from Other Committees**

Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input checked="" type="checkbox"/> No <i>Event #</i>			<b>Amount of Contribution</b>  \$0.00
City	State <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input checked="" type="checkbox"/> No <i>Event #</i>			<b>Amount of Contribution</b>  \$0.00
City	State <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input checked="" type="checkbox"/> No <i>Event #</i>			<b>Amount of Contribution</b>  \$0.00
City	State <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input checked="" type="checkbox"/> No <i>Event #</i>			<b>Amount of Contribution</b>  \$0.00
City	State <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input checked="" type="checkbox"/> No <i>Event #</i>			<b>Amount of Contribution</b>  \$0.00
City	State <p align="center">CT</p>	Zip Code	Date Received	Aggregate Contributions <p align="right">\$0.00</p>		

**C2. Reimbursements, Payments, or Surplus Distributions from other Committees**

Name of Committee			Name of Treasurer		
Address			Date Received		<b>Amount of Receipt</b>  \$0.00
City	State <p align="center">CT</p>	Zip Code	<input type="checkbox"/> Reimbursement for shared expense	<input type="checkbox"/> Surplus Distribution	
Name of Committee			Name of Treasurer		
Address			Date Received		<b>Amount of Receipt</b>  \$0.00
City	State <p align="center">CT</p>	Zip Code	<input type="checkbox"/> Reimbursement for shared expense	<input type="checkbox"/> Surplus Distribution	

<b>SUBTOTAL Section C-This Page</b>					<b>\$0.00</b>
<b>TOTAL of additional Section C Pages</b>					<b>\$0.00</b>
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)</b>					<b>\$0.00</b>

**I. MONETARY RECEIPTS (Sections A-K)**

NAME OF COMMITTEE <i>NOTE TO PROTECT OUR CONSTITUTION</i>	FILING DUE DATE <i>10-18-08</i>
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**D. Loans Received this Period**

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			\$0.00
Street Address	City	State CT	Zip Code	Date of Receipt			

  

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			\$0.00
Street Address	City	State CT	Zip Code	Date of Receipt			

**Total Section D**      \$      0.00

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity International Union of Operating Engineers, Local 478							
Street Address 1965 Dixwell Avenue				Date Received 09/03/2008		Amount Received	
City Hamden	State CT	Zip Code 06514		Aggregate Contributions \$1,000.00		\$1,000.00	

  

Name of Entity Planned Parenthood of CT							
Street Address 345 Whitney Avenue				Date Received 09/30/2008		Amount Received	
City New Haven	State CT	Zip Code 06511		Aggregate Contributions \$10,000.00		\$5,000.00	

  

Name of Entity American Association of University Professors, UCONN Chapter							
Street Address 1875 Storrs Road				Date Received 09/15/2008		Amount Received	
City Storrs	State CT	Zip Code 06268		Aggregate Contributions \$10,000.00		\$10,000.00	

**Total Section E**      \$      16,000.00

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers \$ 0.00
Is this transaction associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input type="checkbox"/> No		

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers \$ 0.00
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**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received \$ 0.00
Amount \$0.00		Amount \$0.00		

**I. MONETARY RECEIPTS (Sections A-K)**

NAME OF COMMITTEE <i>Vote to Protect our Constitution</i>	FILING DUE DATE <i>10-10-08</i>
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**D. Loans Received this Period**

Name of Lender	Source of Loan:	Is there a Cosigner or Guarantor of this loan?	Amount Received
Street Address: _____ City: _____ State: <b>CT</b> Zip Code: _____ Name of Cosigner/Guarantor: _____ Street Address: _____ City: _____ State: <b>CT</b> Zip Code: _____	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input checked="" type="checkbox"/> No	\$0.00
Date of Receipt: _____			
Street Address: _____ City: _____ State: <b>CT</b> Zip Code: _____ Name of Cosigner/Guarantor: _____ Street Address: _____ City: _____ State: <b>CT</b> Zip Code: _____	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input checked="" type="checkbox"/> No	\$0.00
Date of Receipt: _____			
<b>Total Section D</b>			\$ 0.00

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity <b>AFT Connecticut</b>			
Street Address <b>35 Marshall Road</b>		Date Received <b>08/06/2008</b>	
City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>	Amount Received <b>\$75,000.00</b>
Aggregate Contributions		<b>\$105,000.00</b>	
Name of Entity <b>AFSCME Connecticut Council No. 4</b>			
Street Address <b>444 East Main Street</b>		Date Received <b>09/30/2008</b>	
City <b>New Britain</b>	State <b>CT</b>	Zip Code <b>06051</b>	Amount Received <b>\$10,000.00</b>
Aggregate Contributions		<b>\$20,000.00</b>	
Name of Entity <b>Connecticut Education Association</b>			
Street Address <b>21 Oak Street, Suite 500</b>		Date Received <b>09/19/2008</b>	
City <b>Hartford</b>	State <b>CT</b>	Zip Code <b>06106</b>	Amount Received <b>\$275,000.00</b>
Aggregate Contributions		<b>\$315,000.00</b>	
<b>Total Section E</b>			\$ 360,000.00

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
_____	\$0.00	_____	\$0.00	\$ 0.00
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input checked="" type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input checked="" type="checkbox"/> No		

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
_____	\$0.00	_____	\$0.00	\$ 0.00

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
_____	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	_____	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$ 0.00
Amount	\$0.00	Amount	\$0.00	

**I. MONETARY RECEIPTS (Sections A-K)**

NAME OF COMMITTEE <i>Vote No Protect Our Constitution</i>	FILING DUE DATE <i>10-10-08</i>
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**D. Loans Received this Period**

Name of Lender				Source of Loan:	Is there a Cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate	<input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		
Street Address	City	State	Zip Code	Date of Receipt		
Name of Lender				Source of Loan:	Is there a Cosigner or Guarantor of this loan?	\$0.00
Street Address	City	State	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate	<input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		
Street Address	City	State	Zip Code	Date of Receipt		

**Total Section D**      \$      0.00

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity CT State University American Assoc. of Univ. Professors					
Street Address CCSU Marcus White Hall, Rm. 305			Date Received 08/06/2008		Amount Received  \$10,000.00
City New Britain	State CT	Zip Code 06050	Aggregate Contributions \$10,000.00		
Name of Entity CT State Council/SEIU					
Street Address 760 Capitol Avenue			Date Received 09/24/2008		Amount Received  \$5,000.00
City Hartford	State CT	Zip Code 06106	Aggregate Contributions \$5,000.00		
Name of Entity National Education Association					
Street Address 1201 16th Street, NW			Date Received 09/23/2008		Amount Received  \$300,000.00
City Washington	State DC	Zip Code 20036	Aggregate Contributions \$325,000.00		

**Total Section E**      \$      315,000.00

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
	\$0.00		\$0.00	
Is this transaction associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input type="checkbox"/> No		

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
	\$0.00		\$0.00	\$      0.00

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$      0.00
Amount		Amount		
\$0.00		\$0.00		

**I. MONETARY RECEIPTS (Sections A-K)**

NAME OF COMMITTEE <i>Vote to Protect our Constitution</i>	FILING DUE DATE <i>10-10-08</i>
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**D. Loans Received this Period**

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			\$0.00
Street Address	City	State CT	Zip Code	Date of Receipt			

  

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			\$0.00
Street Address	City	State CT	Zip Code	Date of Receipt			

**Total Section D**    \$ 0.00

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity AFT Connecticut				Date Received		Amount Received
Street Address 35 Marshal Road		City Rocky Hill	State CT	Zip Code 06067	08/06/2008	
Name of Entity Love Makes A Family				Date Received		Amount Received
Street Address 576 Farmington Avenue		City Hartford	State CT	Zip Code 06105	08/25/2008	
Name of Entity National Education Association				Date Received		Amount Received
Street Address 1201 16th Street, NW		City Washington	State DC	Zip Code 20036	09/03/2008	
				Aggregate Contributions	\$30,000.00	\$30,000.00
				Aggregate Contributions	\$20,000.00	\$20,000.00
				Aggregate Contributions	\$25,000.00	\$25,000.00

**Total Section E**    \$ 75,000.00

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received
Amount \$0.00		Amount \$0.00		

**I. MONETARY RECEIPTS (Sections A-K)**

NAME OF COMMITTEE <i>Vote to Protect our Constitution</i>	FILING DUE DATE <i>10-10-08</i>
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**D. Loans Received this Period**

Name of Lender				Source of Loan:	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		\$0.00
Street Address	City	State CT	Zip Code	Date of Receipt		

**Total Section D**    \$ 0.00

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity CT Association of Nonprofits					
Street Address 90 Brainard Road			Date Received 07/07/2008		Amount Received
City Hartford	State CT	Zip Code 06114	Aggregate Contributions \$250.00		
Name of Entity AFSCME Connecticut Council No. 4					
Street Address 444 East Main Street			Date Received 07/18/2008		Amount Received
City New Britain	State CT	Zip Code 06051	Aggregate Contributions \$10,000.00		
Name of Entity Connecticut AFL-CIO					
Street Address 56 Town Line Road			Date Received 07/31/2008		Amount Received
City Rocky Hill	State CT	Zip Code 06067	Aggregate Contributions \$2,000.00		

**Total Section E**    \$ 12,250.00

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, list Event # _____		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, list Event # _____		
				\$ 0.00

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers
				\$ 0.00

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received
Amount \$0.00		Amount \$0.00		
				\$ 0.00

