SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

Do Not Mark in This Space For Official Use Only

COVER PAGE

		COVE	A IAU	<u> </u>				
1. NAME OF COMMITTEE								
2. TREASURER NAME								
First	N	ИI	Last					Suffix
3. TREASURER ADDRESS								
Street Address		City				State	Zip	Code
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGH	T (Complete only	v if Candidate Co	mmittee)			6. DIST	TRICT NUMBER
(mm/dd/yyyy)							(if applicab	le)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory	Committee)						
First	N	ΜI	Last					Suffix
8. TYPE OF REPORT (Check One Box)								
☐ January 10 filing	☐ 7th day preceding	ng primary	☐ 7th da	y preceding referendu				or Disbursement
☐ April 10 filing	□ 30 days following	ng primary	☐ 45 day	rs following referendu	ım	<i>PACs ONLY)</i> Amendmer		
☐ July 10 filing	☐ 7th day preceding	ng election	☐ Defici	į	Т	ype of Rep	oort:	
☐ October 10 filing	☐ 12th day preced		☐ Termi	nation	-			
☐ Independent Expenditure O Primary O Election	☐ 45 days following not held in Nove							
9. PERIOD COVERED								
	Beginning Date	;		Ending Date				
			thru					
			_					
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the per					on this Ite	mized Ca	ampaign	ı Finance
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PRI	NT NAME OF	SIGNER		_	DATE	E (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT	IS PUNISHABLE BY F	INE NOT TO E.	XCEED \$1,000	OR IMPRISONMENT I	FOR NOT MO	ORE THAN	ONE YEA	R, OR BOTH.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
	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		
12. Balance on hand at the beginning of Reporting Period		
13. Contributions Received from Individuals (Sections A and B)		
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3) Municipal and Town Committees ONLY		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE		b (Sections)	TYPE OF REPORT				
A. Total Contributions from Small Cor (See instructions for definition of Small Contributor)		eriod ONLY L SECTION A	\$				
	B. Itemized Contribution	ns from Indivi	duals				
Last Name	First				MI		
Residential Street Address	City			State	Zip Code		
Principal Occupation	Nam	e of Employer					
or dependent child of a lobbyist?	tion is in excess of \$400 to a candidate ibutor or business he/she is associated more than \$5,000?			Amou	unt of Contribution		
fundraising event listed in Section L1?	ontributor a principal of a state contract fyes, indicate which branch or branch f government the contract is with:	es	tte contractor? Yes No Legislative				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payr		Received	Aggregate Contributions				
Last Name	First				MI		
Edit Marie	Tist						
Residential Street Address	City			State	Zip Code		
Principal Occupation	Nam	e of Employer					
or dependent child of a lobbyist?	tion is in excess of \$400 to a candidate ibutor or business he/she is associated more than \$5,000?			Amou	unt of Contribution		
fundraising event listed in Section L1?	ontributor a principal of a state contract fyes, indicate which branch or branch f government the contract is with:	es	tte contractor?				
Method of Contribution:		Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payr							
Last Name	First				MI		
Residential Street Address	City			State	Zip Code		
Principal Occupation	Nan	e of Employer	l				
or dependent child of a lobbyist? No does contr	ntion is in excess of \$400 to a candidate ibutor or business he/she is associated more than \$5,000?			, Amou	unt of Contribution		
fundraising event listed in Section L1?	ontributor a principal of a state contract <i>If yes</i> , indicate which branch or branch of government the contract is with:	es	tte contractor? Yes No Legislative				
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payr		Received	Aggregate Contributions				
	·	AL Section B –	— This Page				
		additional Sect					
TOTAL OF ALI	L CONTRIBUTIONS FROM IN (Enter total o	NDIVIDUALS (Sen Line 13 of Summa					

	1, 1,101	12 17 11 1		CLII	10 (Secti		
NAME OF COMMITTEE							TYPE OF REPORT	
	C1. (Contribution	ons f	rom Ot	her C	ommi	ittees	
Name of Committee					Name o	of Treasur	rer	
Address			Ic t	this contrib	ution as	cociated	l with a ☐ Yes ☐ No	Amount of Contribution
			fur	ndraising e	vent liste	ed in Sec	ction L1?	
							t Event #	
City	State	Zip Code		Date Receiv	ved		Aggregate Contributions	
Name of Committee					Name o	of Treasur	er	
rume of committee					- tunio o	,1 1104541	•	
Address			Is t	this contrib	oution as	sociated	l with a ☐ Yes ☐ No	Amount of Contribution
			fur	ndraising e	vent liste	ed in Sec	ction L1?	
City	State	7: 0-1-		Date Receiv			t Event # Aggregate Contributions	
City	State	Zip Code		Date Receiv	veu		Aggregate Contributions	
Name of Committee	<u> </u>				Name o	of Treasur	rer	
Address			Is t	this contrib	oution as	sociated	l with a ☐ Yes ☐ No	Amount of Contribution
			fur	ndraising e	vent liste <i>Ii</i>	ed in Sec f ves. list	ction L1? t Event #	
City	State	Zip Code		Date Receiv		,,,	Aggregate Contributions	_
•		, , , , ,						
Name of Committee					Name o	of Treasur	rer	
Address			1 7 .	1	<u></u>		1 24 	Amount of Contribution
1.44.655			Is t	this contrib ndraising e	oution as vent liste	sociated ed in Sec	l with a ☐ Yes ☐ No ction L1?	Amount of Contribution
					If	<i>yes</i> , list	t Event #	
City	State	Zip Code		Date Receiv	ved		Aggregate Contributions	
	oursements, Pa	yments, or	Sur	plus Di			from other Committ	tees
Name of Committee					Na	ame of Ti	reasurer	
Address							Date Received	Amount of Receipt
City	S	State Zip	Code	Т	□ Rei	imhursei	ment for shared expense	
		'			☐ Pay	yment fo	or goods and services	
							stribution	
Name of Committee					N	ame of Ti	reasurer	
Address							Date Received	Amount of Receipt
City	S	State Zip	Code		□ Re	imburse	ment for shared expense	
					☐ Pay	yment fo	or goods and services	
					☐ Sui	rplus Dis	stribution	
			SII	RTOTA	I. Soci	tion C	— This Page	
			50.	DIGIA	.E SCC	ion C	I IIIs I age	
			TOT	AL of a	dditio	nal Se	ction C Pages	
T	OTAL OF ALL	COMMITTI	EE C	ONTRIB	UTIO	NS AN	ND RECEIPTS	
	(Secti	ions C1 + C2) (Ente	er total on	Line 14	of Sumi	mary Page Totals)	

NAME OF COMMITTEE	TYPE OF	TYPE OF REPORT				
n.	T	D	Jaka Daria J			
Name of Lender	Loans		d this Period Source of Loan:			Date of Receipt
			Bank Candid	ate Individual	Committee	Date of Receipt
Street Address	City	·		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Candida	ate Individual	Other Committee	Date of Receipt
Street Address	City	I.		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: ☐ Bank ☐ Candid	ate Individua	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
			ТОТА	L SECTION	D	
E. Receipts from Entities other than	Individ	luals or	Other Committ	ees (Referendi	um Committees	ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity		•	•			
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	utions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	putions	
		I	TOT	AL SECTION	NE	

NAME OF COMMITTEE				TYP	E OF REPORT
F. A	mount Transferred	from Affiliated Bu	siness Treasury	(Business En	tity Committees ONLY)
Date of Receipt	Is this transaction associ fundraising event listed	ated with a Yes	If yes, list Event #	· ·	Amount
Date of Receipt	Is this transaction associ fundraising event listed		If yes, list Event #		Amount
Date of Receipt	Is this transaction associ fundraising event listed	103	If yes, list Event #		Amount
Date of Receipt	Is this transaction associ fundraising event listed		If yes, list Event #		Amount
			TO	TAL SECTI	ON F
G. Amount Tran	sferred from Affilia	ted Labor Union o	r Other Organiz	ation Trea	sury (Organization Committees ONLY)
Date of Receipt Date of Receipt					f Receipt
Amou	unt	Amount			Amount
			TO	TAL SECTI	ON G
Н.	Personal Funds of	the Candidate Red	ceived this Period	d (Candidate	Committees ONLY)
Date of Receipt	Method of payment:	☐ Personal	Check C	redit/Debit Card	Amount
Date of Receipt	Method of payment:	☐ Personal	Check C	redit/Debit Card	Amount
Date of Receipt	Method of payment:	☐ Personal	Check C	redit/Debit Card	Amount
Date of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal	Check C	redit/Debit Card	I
			TO ^r	TAL SECTI	ON H
		I. Anonymou	s Contributions		

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Rev. 1/12	TART RECEIT 15 (Sections)	A—1	<u> </u>		
NAME OF COMMITTEE		TYPE	E OF RE	EPORT	
J. Interest fr	om Deposits in Authorized Accoun	nts			
Name of Institution	· · · · · · · · · · · · · · · · · · ·		Received		Amount
Street Address	City	State	7:	p Code	_
Silvet Address	City	State	Zı	p Code	
Name of Institution	<u>'</u>	Date I	Received		Amount
Street Address	City	State	Zi	p Code	_
Succe Faddess	City	State	2.1	p couc	
	TOTAL	SECT	ION J	Ī	
K. Miscellaneous Mo	netary Receipts not Considered Co	ontrik	oution	ıs	
Name				Γransaction	Amount Received
Street Address	City	Stat	e	Zip Code	
Description					
Name			Date of	Γransaction	Amount Received
Street Address	City	Stat	e	Zip Code	
	,				
Description					
Name			Date of	Γransaction	Amount Received
Street Address	City	Stat	e	Zip Code	
Description					
Name			Date of	Γransaction	Amount Received
Street Address	City	Stat	e	Zip Code	
Description					
	TOTAL	SECT	ION I	K	
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throu	ισh K)	
Total Loans Received this Period (Section D)	AMONETHINI RECEIP IS (Seemo	113 D			
Total Receipts from Entities other than Individuals or Otl	ner Committees (Section E)			+	
Total Amount Transferred from Affiliated Business Treas	sury (Section F)			+	
Total Amount Transferred from Affiliated Labor Union o	or Other Organization Treasury (Section C	G)		+	
Total Amount of Personal Funds of the Candidate Receiv	ed this Period (Section H)			+	
Total Amount of Interest from Deposits in Authorized Ac	counts (Section J)			+	
Total Miscellaneous Monetary Receipts not Considered C	Contributions (Section K)			+	
Total of Other Monetary Receipts (Add Section	S D through K) (Enter total on Line 15 of Sun	nmary F	Page Tot	als)	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE			TYPE OF REPORT						
	X . F . 1 .								
Eunduciaina Event #		r Event Information							
Fundraising Event # Date of Fundraiser Letter	Description								
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committee Was this fundraising even	tees) nt hosted at a personal residence?	☐ Yes (<i>If yes</i> , go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) ☐ No							
	le items donated by a business entity of up to an individual of up to \$100?	☐ Yes (<i>If yes</i> , go to Section L4 and complete required in No		nsidered (Contributions				
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total Rece ☐ No	sipts here.)						
	nittees and Municipal Candidate Committees Of advertising space in a program book or on a fundraiser?	Yes (<i>If yes</i> , go to Section L	3 Purchases of Advertising olete required information.)	Space in a	Program Book				
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	☐ Yes (<i>If yes</i> , enter Total Red ☐ No	sceipts here.)						
Fundraising Event # Date of Fundraiser Letter	Description								
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committee Was this fundraising even	ees) nt hosted at a personal residence?	 ☐ Yes (<i>If yes</i>, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) ☐ No 							
	e items donated by a business entity of up to an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) ☐ No							
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total Rece ☐ No	ipts here.)						
	nittees and Municipal Candidate Committees O advertising space in a program book or on a fundraiser?	☐ Yes (<i>If yes</i> , go to Section La	3 Purchases of Advertising S lete required information.)	Space in a	Program Book				
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	☐ Yes (<i>If yes</i> , enter Total Rec ☐ No	seipts here.)						
SUBTOTAL Sec	tion L1—Subpart 1 (All Committees) Total Receip	ots from Sale of Donated Items	— This Page						
SUBTOTAL Section	L1—Subpart 3 (Town Committees ONLY) Total	Receipts from Food Purchases	— This Page						
		TOTAL of additional Sec	tion L1 Pages						
TOTAL OF ALL RI	ECEIPTS FROM SMALL PURCHASES	(Enter total on Line 16a of Summa	ry Page Totals)						

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE					TYPE OF REPOR	RT		
	es of Advertising in a I	Program Book	or on a Sign	(Municipal Ca	ndidate and Tow			LY)
Name of Purchaser							e Made By:	
							siness Entity	☐ Individual
Street Address			C'				e Proprietorsh	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	gn Purchase
Name of Purchaser						Purchase	e Made By:	
						☐ Bus	iness Entity	☐ Individual
						☐ Sole	e Proprietorsh	ip
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	L Amount of Sig	n Purchase
					9		•	7
Name of Purchaser							e Made By:	To disside at
							siness Entity e Proprietorsh	☐ Individual
Street Address			City			☐ 3010	State	Zip Code
	Γ	Γ		T				
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	gn Purchase
Name of Purchaser		•				Purchase	e Made By:	
						☐ Bus	siness Entity	☐ Individual
			T			☐ Sol	e Proprietorsh	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	gn Purchase
Name of Purchaser				[I	Purchase	e Made By:	
2 22 2 33233							siness Entity	☐ Individual
							e Proprietorsh	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se /	 Amount of Sig	n Purchase
			270110	/ Amount of FT	ogram Au ruitliä	1	amount of 918	511 I UI CHAST
	SUBTOTAL		<i>nicipal Candidate</i> s of Advertising ir					
		SUE Total P	BTOTAL Section urchases of Adve	L3 (<i>Town Con</i> ertising on a Si	nmittees ONLY) gn — This Page			
					ection L3 Pages			
ТОТ	TAL OF ALL PURCHASES		SING IN A PROG					
				J	. 3 -/	*		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	3			TYPE OF RE	PORT		
			M . G . :				
	L4. I	n-Kind Donations I	Not Consid	lered Contributions			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: ☐ Business Entity	Description of Donation				Fair M	 Market Val	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Event # Aggregate Value for				
Name of Donor					•		
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair I	 /Iarket Val	ue of Donation
☐ Business Entity							
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor		'			<u> </u>		
Street Address			City			State	Zip Code
Donation Given By: ☐ Business Entity	Description of Donation		1		Fair I	I Market Val	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: ☐ Business Entity	Description of Donation		1		Fair M	Market Val	ue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
			SUBTOTAL	Section L4 — This Page	l		
		Т	OTAL of ad	ditional Section L4 Pages			
	TOTAL OF ALL IN-KI			RED CONTRIBUTIONS of Summary Page Totals)			

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				,	TYPE O	F REPORT			
M. In-Kind Contributions Name									
Name									
Street Address			Cit	у			State	Zip Code	
51									
□ Individual / Sole Proprietorship □ Other Is contributor a lobby ist spouse □ Ves □ If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, □ Fair Market Value								Market Value	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or or business he/she		with have a contract v				Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	□ No If 1	tributor a principal of yes, indicate which by government the contra	ranch or brai	ractor or prospective stackes Executive		□ No			
Name									
Street Address			Cit	у			State	Zip Code	
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contrib	outions	Description of In-Kind	Contribution	1			
Is contributor a lobbyist, spouse, Yes				e for a chief executive				Market Value	
or dependent child of a lobbyist?									
Is this contribution associated with a fundraising event listed in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches No of government the contract is with: Executive Legislative									
Name									
Street Address			Cit	y			State	Zip Code	
				-					
Type of contributor: Committee	Date Received	Aggregate Contrib	outions	Description of In-Kind	Contribution	1			
☐ Individual / Sole Proprietorship ☐ Other	If contribution	is in average of \$400 t	o o oondidat	a for a chief avegutive	officer of	, manuai aimalite:	17. 1	M 1 4 X7 1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		or or business he/she i		e for a chief executive with have a contract v				Market Value Contribution	
Is this contribution associated with a fundraising event listed in Section L1?		tributor a principal of yes, indicate which br		ractor or prospective st	tate contrac	tor?			
If yes, list Event #		government the contra		☐ Executive	☐ Legisla				
			SUBT	TOTAL Section M	— This P	age			
			TOTA	L of additional Se	ction M F	ages			
TOTAL OF ALL I	N-KIND CON	TRIBUTIONS	(Enter total	on Line 22 of Summa	ıry Page Ta	otals)			
	N. Ref	undable Depos	it to Telo	ephone Compar	ny				
Last Name of Individual		F	irst			MI	Date Deposi	t Made	
Residential Street Address		City			State	Zip Code		Amount of Deposit	
Name of Telephone Company							_		
Street Address		City			State	Zip Code	=		
	тота	I SECTION N	Œ	on Line 22 of Summa	D T		<u> </u>		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF RE	FPORT	
NAME OF COMMITTEE				TILOIRI	I OKI	
O. Non-Monetary Receipts of	f Organi	ization Exne	nditu	res Made I	Rv	
Legislative Leadership, Legislative Caucus an						et 11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er			
Street Address				Date Notice Rece	eived	Fair Market Value
						of Donation
City	State	Zip Code		Aggregate Donat	ions	
Description of Donation					(see instructions)	
		T		□В□С	□ D □ E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er			
Street Address			1	Date Notice Reco	nivad	T . N. 1 4 X/ 1
Succi Addiess				Date Notice Reco	rived	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donat	ions	
		Zip Code		888		
Description of Donation			Purpos	e of Expenditure	(see instructions)	
			\square A	□В□С	□ D □ E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er			
Street Address Date Notice Received					eived	Fair Market Value
						of Donation
City	State	Zip Code		Aggregate Donat	ions	
Description of Donation			1 -	-	(see instructions)	
	77 Y.D.	ly cr		□ B □ C	⊔В⊔Е	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er			
Street Address			1	Date Notice Rece	eived	Fair Market Value
						of Donation
City	State	Zip Code		Aggregate Donat	ions	
Description of Donation	-		Purpos	e of Expenditure	(see instructions)	
			\Box A	\square B \square C	□ D □ E	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er			
Street Address		•		Date Notice Rece	eived	Fair Market Value of Donation
	La					or Donation
City	State	Zip Code		Aggregate Donat	ions	
Description of Donation				CE III	<i>.</i>	
Description of Donation Purpose of Expenditure A B C						
			L A	пв пс		
SUBTOTAL Section O — This Page						
TOTAL of additional Section O Pages						
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES (Enter total on Line 24 of Summary Page Totals)						
	Enter total	on Line 24 of Sui	mmary F	uge Totals)		

NAME OF COMMIT	TEE			TYPE OF REPORT		
	P. Expenses	Paid by Committee				
Name of Payee				Date of Payment		ayment: heck # ebit Card
Street Address		City	l		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I ☐ Coordinated without reimbursement sought ☐ Independ	_		h reimbursement sought		
Name of Payee			I	Date of Payment		ayment: heck # ebit Card
Street Address		City	•		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I ☐ Coordinated without reimbursement sought ☐ Independ	•		h reimbursement sought OC OD OE		
Name of Payee			I	Date of Payment		ayment: heck #ebit Card
Street Address		City	•		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I ☐ Coordinated without reimbursement sought ☐ Independ			h reimbursement sought		
Name of Payee			I	Date of Payment		ayment: heck # ebit Card
Street Address		City	•		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum I ☐ Coordinated without reimbursement sought ☐ Independ	•		h reimbursement sought		
		SUBTOTAL Section	1 P — T	This Page		
		TOTAL of additional S	Section	P Pages		
TOTAL OF	ALL EXPENSES PAID BY COMMITTEE (En	nter total on Line 19 of Sumi	mary Pa	age Totals)		

NAME OF COMMITTE	EE			TYPE OF REPORT		
	Q. Campaign Exp	enses Paid by Cand	idate			
Name of Payee (Name of Vendor who candidate paid directly)			I	Date of Payment	Is reimb	ursement claimed?
						Yes □ No
Street Address		City	ı		State	Zip Code
Purpose of Expenditure	Description		Event #			 Amount
(by code)	•					
N (N			l r	Data of Daymont		. 1 : 10
Name of Payee (Name of V	endor who candidate paid directly)		1	Date of Payment		ursement claimed?
					<u> </u>	
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
(by code)						
Name of Payee (Name of V	endor who candidate paid directly)]	Date of Payment	Is reimb	ursement claimed?
					_ ,	Yes □ No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event #			 Amount
(by code)	Description		L vent #			Amount
			<u> </u>			
Name of Payee (Name of V	(endor who candidate paid directly)		1	Date of Payment	Is reimbursement claimed?	
						Yes No
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Event #			Amount
(by code)						
Name of Payee (Name of V	endor who candidate paid directly)		I	Date of Payment	Is reimb	ursement claimed?
					,	Yes 🗌 No
Street Address		City			State	Zip Code
						P
D CE II			Event #			A 4
Purpose of Expenditure (by code)	Description		Event#			Amount
Name of Payee (Name of V	endor who candidate paid directly)		I	Date of Payment	Is reimb	ursement claimed?
						Yes 🗆 No
Street Address		City	'		State	Zip Code
Purpose of Expenditure	Description		Event #			Amount
(by code)						
					l	
		SUBTOTAL Section	1 Q — T	This Page		
		TOTAL of additional S	Section	Q Pages		
TOTAL OF	ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Sun	mmary F	Page Totals)		

NAME OF COMMITT	EE TV EITH EI (DI	TOTAL (Sections	TYPE OF REPORT		-	
N	-	irred on Committee	Credit Card			
Name of Issuing Institution Type of Credit Card: □ Visa □ Master Card □ Discover □ America				n Express	Other:	
Name of Vendor				Date of Transaction		
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum ☐ Coordinated without reimbursement sought ☐ Indepen	_	nated with reimbursement sought O B O C O D O E			
Name of Vendor				Date of Tra	nsaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum ☐ Coordinated without reimbursement sought ☐ Independent	_	o B o C o D o E			
Name of Vendor				Date of Tra	nsaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum ☐ Coordinated without reimbursement sought ☐ Independent	•	nated with reimbursement sought O B O C O D O E			
Name of Vendor				Date of Transaction		
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum ☐ Coordinated without reimbursement sought ☐ Independent	_	o B o C o D o E			
		SUBTOTAL Section	n R — This Page			
		TOTAL of additional	Section R Pages			
	TOTAL OF ALL EXPENSES INCURRE	D ON COMMITTEE (Enter total on Line 27 of St				

NAME OF COMMIT	ree		TYPE OF RE	PORT			
	S. Expenses Incurred by Comn	nittee but Not Paid I	During this Per	iod			
Name of Creditor					Date Incurre	ed	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S ☐ Coordinated without reimbursement sought ☐ Independ	_	ated with reimburseme	_			
Name of Creditor					Date Incurre	ed	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	I	Event #		Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S ☐ Coordinated without reimbursement sought ☐ Independ	•	ated with reimburseme				
Name of Creditor					Date Incurre	ed	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #			1	ount Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum ☐ Coordinated without reimbursement sought ☐ Independ	•	ated with reimburseme	_			
Name of Creditor					Date Incurred		
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		1	ount Incurred imate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum ☐ Coordinated without reimbursement sought ☐ Independ	•	ated with reimburseme				
		SUBTOTAL Sect	ion S-This Page				
		TOTAL of additional	Section S Pages				
TOTAL OF A	LL EXPENSES INCURRED BY COMMITTEE DI	URING THIS PERIOD I Enter total on Line 28 of Su					
	Previously reported	Expenses Unpaid and sti	ll Outstanding				
	TOTAL OF ALL EXPENSES INCURI (E	RED BY COMMITTEE Inter total on Line 28a of Sui					

NAME OF COMMITT	EE			TYI	PE OF REPORT				
T IN CW I IC	T. Itemization of Reimbursements to Committee Workers and Consultants								
Last Name of Worker/Cor	sultant	First		MI	Date of Payment		f Payment: Check #		
							Debit Card		
Secondary Payee									
Street Address			City			State	Zip Code		
Purpose of Expenditure	Description			Event #					
(by code)	Boompton						Amount		
						<u> </u>			
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiza		_		mbursement sought				
	☐ Coordinated without reimbursement	sought Independ	lent \square Organization: O A	0 B 0 C	\circ D \circ E				
Last Name of Worker/Cor	nsultant	First		MI	Date of Payment		of Payment:		
							Check # Debit Card		
Secondary Payee				<u> </u>	I				
Street Address			City			State	Zip Code		
Street Address			City			State	Zip Code		
						ļ			
Purpose of Expenditure (by code)	Description			Event #			Amount		
(0)									
Expenditure #	Type of Expenditure (if applicable) Itemiza	tion in Addendum	T Required	nated with rei	mbursement sought	1			
(if applicable)	☐ Coordinated without reimbursement	sought Independ	dent 🗆 Organization: o A	o B o C	0 D 0 E				
Last Name of Worker/Cor	nsultant	First		MI	Date of Payment	Method o	of Payment:		
East (value of Worker) co.				1.11			Check #		
							Debit Card		
Secondary Payee									
Street Address			City			State	Zip Code		
Purpose of Expenditure	Description		1	Event #			Amount		
(by code)									
Expenditure #	Type of Expenditure (if applicable) Itemiza	tion in Addondum	T Paguired Coordin	nated with rei	mbursement sought	-			
(if applicable)	☐ Coordinated without reimbursement		_		_				
	Coordinated without reinfoursement	sought independ	dent 🗀 Organization. O A	ов ос	ОВОЕ				
					_				
			SUBTOTAL Section	on T — Thi	is Page				
			TOTAL of additions	al Section T	Pages				
TOTAL OF	ALL REIMBURSEMENT TO	COMMITTEI	E WORKERS AND C	CONSULT	TANTS				