SEEC FORM 30

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

Page 1 of 16
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Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITT	EE						2. TY	PE O	F CO	MMITTEE
								□ Ca	ndidat	e Committee
								□ Ex	plorato	ory Committee
3. TREASURER NAME			N.G.		I.				ı	0.00
First			MI		Last					Suffix
4 700 4 64 70 40 40 00 10										
4. TREASURER ADDRE Street Address	SS			City			State	Zip Code		de
State										
5. ELECTION DATE	5. ELECTION DATE 6. OFFICE SOUGHT (Complete only if Candidate Committee)							7. D	ISTR	ICT NUMBER
(mm/dd/yyyy)								(if app	licable)	
8. CANDIDATE NAME First	(Complete only if	Candidate or Explorator	ry Committee) MI)	Last				ı	Suffix
11130			IVII		Last					Sumx
A TUBE OF REPORT (C										
9. TYPE OF REPORT (C	heck One Box)									
☐ January 10 filing	☐ 7th day pr	eceding primary			l Itemized Statement	tement	□ D	eficit		
☐ April 10 filing	□ 30 days fo	ollowing primary		accompanying application (Specify Type) for Public Grant O Primary O Election					☐ Termination	
☐ July 10 filing	☐ 7th day pr	eceding election	_	☐ Additional Itemized ☐ Declaration of Excess Statement in further Expenditures				☐ Amendment to Type of Report:		
☐ October 10 filing	☐ 7th day pr	eceding special elec		support of application (Specify Type) for Public Grant Specify Type) Primary Election						
				☐ Post Primary Itemized Statement accompanying request for General Election Grant						
10. PERIOD COVERED										
		Beginning Da	te		Endin	ng Date				
		2 2								
				_	thru					
11. CERTIFICATION										
I hereby certify and Disclosure Stateme						n set forth on this Ite	mized Ca	ampa	ign F	linance
TREASURER OR DEPU	TY TREASUR	ER (SIGNATURE)		PRIN	IT NAME OF SIGNER		-	DA	ATE (r	mm/dd/yyyy)
PENALTY FOR FALSI	E STATEMENT	IS PUNISHABLE BY	FINE NOT	ΤΟ ΕΧ	CEED \$1,000, OR IMPRI	SONMENT FOR NOT MO	ORE THAN	ONE Y	YEAR,	OR BOTH.

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period		
14. Contributions Received from Individuals (Sections A and B)		
15. Receipts from Other Committees (Sections C1 and C2)		
16. Other Monetary Receipts (Sections D through I)		
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)		
18. Total Monetary Receipts (add totals for Lines 14 through 17)		
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)		
20. Expenses Paid by Committee (Section N)		
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns	(3)	
22. In-Kind Donations not Considered Contributions Received (Section J3)		
23. In-Kind Contributions Received (Section K)		
24. Refundable Deposit to Telephone Company (Section L)		
25. Receipts of Organization Expenditures (Section M) <i>OPTIONAL</i>		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan		
26c Payments on Loan		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)		
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)		
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TY	TYPE OF REPORT			
A. Total Contributions from Small Contributors-Received	d this Pe	riod ONLY	For .	Nonparticipo	ating Candidates ONLY
B. Itemized Contrib	utions f	rom Individuals			
Last Name	First			MI	Contribution ID #
Residential Street Address	City			5	State Zip Code
Principal Occupation	1	Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	es 🗆 No	Is contributor a lobby or dependent child of		☐ Yes ☐ No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of Contribution:		ceived Ag	gregate Contributio	ons	
Last Name	First			MI	Contribution ID #
Residential Street Address	City			5	State Zip Code
Principal Occupation		Name of Employer			-
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	es 🗆 No	Is contributor a lobby or dependent child of		☐ Yes ☐ No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? No Section J1? No Section J1? No Method of Contribution: Cash Personal Check Money Order Credit/Debit Cast Personal Check No No No No No No No Personal Check No No No No No No No N		ceived Ag	gregate Contributio	ns	
Last Name	First			MI	Contribution ID #
Residential Street Address	City			5	State Zip Code
Principal Occupation		Name of Employer		<u>'</u>	-
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	es 🔲 No	Is contributor a lobby or dependent child of		☐ Yes ☐ No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1?		ceived Ag	gregate Contributio	ons	
SUBTOT	TAL Sec	tion B — This P	'age		
TOTAL of	additio	nal Section B Pa	nges		
TOTAL OF ALL CONTRIBUTION (Sections A + B) (Enter total or					

NAME OF COMMITTEE (Provide Complete Name of	as Registered w	ith Commissio	on)			TYPE OF REPORT	
	C1. C	ontribut	ions	from Otl	her Comr		
Name of Committee					Name of Trea	surer	
Address			I	s this contrib	ution associat	ted with a ☐ Yes ☐ No	Amount of Contribution
			f	fundraising ev	ent listed in S	Section J1? list Event #	
City	State	Zip Code		Date Receiv		Aggregate Contributions	
Name of Committee					Name of Trea	Surar	
Name of Communic					rume of free	Succi	
Address			I	s this contrib	ution associat	ted with a ☐ Yes ☐ No	Amount of Contribution
			f	fundraising ev	vent listed in S	Section J1? list Event #	
City	State	Zip Code		Date Receiv		Aggregate Contributions	_
Name of Committee					Name of Trea	surer	
Name of Communic					7.4 07 7704		
Address			I	s this contrib	ution associat	red with a ☐ Yes ☐ No	Amount of Contribution
	fundraising event listed in Section J1? If yes, list Event #					Section J1?	
City	State Zip Code				Aggregate Contributions	_	
Name of Committee					Name of Trea	surer	
Address			١.				A
Audicos					ent listed in S	ed with a Yes No Section J1? list Event #	Amount of Contribution
City	State	Zip Code				Aggregate Contributions	
			~				
C2. Reimbursem	ients, Pay	ments, o	r Su	irplus Dis		s from other Commit	tees
Name of Committee					Name of	Treasurer	
						lp (p : 1	1
Address						Date Received	Amount of Receipt
City	Sta	ite Zi	p Code	:			
•						sement for shared expense for goods and services	
Name of Committee					Name of	Treasurer	
					Traine of	Trousdror	
Address						Date Received	- CD - C
Address						Date Received	Amount of Receipt
City	Sta	nte Zi	p Code	;			
						sement for shared expense for goods and services	
			SUB'	TOTAL	Section C	— This Page	
						ction C Pages	
TOTAL OF ALL						D RECEIPTS	

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with (Commission)			TYPE OF R	EPORT		
	D	. Loans Receiv	ed this Period					
Name of Lender			Source of Loan: Bank Candidate	☐ Individual	Other	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 applied	able)	I				Amount Received		
Street Address		City		State	Zip Code			
Name of Lender			Source of Loan: Bank Candidate	☐ Individual	Other	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 application)	able)	1		•	'	Amount Received		
Street Address		City		State	Zip Code			
TOTAL SECTION D								
E.	Personal Funds of the Ca	ndidate Receiv	ved this Period <i>(Cana</i>	didate Com	mittees ONI	. V)		
Date of Receipt	Method of Payment:		, ou on a 1 0110 u (eum		l l	Amount		
	☐ Cash	☐ Personal Che	eck	it Card				
Date of Receipt	Method of Payment: ☐ Cash	☐ Personal Che	eck 🔲 Credit/Debi	it Card		Amount		
Date of Receipt	Method of Payment:					Amount		
Zuto of Neccipi	☐ Cash	☐ Personal Che	eck	it Card		Amount		
			TOTAL S	ECTION	I E			
	F	. Anonymous (Contributions					
receives an anon	-48, Anonymous Contribution, the State Elections Enforcer	outions may no campaign trea	o longer be deposite surer shall immedia	itely rem	it the con			
	G. Interest f	from Deposits i	in Authorized Accou	ints				
Name of Institution				Date Receiv	ved	Amount		
Street Address		City		State	Zip Code			
Name of Institution				Date Receiv	ed	Amount		
Street Address		City		State	Zip Code	1		
			TOTAL	SECTIO	ON G			

NAME OF COMMITTEE (Provide Complete Name as	Registered with Commission)				TYPE OF REPO	DRT		
H. Public Grant Funds Received from the Citizens' Election Fund								
Purpose of Grant:	Grant Cycle:			Date Rece	ived	Amount		
☐ Initial ☐ Grant Adjustment ☐ Supplemental/Post Election Deficit		General Election	☐ Special Election					
Purpose of Grant	Grant Cycle:			Date Rece	ived	Amount		
☐ Initial ☐ Grant Adjustment ☐ Supplemental/Post Election Deficit	☐ Primary ☐ C	General Election	Special Election					
Purpose of Grant:	Grant Cycle:			Date Rece	ived	Amount		
☐ Initial ☐ Grant Adjustment☐ Supplemental/Post Election Deficit☐	☐ Primary ☐ C	General Election	Special Election					
Purpose of Grant:	Grant Cycle:			Date Rece	ived	Amount		
☐ Initial ☐ Grant Adjustment☐ Supplemental/Post Election Deficit☐	☐ Primary ☐ C	General Election	Special Election					
		TO	TAL SECTION	Н	·			
, , , , , , , , , , , , , , , , , , ,	3.6	D • • • •	6 11 16	. •1 .•				
Name 1. Miscella	aneous Monetary	Receipts not	Considered Con		Date of Transaction	1 1 1 P 1 1		
Name					Date of Transaction	Amount Received		
Street Address		City		State	Zip Code			
Description				<u> </u>				
Name					Date of Transaction	Amount Received		
Street Address		City		State	Zip Code			
Description								
Name					Date of Transaction	Amount Received		
Street Address		City		State	Zip Code			
Description				•				
			TOTAL SE	CTION	I			
SUMMARY OF	OTHED MONE	TADV DE	CEIDTS (Sacti	ions D	through D			
Total Loans Received this Period (Section D		TART RE	CEIF IS (Secu	+				
Total Amount of Personal Funds of the Cand	<u> </u>	eriod (Section E	(i)	+				
Total Amount of Interest from Deposits in A	uthorized Accounts (S	ection G)		+				
Total Public Grant Funds Received from the	Citizens' Election Fur	nd (Section H)		+				
Total Miscellaneous Monetary Receipts not (Considered Contributi	ons (Section I)		+				
TOTAL OF OTHER MONETARY (Add S	RECEIPTS NOT (Sections D through I							

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

NAME OF COMMITTEE (Provide C	omplete Name as Registered with Commission)				TYPE OF RE	PORT		
	J1. Fundraisin	g Ev	ent]	Information				
Fundraising Event # Date of Fundraiser Letter	Description							
Location: Street Address			City			State	Zip Code	
Was this fundraising event hosted	at a personal residence?			<i>If yes</i> , go to Section J3 In-Kind Dor and complete required information for beverage and invitations.				
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? \[\begin{array}{c} \text{Yes} & \textit{If yes}, go to Section J3 \text{In-Kind Donated by an individual of up to \$100?} \] \[\text{No} \] \[\text{No} \]					nations not Considered Contributions			
with purchases from an individual	tion, or other sale of donated items of up to \$100?			(If yes, enter Total Receipts here.)	\$			
Fundraising Event # Date of Fundraiser Letter	Description							
Location: Street Address			City			State	Zip Code	
Was this fundraising event hosted	at a personal residence?			<i>If yes</i> , go to Section J3 In-Kind Dor and complete required information for beverage and invitations.				
Did this fundraiser include items of \$200 or items donated by an indiv	lonated by a business entity of up to idual of up to \$100?		Yes No	<i>If yes</i> , go to Section J3 In-Kind Doi and complete required information.	nations not Co	nsidered C	ontributions	
Subpart 1: Was this fundraiser a tag sale, auc with purchases from an individual	tion, or other sale of donated items of up to \$100?			(If yes, enter Total Receipts here.)	\$			
Fundraising Event # Date of Fundraiser Letter	Description							
Location: Street Address	1		City			State	Zip Code	
Was this fundraising event hosted	at a personal residence?		Yes No	<i>If yes</i> , go to Section J3 In-Kind Dor and complete required information for beverage and invitations.				
\$200 or items donated by an indiv	lonated by a business entity of up to idual of up to \$100?		Yes No	If yes, go to Section J3 In-Kind Donard complete required information.	nations not Co	nsidered C	Contributions	
Subpart 1: Was this fundraiser a tag sale, auc with purchases from an individual	tion, or other sale of donated items of up to \$100?			(If yes, enter Total Receipts here.)	\$			
SUBTOTAL Se	ection J1—Subpart 1 Total Receipts	from S	Sale o	of Donated Items — This Page				
		тот	ΓAL	of additional Section J1 Pages				
TOTAL OF ALL SMALL PURC	HASES FROM TAG SALES, AUCTION (E			ER SALE OF DONATED ITEMS Line 17 of Summary Page Totals)				

II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

NAME OF COMMITTEE	(Provide Complete Name as Registe				Section J2.			
Name of Donor		NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						
Name of Donor								
Name of Donor	J3. In-k	Kind Donations N	ot Consider	ed Contributions				
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				Fair I	 Market Val	ue of Donation	
☐ Individual	•				1 411 1	viai ket vai	uc of Donation	
☐ Business Entity	Date Received	Event #		Aggregate Value for this Event				
☐ Sole Proprietorship								
Name of Donor								
Tunic of Bonor								
Street Address			City			State	Zip Code	
Street Address			City			State	Zip Code	
					1			
Donation Given By: ☐ Individual	Description of Donation				Fair I	Market Val	ue of Donation	
☐ Business Entity		1		T				
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event				
a sole Proprietoisinp								
Name of Donor								
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				Fair I	Market Val	lue of Donation	
☐ Individual								
☐ Business Entity	Date Received	Event #		Aggregate Value for this Event				
☐ Sole Proprietorship								
Name of Donor					<u> </u>			
Street Address			City			State	Zip Code	
Donation Given By:	Description of Donation				F	 	- CD 4:	
=	Description of Donation				Fair	viarket vai	ue of Donation	
☐ Business Entity	Data Racaivad	Event #		Aggregate Value for this Event				
	Date Received	Event #		Aggregate value for this Event				
☐ Sole Proprietorship			DTOTAL Co.	. 12 Th D				
		SU	BIOTAL Sec	ction J3 — This Page				
				onal Section J3 Pages				
☐ Sole Proprietorship	LL IN-KIND DONATI	TOT	AL of addition	onal Section J3 Pages				
Donation Given By: Individual Business Entity Sole Proprietorship Name of Donor Street Address Donation Given By: Individual		Event #	City	Aggregate Value for this Event		Market Val	lue of Donati	

III. NONMONETARY RECEIPTS (Sections K — M)

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Commission)			TYPE O	F REPORT		
	** * **	1.6					
Name	K. In-Ki	nd Contri	butions				
Name							
Street Address		City	,			State	Zip Code
Is this contribution associated with a ☐ Yes fundraising event listed in Section J1? ☐ No If yes, list Event #:	Description of In-Kind Contribution	n					
Is contributor a lobbyist, spouse, ☐ Yes or dependent child of a lobbyist? ☐ No	If yes, indicate which branch	ributor a principal of a state contractor or prospective state contractor?					
Type of Contributor:		Date Received	1	Aggregate Contri	butions		
☐ Individual ☐ Committee ☐	Sole Proprietorship						
Name							
Street Address		City	,			State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? \(\subseteq \text{No} \) No If yes, list Event #:	Description of In-Kind Contribution	n					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ No	Is contributor a principal of a star <i>If yes</i> , indicate which branch of government the contract is	or branches	r prospective state Executive		☐ Yes ☐ No	l	arket Value Contribution
Type of Contributor:		Date Received	I	Aggregate Contri	butions		
☐ Individual ☐ Committee ☐	Sole Proprietorship						
Name							
Street Address		City	r			State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? ☐ No **If yes*, list Event #:	Description of In-Kind Contribution	n					
Is contributor a lobbyist, spouse,	Is contributor a principal of a star <i>If yes</i> , indicate which branch of government the contract is	or branches	prospective state		☐ Yes ☐ No		arket Value Contribution
Type of Contributor:		Date Received		Aggregate Contri	butions		
☐ Individual ☐ Committee ☐	Sole Proprietorship						
		SUBTO	ΓAL Section	K — This P	age		
		TOTAL o	f additional S	Section K Pa	iges		
TOTAL OF ALL IN-KIN	D CONTRIBUTIONS	(Enter total o	on Line 23 of Sui	mmary Page To	tals)		
	L. Refundable Depo	sit to Tele	phone Com	pany			
Last Name of Individual		First			MI	Date Deposi	t Made
Residential Street Address	City			State	Zip Code		Amount of Deposit
Name of Telephone Company					<u> </u>		
Street Address	City			State	Zip Code		
	TOTAL SECTION L	(Enter total o	on Line 24 of Sur	mmary Page To	tals)		

III. NONMONETARY RECEIPTS (Sections K — M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT				
M. Non-Monetary Receipts of 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		<u> </u>	D	ate Notice Received	Fair Market Value of Donation
City	State	Zip Code	A	ggregate Donations	
Description of Donation			_	of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON)	LY)	Name of Treasure	er		
Street Address			D	ate Notice Received	Fair Market Value of Donation
City	State	Zip Code	A	ggregate Donations	
Description of Donation	1		1 -	of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er		
Street Address		<u> </u>	D	ate Notice Received	Fair Market Value of Donation
City	State	Zip Code	A	ggregate Donations	
Description of Donation			Purpose	of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er		
Street Address			D	ate Notice Received	Fair Market Value of Donation
City	State	Zip Code	A	ggregate Donations	
Description of Donation	•		1 -	of Expenditure (see instructions)	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure			
Street Address			D	ate Notice Received	Fair Market Value of Donation
City	State	Zip Code	A	ggregate Donations	
Description of Donation				of Expenditure <i>(see instructions)</i>	
SU	J BTOT A	AL Section N			
ТОТ	ΓAL of a	additional Se	ection 1	M Pages	
TOTAL RECEIPTS OF ALL ORG		ATION EXP on Line 25 of Sun			

NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
	N. Expense	s Paid by Committee			
Name of Payee	•	·	Date of Payme		Payment: Check # Debit Card
Street Address		City	1	State	Zip Code
Purpose of Expenditure (by code)		Amount			
reimbursement is sough		Expenditure # (if applicable)	Event #		
Name of Payee			Date of Payme		Payment: Check # Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
reimbursement is sough		Expenditure # (if applicable)	Event #		
Name of Payee			Date of Payme		Payment: Check # Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
reimbursement is sough		Expenditure # (if applicable)	Event #		
Name of Payee			Date of Payme		Payment: Check # Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
reimbursement is sough		Expenditure # (if applicable)	Event #		
	SUBT	OTAL Section N — T	his Page		
	TOTAL	of additional Section	N Pages		
	TOTAL OF ALL EXPENS	SES PAID BY COMN on Line 20 of Summary Po			

NAME OF COMMITTEE	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)							
		O. Expense	s Paid by Cano	didate				
Name of Payee (Name of vendor	who candidate paid directly)				Date o	f Payment	Is reimbursement claimed? ☐ Yes ☐ No	
Street Address			City		State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description				Event	#		
Name of Payee (Name of vendor	who candidate paid directly)				Date o	f Payment	Is reimbursement claimed? ☐ Yes ☐ No	
Street Address			City		State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description				Event	#		
Name of Payee (Name of vendor	who candidate paid directly)	Date o	f Payment	Is reimbursement claimed? ☐ Yes ☐ No				
Street Address			City		State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description				Event	#		
Name of Payee (Name of vendor	who candidate paid directly)				Date o	f Payment	Is reimbursement claimed? ☐ Yes ☐ No	
Street Address			City		State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description				Event	#		
Name of Payee (Name of vendor	who candidate paid directly)				Date o	f Payment	Is reimbursement claimed? ☐ Yes ☐ No	
Street Address			City		State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description				Event	#		
Name of Payee (Name of vendor	who candidate paid directly)				Date o	f Payment	Is reimbursement claimed? ☐ Yes ☐ No	
Street Address			City		State	Zip Code	Amount	
Purpose of Expenditure (by code)	Description				Event	#		
		SUBTO	OTAL Section	O — This P	age			
			of additional S					
	TOTAL OF		SES PAID BY on Line 27 of Sun					

NAME OF COMMITT	TET (Description of the New York of the New Yo	.)		TYPE OF RE	DODT		
NAME OF COMMITT	EEE (Provide Complete Name as Registered with Commission	<i>u</i>		TILOFKE	I OK I		
	D.E. 1	1 0					
NY OY Y O	P. Expenses Incur	rred on Comm					
Name of Issuing Institu	itton		Type of Credit Card: ☐ Visa ☐ Master Card	☐ Disco	ver \[\Bar\] A	merican Express	
Name of Vendor			Other	Гт	– Date of Trar	agastian	
ivaine of vendor					Jate of Trai	isaction	
Street Address		City		S	State	Zip Code	
Purpose of Expenditure (by code)			Amount				
Is this expenditure coord reimbursement is sough <i>If yes</i> , assign an Expend							
Name of Vendor			<u>'</u>	Ι	Date of Tran	nsaction	
Street Address		City		S	State	Zip Code	
Purpose of Expenditure (by code)	Description					Amount	
Is this expenditure coord reimbursement is sough If yes, assign an Expenditure							
Name of Vendor				Ι	Date of Transaction		
Street Address		City		S	State	Zip Code	
Purpose of Expenditure (by code)	Description	I				Amount	
reimbursement is sough	dinated with another candidate for which Yes t? No diture # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #				
Name of Vendor				Ι	Date of Tran	nsaction	
Street Address		City		S	State	Zip Code	
Purpose of Expenditure (by code)	Description					Amount	
reimbursement is sough	linated with another candidate for which Yes t? No liture # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #				
-		BTOTAL Secti	on P — This Page	1			
	тот	AL of addition	al Section P Pages				
TOTAL C	OF ALL EXPENSES INCURRED ON (Enter t		E CREDIT CARD Summary Page Totals)				

Rev. 1/12	IV. EXIENT	/11	OKES (Section				
NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission	!)			TYPE OF I	REPORT	
	Q. Expenses Incurred by Co	omn	nittee but Not Pai	id During this Pe	riod		
Name of Creditor	· · ·					Date Incurr	red
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description					1	ount Incurred imate or Actual)
reimbursement is sough	dinated with another candidate for which Yes t? No diture # and complete Itemization in Addendum Q		enditure # oplicable)	Event #			
Name of Creditor						Date Incurr	red
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description						ount Incurred imate or Actual)
reimbursement is sough	tinated with another candidate for which Yes t? No liture # and complete Itemization in Addendum Q		enditure # oplicable)	Event #			
Name of Creditor						Date Incurr	red
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description					1	ount Incurred imate or Actual)
reimbursement is sough	dinated with another candidate for which Yes t? No diture # and complete Itemization in Addendum Q		enditure # pplicable)	Event #			
Name of Creditor						Date Incurr	red
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description						ount Incurred imate or Actual)
reimbursement is sough	dinated with another candidate for which Yes t? No diture # and complete Itemization in Addendum Q		enditure # oplicable)	Event #			
			SUBTOTAL	Section Q – This	Page		
			TOTAL of addit	ional Section Q I	Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMIT	ГЕЕ		ERIOD BUT NOT ine 29 of Summary Page			
	Previously report	ted]	Expenses Unpaid	and still Outstar	nding		
	TOTAL OF ALL EXPENSES INCUI	RRE		TEE BUT NOT			

NAME OF COMMITT	EE (Provide Complete Name as Registered w	with Commission))				TYPE OF I	REPORT		
	R. Itemization of Rei	mhurseme	ents	to Committee W	orkers and	d Cons	ultants			
Last Name of Worker/Cons		First	LIILS	to Committee W	MI MI	Date of I		Method	of Payment:	
Last Name of Worker/Cons	uitant	Tilst			IVII	Duit of I	u,	☐ Check #		
C I D								L	Debit Card	
Secondary Payee										
									_	
Street Address				City				State	Zip Code	
Purpose of Expenditure (by code)	Description								Amount	
(by code)										
Is this expenditure coord	l linated with another candidate for which	☐ Yes	Expe	enditure #	Event #					
reimbursement is sough	t?	☐ No	(if app	plicable)						
	liture # and complete Itemization in Ac				M	Date of I	Payment	Mathad	of Payment:	
Last Name of Worker/Cons	ultant	First			MI	Date of f	ayment		Check #	
									Debit Card	
Secondary Payee										
Street Address				City				State	Zip Code	
Purpose of Expenditure	Description								Amount	
(by code)									7 Illiount	
T- 41.: 1:4	lin 4 - 1 ial al 1		Evmo	enditure #	Event #					
reimbursement is sought	linated with another candidate for which t?	□ Yes □ No		plicable)	Event #					
	liture # and complete Itemization in Ac					1				
Last Name of Worker/Cons	ultant	First			MI	Date of I	ayment		of Payment: Check #	
									Debit Card	
Secondary Payee								•		
Street Address				City				State	Zip Code	
Purpose of Expenditure	Description								A	
(by code)									Amount	
			1_		T=					
Is this expenditure coord reimbursement is sought	dinated with another candidate for which t?	□ Yes		enditure # plicable)	Event #					
	liture # and complete Itemization in Ac	ddendum R								
		SUR	TO.	ΓAL Section R —	- This Pao	ie e				
		500	710	THE Section is	11115 1 46	,				
		ТОТА	AI. o	f additional Secti	on R Page	26				
		1017		- additional Settl						
TOTAL OF ALL	REIMBURSEMENTS TO CO	MMITTED	F W	DEVEDS AND CO	NCHI TAN	JTC				
TOTAL OF ALL	REINIBURSENIENTS TO CO		L WV	JKKEKS AND CO	NSULTAI	115				

NAME OF COMMITTEE (Provide Complete Name as Registered with Commissi		TYPE OF REPO	RT	
S. Surplus Distrib	ution of Equipment and Furnit	nre		
Name of Recipient	ution of Equipment and I utility	uic		
Nume of Recipient				
Street Address	City	State	Zip Code	Original Purchase
				Amount of Item
Description of Item	I			
Name of Recipient			·	
Street Address	City	State	Zip Code	Original Purchase
				Amount of Item
Description of Item	<u> </u>			
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase
				Amount of Item
Description of Item				
Name of Recipient				
Table of Acceptain				
Street Address	City	State	Zip Code	Original Purchase
				Amount of Item
Description of Item				
Name of Recipient				
Name of Recipient				
Street Address	City	State	Zip Code	
Succe Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Description of item				
an in the second				
Name of Recipient				
	T .	1	<u>'</u>	
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
	TOTAL S	ECTIO	N S	

EXPENDITURE CODE ADDENDUM

For use with Sections N, O, P, Q & R of the SEEC Form 30

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, Treasurers must read the committee guide applicable to their type of committee or contact the State Elections Enforcement Commission at 860-256-2925.

Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for *both* the development *and* the delivery of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, *not* as Professional Consultant (CNSLT), which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use A-OTH for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used. *Please Note*: The one exception to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. Fundraising Event advertising must be coded FNDR (*see explanation below*) irrespective of the advertising delivery method.

A-DM: expenditure to advertise through direct mail.

A-MAG: expenditure to **advertise** through a **magazine**.

A-NEWS: expenditure to advertise through a newspaper.

A-ATM: expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

A-PH-BNK: expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (*above*) and polls and surveys (*below*).

A-RAD: expenditure to advertise on radio.

A-SIGN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard **signs** visible from any street or highway.

A-TV: expenditure to **advertise** on **television**.

A-WEB: expenditure to advertise on the **World Wide Web**. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. *See* **WEB** *for other web-related expenditures*.

A-OTH: expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, etc. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ads placed in ad books, in schools or civic organizations' ad book pamphlets or bulletins; or (e) ads placed in ad books for fundraising events held by other committees.

*ATT: expenditure for attendance fee or entrance fee for any person to a (1) fundraiser held by *any* committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar; etc. In the text box of the **Description Field**, which is **mandatory** under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

BNK: expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Section P of the SEEC Form 30, entitled "Expenses Incurred on Committee Credit Card."

CCP: expenditure to record **any payment of the Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Section P of the SEEC Form 30, entitled "Expenses Incurred on Committee Credit Card," to record actual charges made against the credit card account, including any finance charges.

CEF: expenditure to record any payment to the State of Connecticut's Citizens' Election Fund (CEF). Checks should be made payable to the Citizens' Election Fund and sent to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106. This expenditure code does not apply to the surplus distribution (SRPLS) expenditure code explained below.

CHAR: expenditure for a payment of committee funds to a tax-exempt charitable organization [26 U.S. Code § 501(c)(3)].

EXPENDITURE CODE ADDENDUM

For use with Sections N, O, P, Q & R of the SEEC Form 30

Asterisk * adjacent to the left of the Expenditure Code indicates that Description Field is Mandatory

CNSLT: expenditures to a professional **consultant**. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, etc. However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. **A-DM**, **A-OTHR**, **POLLS**). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section R, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

CNTRB: expenditures that are **contributions to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee** (**POC**) for shared expenses. *See explanation of* **POC** *below*.

*EFV: expenditures for **equipment**, **furniture**, **and vehicles**. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, etc. The text box of the **Description Field**, which is **mandatory** in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. **Please Note**: Vehicles may only be leased and may not be purchased.

FOOD: expenditures paid directly to a vendor for food and beverage, **except** if the vendor is paid for these items in association with the committee's own sponsored **fundraiser** (*see* **FNDR** *below*) or the committee's own sponsored **inaugural event** (*see* **INAUG** *below*).

*FNDR: expenditures associated with holding a committee fundraising event (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.). Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must be coded FNDR irrespective of the advertising delivery method. *Please Note*: This expenditure category must *not* include expenditures of the committee's funds for the attendance fees (ATT) of any persons attending another entity's fundraising event.

*GIFT: record the purchase of any item that is to be given as a **gift** to any individual or entity. Gifts to committee workers are generally limited to an aggregate of \$100 per recipient. For committees that have received a CEP grant, the limit is \$5 per recipient. The text box of the **Description Field**, which is **mandatory** in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

INAUG: expenditures relating to the committee's costs for hosting an **inaugural event** for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as an **attendance fee** (*see* **ATT** *above*).

LOAN: expenditures to record the payment of the committee's **LOAN**, whether principal, interest or both. *Please Note*: Any penalties assessed for non-payment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Section Q of the SEEC Form 30.

OFFICE: expenditures for **office supplies** such as paper, pens, printer cartridges, etc.

OVHD: expenditures of **overhead operating** costs, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.

PETTY: expenditure to replenish the committee's **petty cash fund**.

POC: expenditures to record a **payment to another committee** at fair market value for goods, services or other things of value provided by that other committee as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were loaned to the committee, etc. Absent payment to the other committee at fair market value for such benefits received, **within 45 days of receipt**, the committee would be receiving an **In-Kind Contribution** from the other committee. **Please Note**: **In-Kind Contributions** do not require an expenditure code because they are receipts of the committee, not expenditures. The **POC** expenditure code category must be distinguished from expenditures that are coded as **contributions to another committee** (**CNTRB**).

EXPENDITURE CODE ADDENDUM

For use with Sections N, O, P, Q & R of the SEEC Form 30

Asterisk * adjacent to the left of the Expenditure Code indicates that Description Field is Mandatory

POLLS: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from phone banks (**A-PH-BNK**) because the information is not just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing *and* conducting the poll or survey, use **POLLS** as the expenditure code, not **CNSLT** (*see above*).

POST: expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT: expenditures associated with the costs of **printing**, photocopying or reproducing literature, stationery, invitations and the like.

RCW: expenditures to **reimburse committee workers**, which may include a candidate. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's Treasurer who authorized the payment within 45 days of receipt of the paid for item. *Please Note*: Absent reimbursement to the committee worker within 45 days of receipt of the paid for item, the committee would be receiving an **In-Kind Contribution** from the committee worker. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section R, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. *Further Note*: When reimbursing the candidate, report the purchase in Section O of the SEEC Form 30, entitled "Campaign Expenses Paid by the Candidate."

REF: **refunds** are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.

SRPLS: expenditures which are surplus distributions in connection with the termination and dissolution of the committee.

TRVL: expenditures for an individual's **transportation** costs and **lodging** authorized by the Treasurer, such as the cost of gasoline, other transportation fare, and lodging. The cost of **attending** any event should be coded as **attendance** (*see* **ATT** *above*) and **any separate payment** for **food** outside the cost of the attendance fee should be coded as **FOOD**.

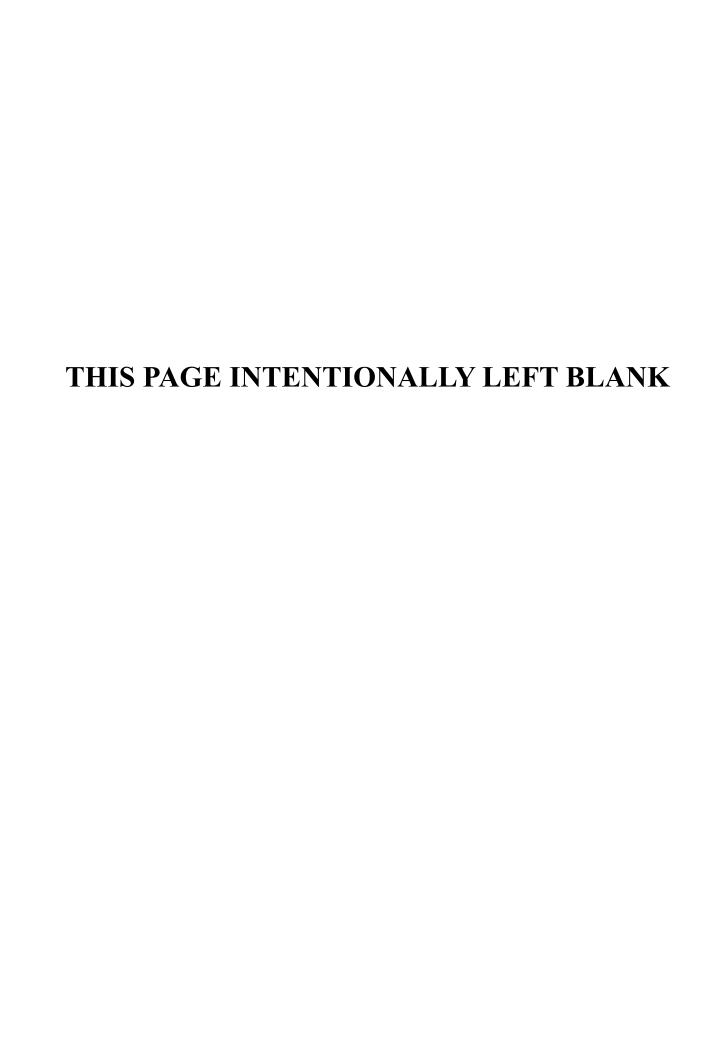
WAGE: expenditures for **wages and benefits** paid to the committee's staff. This is to be distinguished from payments to professional consultants (**CNSLT**) who are independent contractors.

WEB: expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a committee website and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web (*see* **A-WEB** *above*).

*MISC: expenditures of Miscellaneous items that are not listed above. The text box of the Description Field, which is mandatory in this situation, must explain in narrative form, with sufficient clarity, the purpose of this expenditure.

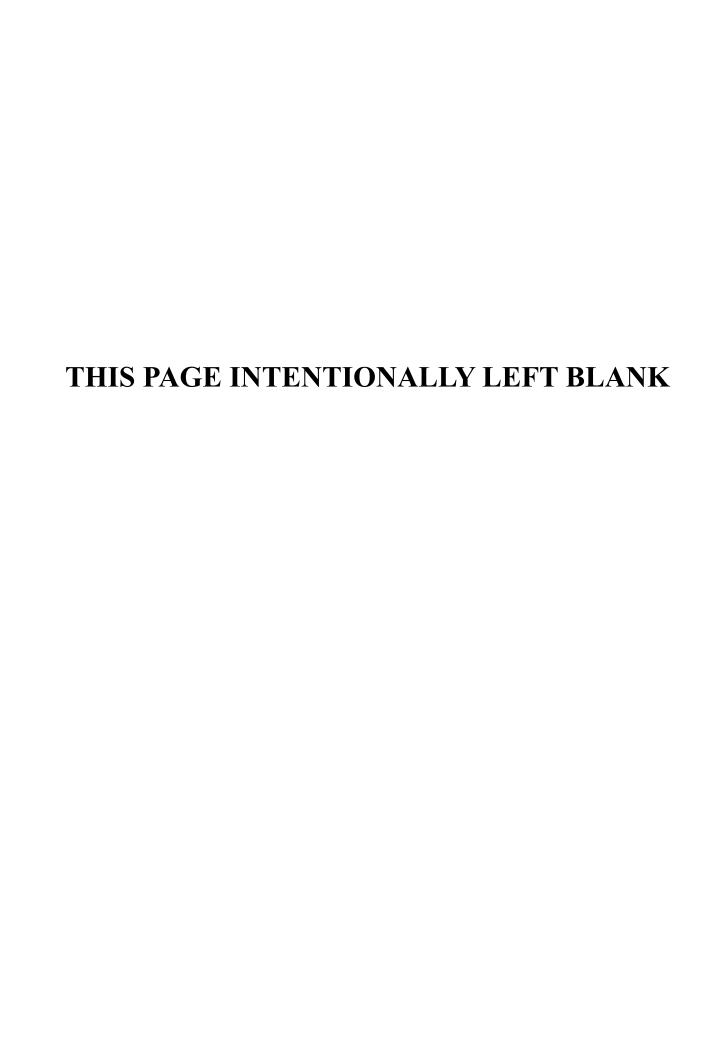
If additional pages are needed to complete all information required in each section of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the section.

Additional Pages are located at the back of the SEEC Form 30.



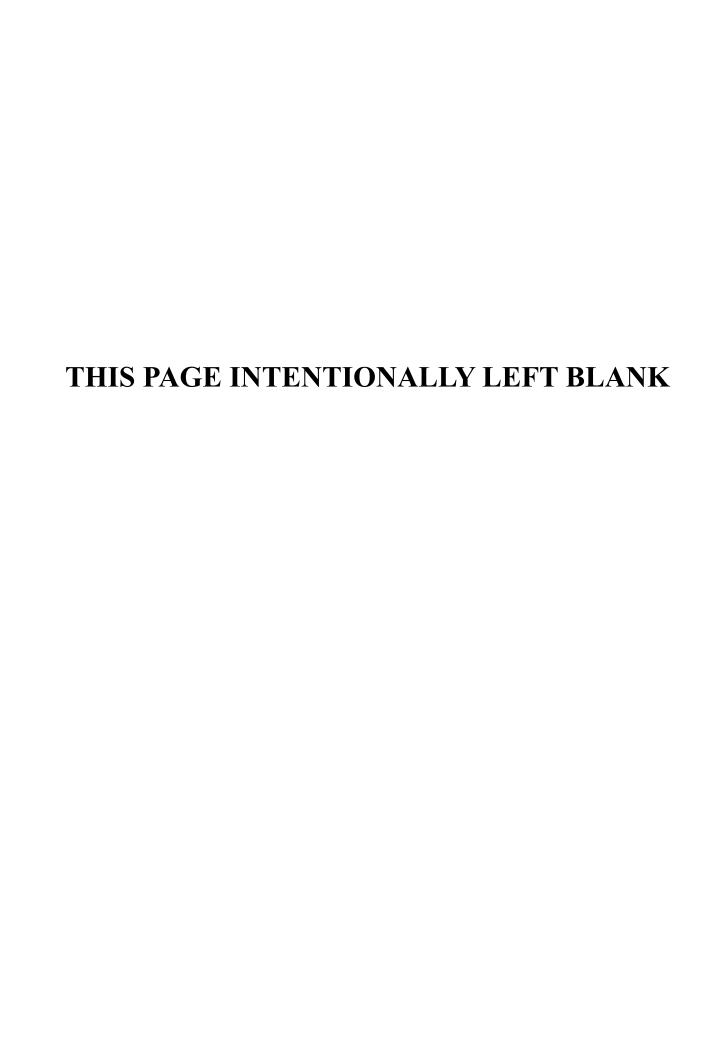
Section B. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Commission)				TYPE OF REPORT			
	B. Itemized Contrib	utions fi	rom Individu	als				
Last Name		First				MI	(Contribution ID #
Residential Street Address		City				5	State	Zip Code
Principal Occupation			Name of Employer			·		
Is contributor a principal of a state contractor or <i>If yes</i> , indicate which branch or branches of government the contract is with:	prospective state contractor?	es 🗌 No	Is contributor a lo or dependent chil	obbyist, spouse, ld of a lobbyist?		Yes No	Amoun	t of Contribution
Is this contribution associated with a ☐ Yes fundraising event listed in Section J1? ☐ No <i>If yes</i> , list Event #:	Method of Contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Ca		ceived	Aggregate Contrib	outions			
Last Name		First		ı		MI		Contribution ID#
Residential Street Address		City				5	State	Zip Code
Principal Occupation			Name of Employer					L
Is contributor a principal of a state contractor or <i>If yes</i> , indicate which branch or branches of government the contract is with:	prospective state contractor? Ye	s 🔲 No	Is contributor a lo or dependent chil	obbyist, spouse, ld of a lobbyist?			Amoun	t of Contribution
Is this contribution associated with a ☐ Yes fundraising event listed in Section J1? ☐ No <i>If yes</i> , list Event #:	Method of Contribution: ☐ Cash ☐ Money Order ☐ Credit/Debit Ca		ceived	Aggregate Contrib	outions			
Last Name		First		I		MI	(Contribution ID #
Residential Street Address		City			l	5	State	Zip Code
Principal Occupation			Name of Employer					
Is contributor a principal of a state contractor or <i>If yes</i> , indicate which branch or branches of government the contract is with:	prospective state contractor?	es 🗌 No	Is contributor a lo or dependent chil			Yes No	Amoun	t of Contribution
Is this contribution associated with a understanding event listed in Section J1? No If yes, list Event #:	Method of Contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Ca		ceived	Aggregate Contrib	outions			
	SUBTOT	AL Sec	tion B — Thi	s Page				



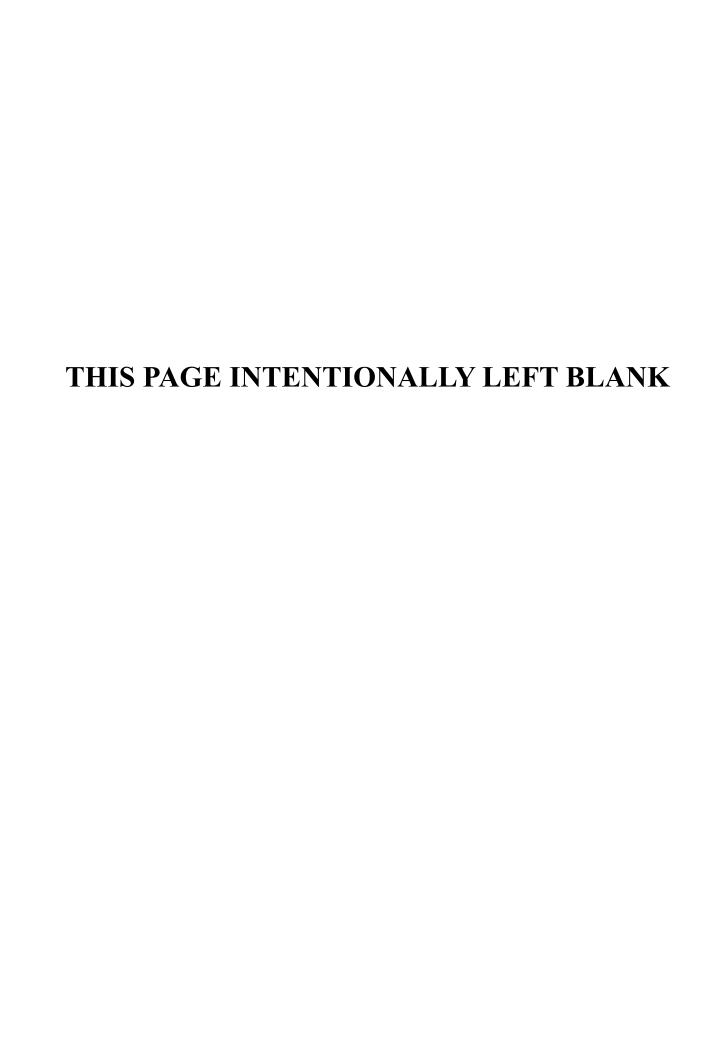
Section C. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Complete Name	NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
	C1.	Contrib	ution	s from O	ther	Commi	ttees			
Name of Committee						ne of Treasur				
Address				Is this contri fundraising	bution event l	associated isted in Sec <i>If yes</i> , list	with a Yes ction J1?] No	Amount of Contribution	
City	State	Zip Coo	de	Date Rece	ived		Aggregate Contribution	ons		
Name of Committee	•	•			Nam	ne of Treasur	er			
Address				Is this contri fundraising	bution event l	isted in Sec	with a Yes ction J1?	_	Amount of Contribution	
City	State	Zip Coo	de	Date Rece	ived		Aggregate Contribution	ons		
Name of Committee	1	1			Nam	ne of Treasur	er		ı	
Address				Is this contri fundraising			with a Yes ction J1?] No	Amount of Contribution	
City	State	Zip Coo	de	Date Rece	ived		Aggregate Contribution	ons		
Name of Committee					Nam	ne of Treasure	er			
Address				Is this contri fundraising		isted in Sec	with a Yes ction J1?		Amount of Contribution	
City	State	Zip Coo	de	Date Rece	ived		Aggregate Contribution			
C2. Reimbursen	nents, Pa	ayments	s, or S	Surplus D	istril	butions	from other Co	ommittee	S	
Name of Committee						Name of Tr	easurer			
Address						•	Date Received		Amount of Receipt	
City	!	State	Zip Co	de			ment for shared exper or goods and services			
Name of Committee						Name of Tr	reasurer			
Address						•	Date Received		Amount of Receipt	
City		State	Zip Co	de			ment for shared exper or goods and services			
			SU	BTOTAL	Sect	tion C –	— This Page			



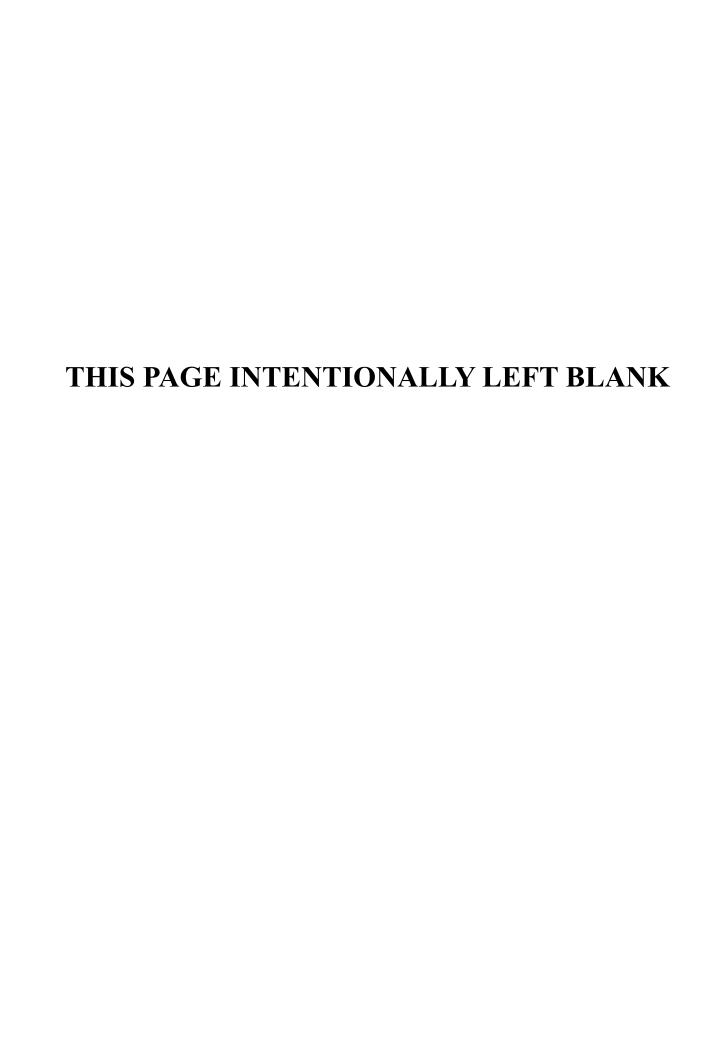
Section J1. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Co	omplete Name as Registered with Commission)				TYPE	OF REI	PORT	
	J1. Fundraisin	g Ev	ent	Information				
Fundraising Event #	Description							
Date of Fundraiser Letter								
Location: Street Address			City				State	Zip Code
Was this fundraising event hosted	at a personal residence?			<i>If yes</i> , go to Section J3 In-Kind Dor and complete required information for beverage and invitations.				
			No					
Did this fundraiser include items d \$200 or items donated by an indivi	If yes, go to Section J3 In-Kind Doi and complete required information.	If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.						
			No					
Subpart 1: Was this fundraiser a tag sale, auct			Yes	(If yes, enter Total Receipts here.)		¢.		
with purchases from an individual	or up to \$100?		No	-		\$		
Fundraising Event #	Description		110					
Date of Fundraiser Letter	Description							
Location: Street Address			City				State	Zip Code
Was this fundraising event hosted	at a personal residence?		Yes	<i>If yes</i> , go to Section J3 In-Kind Dor and complete required information for beverage and invitations.				
			No	beverage and invitations.				
Did this fundraiser include items d \$200 or items donated by an indivi	onated by a business entity of up to		Yes	If yes, go to Section J3 In-Kind Dor and complete required information.	nations	not Con	sidered C	ontributions
was a man wall of an marks	and of up to \$100.		No	and complete required information.				
Subpart 1:								
Was this fundraiser a tag sale, auct			Yes	(If yes, enter Total Receipts here.)	г			
with purchases from an individual	of up to \$100?		No	_		\$		
Eundusiaing Event #	5		INU					
Fundraising Event # Date of Fundraiser Letter	Description							
Location: Street Address			City				State	Zip Code
Was this fundraising event hosted	at a personal residence?		Yes	<i>If yes</i> , go to Section J3 In-Kind Dor and complete required information for beverage and invitations.				
			No	ooverage and mynamons.				
Did this fundraiser include items d \$200 or items donated by an indivi	onated by a business entity of up to		Yes	If yes, go to Section J3 In-Kind Doi and complete required information.	nations	not Cor	sidered C	ontributions
Subpart 1: Was this fundraiser a tag sale, auct	ion or other sale of donated items		Vac	(If yes, enter Total Receipts here.)				
with purchases from an individual			No	(1) yes, chici Total Receipts licic.)	→[\$		
SUBTOTAL Se	ction J1—Subpart 1 Total Receipts f	from S	Sale	of Donated Items — This Page				
				-	1			



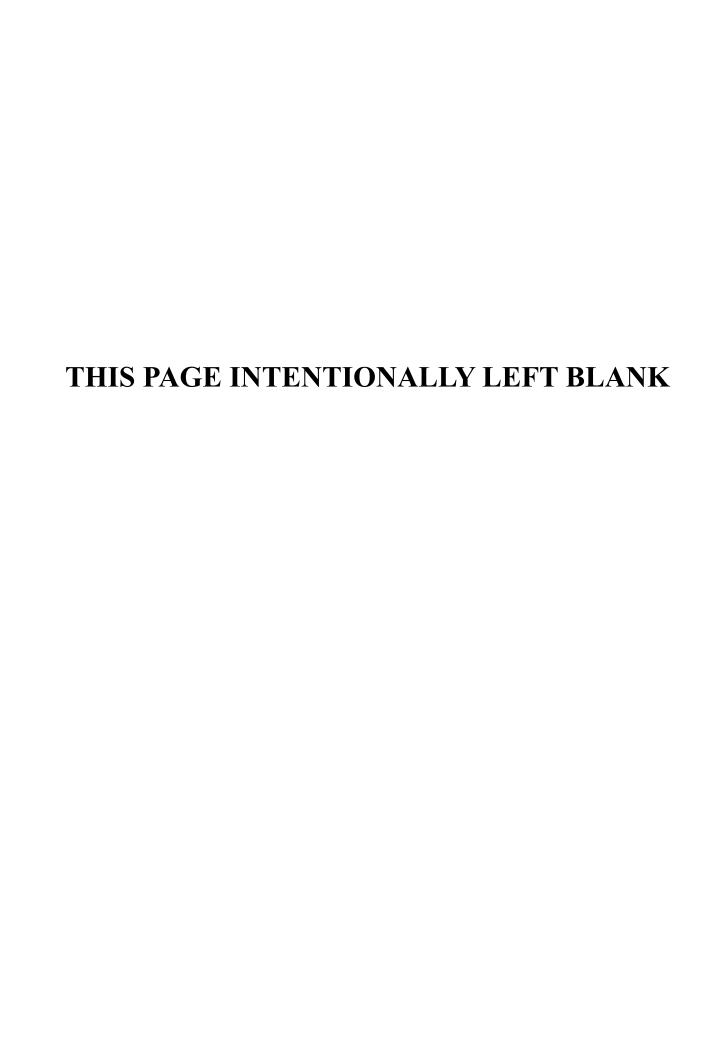
Section J3. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTE	E (Provide Complete Name as Registere	ed with Commission)			TYPE OF RE	PORT	
	J3. In-Ki	nd Donations N	ot Consider	ed Contributions			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				1		
☐ Individual	Description of Donation				Fair I	Market Val	ue of Donation
☐ Business Entity	Deta Bassinal	E		A compacts Value for this Event			
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair I	⊥ Market Val	ue of Donation
☐ Individual							
☐ Business Entity	Date Received	Event #		Aggregate Value for this Event			
☐ Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Server radioss							Z.p code
	T						
Donation Given By: ☐ Individual	Description of Donation				Fair I	Market Val	ue of Donation
☐ Business Entity ☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
sole i rophetorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair I	 Market Vel	 ue of Donation
☐ Individual					ran r	viai ket vai	ue of Donation
☐ Business Entity	Date Received	Event #		Aggregate Value for this Event			
☐ Sole Proprietorship	Bute Received	Event "		riggiogue value for any Event			
		SUE	BTOTAL Sec	ction J3 — This Page			



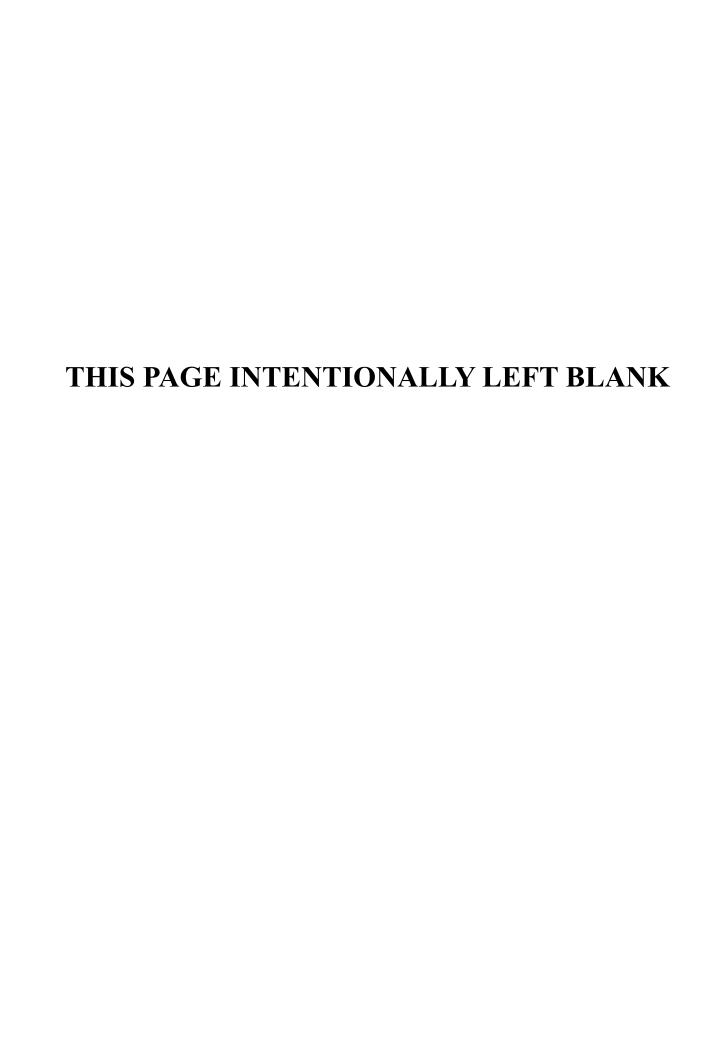
Section K. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Complete Name as R	Registered with Commission)			TYPE OF REPORT	TYPE OF REPORT					
	K. In-Kin	d Cont	tributions							
Name										
Street Address			City		State	Zip Code				
Is this contribution associated with a fundraising event listed in Section J1? No No If yes, list Event #:	scription of In-Kind Contribution	'								
or dependent child of a lobbyist?	ntributor a principal of a state fyes, indicate which branch of government the contract is w	r branche		□ No		arket Value Contribution				
Type of Contributor:		Date Rece	eived	Aggregate Contributions						
☐ Individual ☐ Committee ☐ Sole	e Proprietorship									
Name										
Street Address			City		State	Zip Code				
fundraising event listed in Section J1? No If yes, list Event #:	scription of In-Kind Contribution	•								
or dependent child of a lobbyist?	ontributor a principal of a state fyes, indicate which branch of government the contract is w	r branche		□ No		arket Value Contribution				
Type of Contributor: ☐ Individual ☐ Committee ☐ Sole	e Proprietorship	Date Rece	eived	Aggregate Contributions						
Name										
Street Address			City		State	Zip Code				
Is this contribution associated with a fundraising event listed in Section J1? Des If yes, list Event #:	scription of In-Kind Contribution	•			·					
or dependent child of a lobbyist?	ntributor a principal of a state fyes, indicate which branch of government the contract is w	r branche		□ No	1	arket Value Contribution				
Type of Contributor: Individual	e Proprietorship	Date Rece	rived	Aggregate Contributions						
Name										
Street Address			City		State	Zip Code				
Is this contribution associated with a fundraising event listed in Section J1?	scription of In-Kind Contribution	•			•					
or dependent shild of a labbuist?	ontributor a principal of a state fyes, indicate which branch of government the contract is w	r branche		□ No		arket Value Contribution				
Type of Contributor:		Date Rece	eived	Aggregate Contributions						
☐ Individual ☐ Committee ☐ Sole	e Proprietorship									
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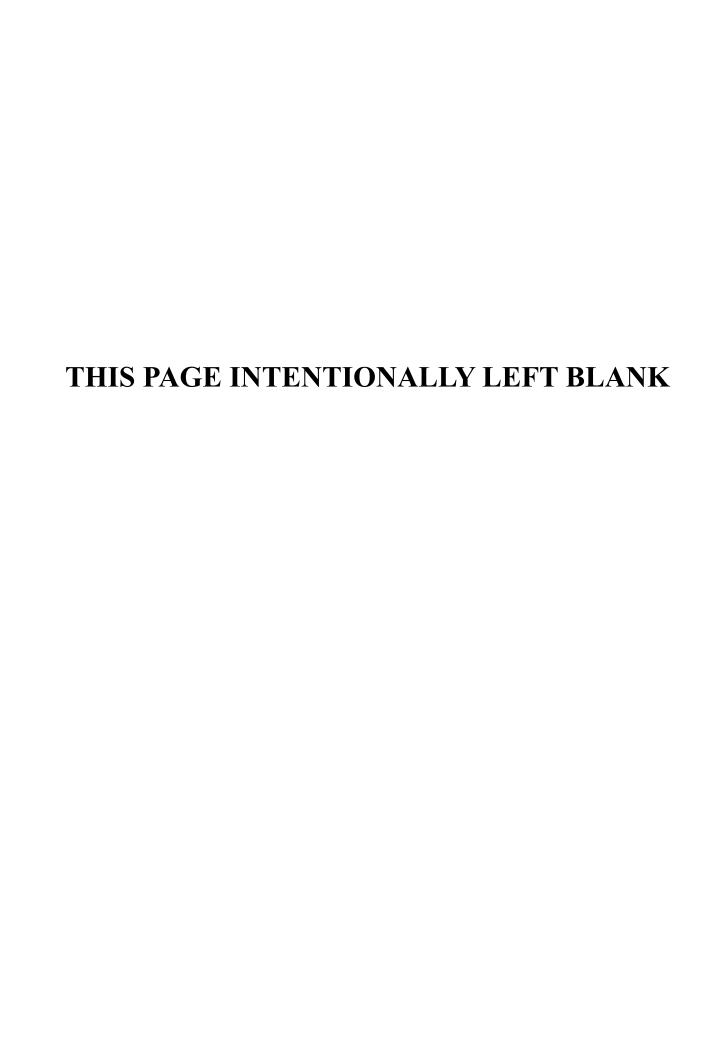
Section M. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	TYPE OF REPORT		
M. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an				olic Act 11-48		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er			
Street Address		·	Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation	!	•	Purpose of Expenditure (see instruc			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er	•		
Street Address		l	Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation			Purpose of Expenditure (see instruc			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er	<u>'</u>		
Street Address		1	Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation			Purpose of Expenditure (see instruction A B C D D			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er			
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation	1		Purpose of Expenditure (see instruction A B C D D			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasure	er	'		
Street Address		<u> </u>	Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation	1		Purpose of Expenditure (see instruction A B C D D			
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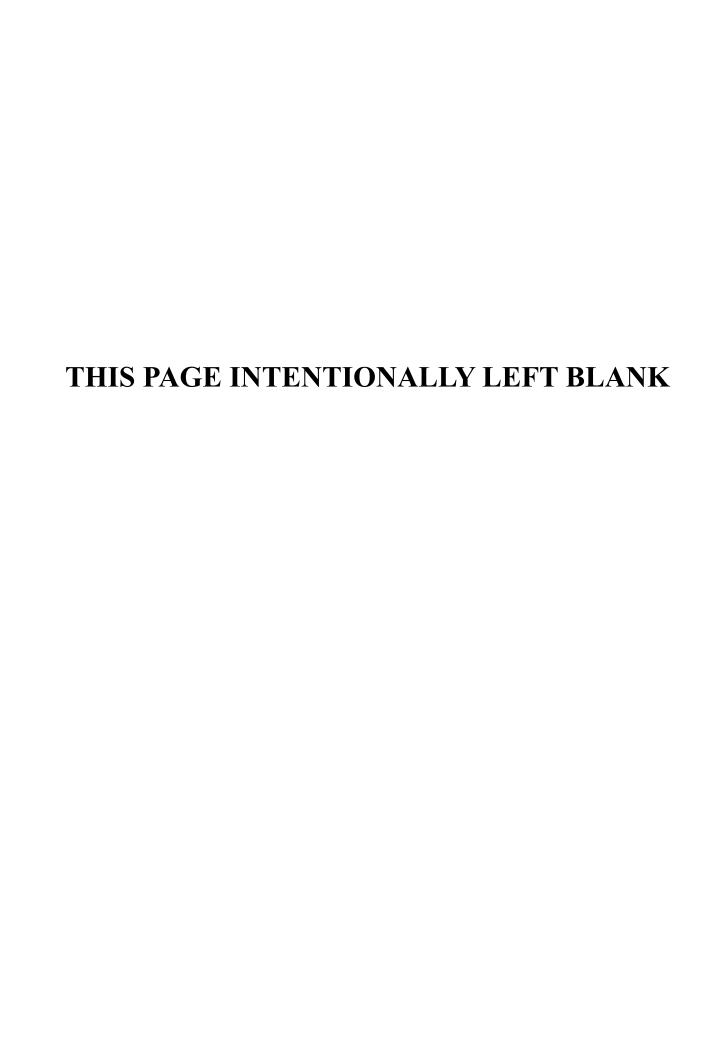
Section N. ADDITIONAL PAGE ____ of ____

NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT			
	N. Expens	ses Paid by Commit	tee			
Name of Payee			Date of Payn	nent Me	ethod of Pa	=
Street Address		City	<u>'</u>	Sta	ite	Zip Code
Purpose of Expenditure (by code)	Description				A	mount
reimbursement is sough	rdinated with another candidate for which Yes ht? No diture # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #			
Name of Payee			Date of Payn	nent Me	ethod of Pa	
Street Address		City		Sta	ite	Zip Code
Purpose of Expenditure (by code)	Description				A	mount
reimbursement is sough	dinated with another candidate for which Yes 'nt? No 'diture # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #			
Name of Payee			Date of Payn	nent Me	ethod of Pa	
Street Address		City	,	Sta	ite	Zip Code
Purpose of Expenditure (by code)	Description				A	mount
reimbursement is sough	rdinated with another candidate for which Yes nt? No diture # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #			
Name of Payee	•	1	Date of Payn	nent Me	ethod of Pa	
Street Address		City	 	Sta	ite	Zip Code
Purpose of Expenditure (by code)	Description	-			A	mount
reimbursement is sough	dinated with another candidate for which Yes nt? No diture # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #			
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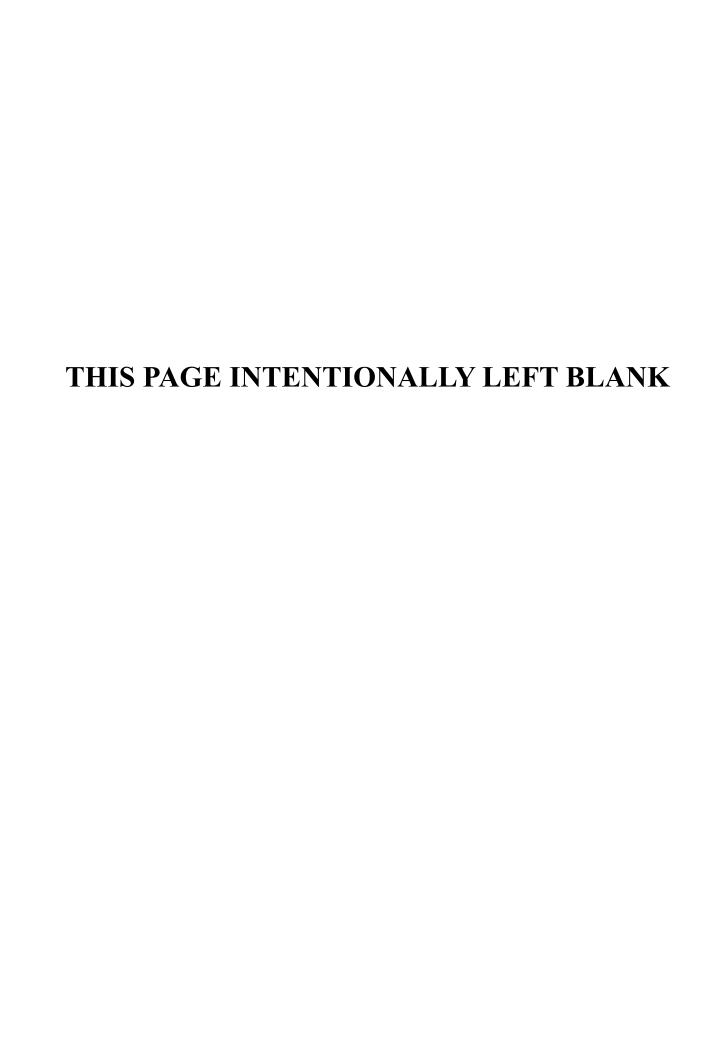
Section O. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
		O. Expenses Paid by Candid	late		
Name of Payee (Name of vendor who candidate paid directly)			Date of	of Payment	Is reimbursement claimed?
					☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event	#	
Name of Payee (Name of vendor who candidate paid directly)				of Payment	Is reimbursement claimed?
				T=	☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
Down and of Francis Life and	I Description			"	
Purpose of Expenditure (by code)	Description		Event	#	
Name of Payee (Name of vendor who candidate paid directly)				of Payment	Is reimbursement claimed?
Traine of Layee (Frame of venuor who cumulate putt un ecusy)				n i ayıncın	☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
					rinount
Purpose of Expenditure	Description		Event	#	
(by code)					
Name of Payee (Name of vendor who candidate paid directly)			Date o	of Payment	Is reimbursement claimed?
					☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description	•	Event	#	
Name of Payee (Name of vendor who candidate paid directly)			Date of	of Payment	Is reimbursement claimed?
				_	☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
D CE III	In the				
Purpose of Expenditure (by code)	Description		Event	#	
			Data	f Daymant	T : 1 : 10
Name of Payee (Name of vendor who candidate paid directly)			Date	of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address		City	State	Zip Code	
		Chy	State	Z.p couc	Amount
Purpose of Expenditure	Description		Event	#	
(by code)					
		CYNT CT T			
SUBTOTAL Section O — This Page					



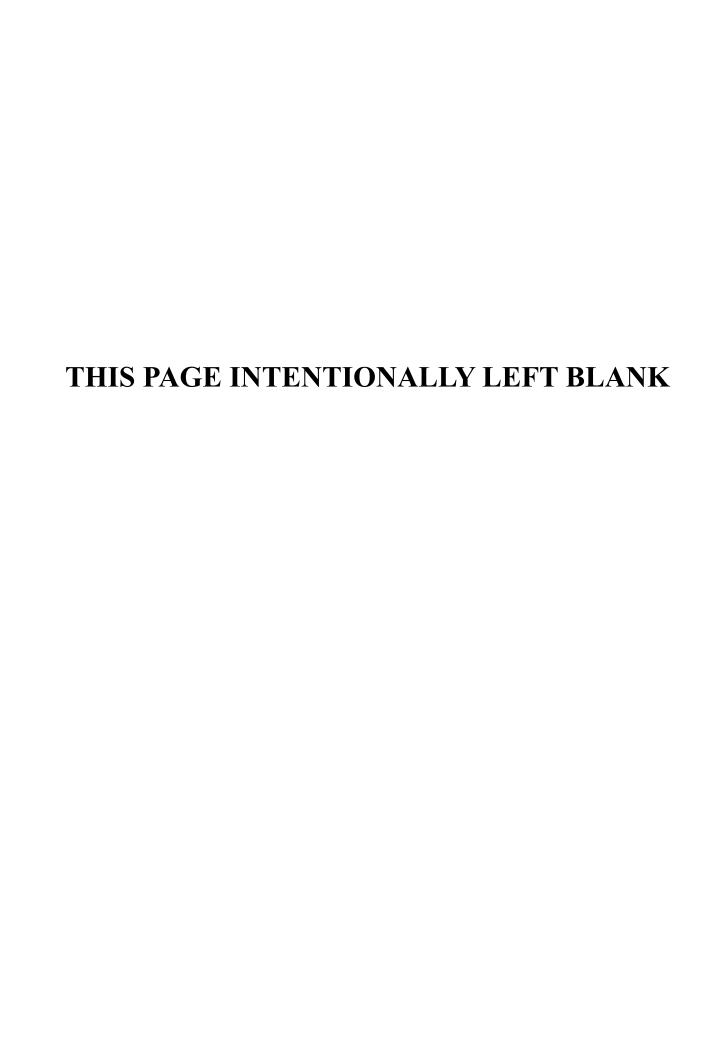
Section P. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT		
	P. Expenses Incurr	ed on Comm	ittee Credit Card				
Name of Issuing Institu	ution		Type of Credit Card:				
□ Visa □ Master Card □ Discover □ A							
Name of Vendor			Other	Date of	Date of Transaction		
Street Address		City		State	Zip Code		
	In						
Purpose of Expenditure (by code)	Description				Amount		
Is this armanditure coor	dinated with another candidate for which Yes F	Expenditure #	Event #				
reimbursement is sough		(if applicable)	Event #				
Name of Vendor	uture # and complete Itemization in Addendum 1			Date of	Transaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description				Amount		
Is this expenditure coord reimbursement is sough		Expenditure # (if applicable)	Event #				
	diture # and complete Itemization in Addendum P						
Name of Vendor					Transaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description				Amount		
Is this expenditure coord	·	Expenditure # (if applicable)	Event #				
reimbursement is sough <i>If yes</i> , assign an Expen	t?	J - FF					
Name of Vendor			<u> </u>	Date of	Transaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description	-			Amount		
(by code)							
		Expenditure #	Event #				
reimbursement is sought?							
SUBTOTAL Section P — This Page							



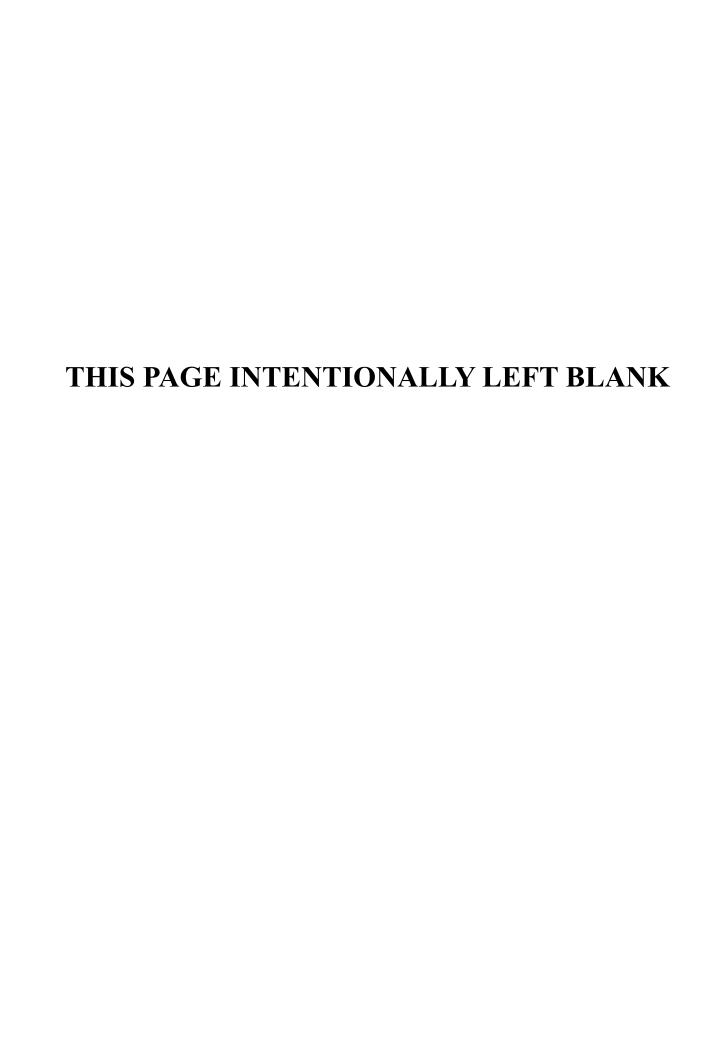
Section Q. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF					TYPE OF I	REPORT	
	William of Committee (Fronte Complete Name as Registered with Commission)						
Q. Expenses Incurred by Committee but Not Paid During this Period							
Name of Creditor					Date Incurred		
Street Address City						State	Zip Code
Purpose of Expenditure	Description		•			Amount Incurred	
(by code)						(Estimate or Actual)	
Is this expenditure coord	linated with another candidate for which Yes	Exp	penditure #	Event #		†	
reimbursement is sought	t? □ No		pplicable)				
	liture # and complete Itemization in Addendum Q						
Name of Creditor						Date Incurred	
Street Address			City			State	Zip Code
							P
Purpose of Expenditure	Description					Amo	unt Incurred
(by code)							nate or Actual)
Is this expenditure coord	linated with another candidate for which Yes	Exp	enditure #	Event #		1	
reimbursement is sought	i? □ No	(if ap	pplicable)				
	liture # and complete Itemization in Addendum Q					D. I	,
Name of Creditor						Date Incurre	od.
Street Address			City			State	Zip Code
Purpose of Expenditure	Description					Amo	unt Incurred
(by code)						(Estin	nate or Actual)
	linated with another candidate for which \(\simeg\) Yes		penditure #	Event #		1	
reimbursement is sought	i? \qquad No \qquad \qquad \text{No} \qquad \qquad \text{No} \qquad \qqquad \qqqqq \qqqqqqqqqqqqqqqqqqqqqqqqqqqqq	(ij aj	pplicable)				
Name of Creditor		-				Date Incurred	
Street Address			City			State	Zip Code
Purpose of Expenditure	Description					-	unt Incurred
(by code)						(Esti	nate or Actual)
Is this expenditure coord	linated with another candidate for which Yes	Exp	penditure #	Event #		†	
reimbursement is sought	i? □ No	(if ap	oplicable)				
If yes, assign an Expenditure # and complete Itemization in Addendum Q							
SUBTOTAL Section Q – This Page							



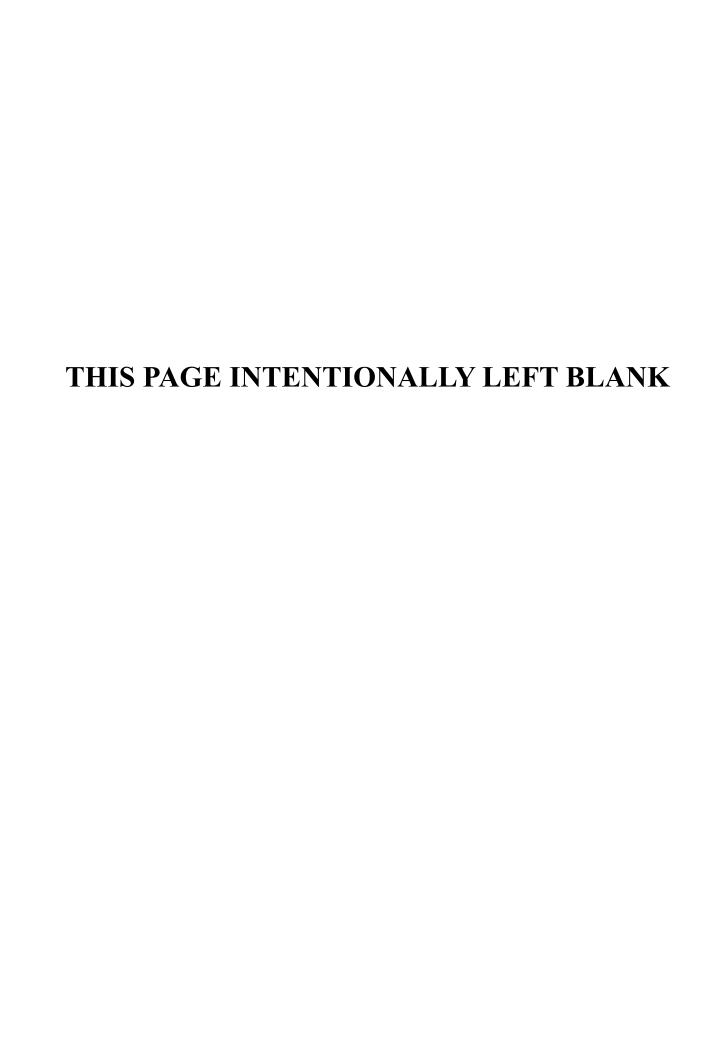
Section R. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TY	TYPE OF REPORT			
	R. Itemization of Rei	mbursem	ents	to Committee Wo	rkers and	d Consult	ants		
Last Name of Worker/Cons	sultant	First			MI	Date of Payn	nent	Method of	Payment:
									Check #
									Debit Card
Secondary Payee		<u>,ı</u>							
Street Address				City			5	State	Zip Code
	T								
Purpose of Expenditure (by code)	Description							1	Amount
(by code)									
			_						
Is this expenditure coord reimbursement is sough	dinated with another candidate for which	n □ Yes □ No	Exp	enditure # oplicable)	Event #				
	u <i>t</i> diture # and complete Itemization in Ac		(3.4	·····					
		1) m	Date of Payn	nant	Method of	Darmont
Last Name of Worker/Cons	ultant	First			MI	Date of Faying	iiciit		Check #
									Debit Card
Secondary Payee		<u> </u>							
Secondary 1 ayec									
Street Address				City				State	Zip Code
				,					
Purpose of Expenditure	Description								Amount
(by code)									
	dinated with another candidate for which	ı 🔲 Yes		enditure #	Event #				
reimbursement is sough		□ No	(ij aļ	pplicable)					
	diture # and complete Itemization in A	1				ID : CD		De 1 1 1	
Last Name of Worker/Cons	ultant	First			MI	Date of Payment	nent	Method of	Payment: Check #
									Debit Card
C J D									
Secondary Payee									
Street Address				City			18	State	Zip Code
				City					•
Purpose of Expenditure	Description								Amount
(by code)								_	
Is this expenditure coordinated with another candidate for which Yes Expenditure # Event #									
reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum R									
If yes, assign an Expen	diture # and complete Itemization in A	ddendum R							
		STIP	PΤΩ	TAL Section R —	This Dog				
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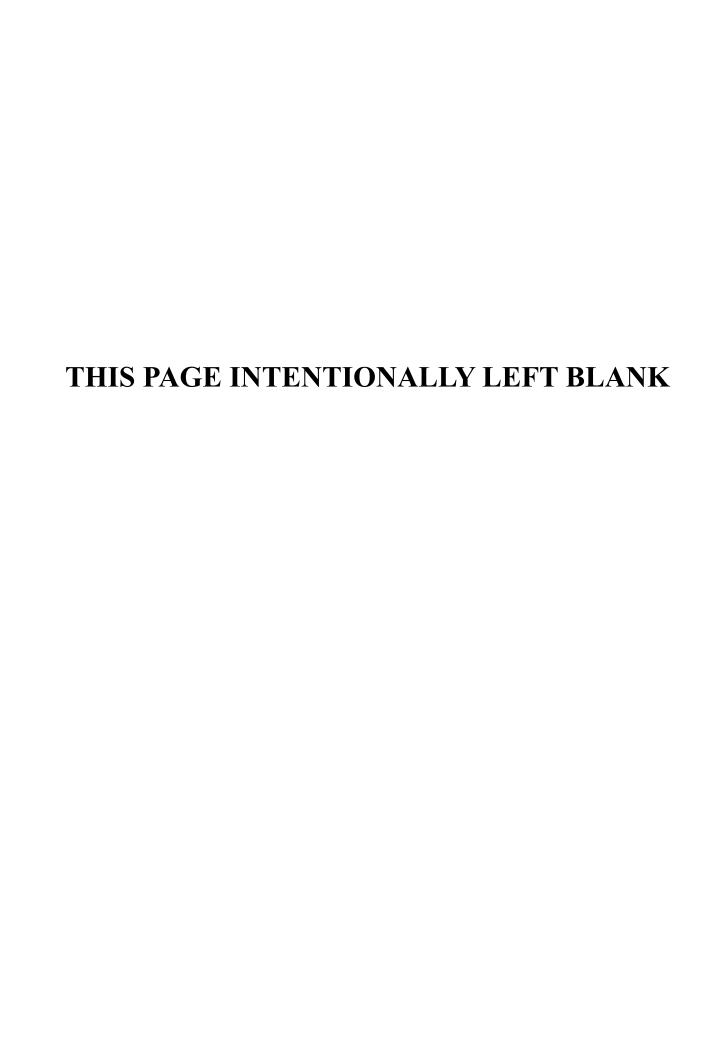
Section N. ADDENDUM PAGE ____ of ___

NAME OF COMM	ITTEE	YPE OF REPORT				
N. Expenses Paid by Committee — Addendum						
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
E 14 //	•	N. CO. F.L.	om c			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Experienture #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Traine of Canadate	office sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
F						
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			



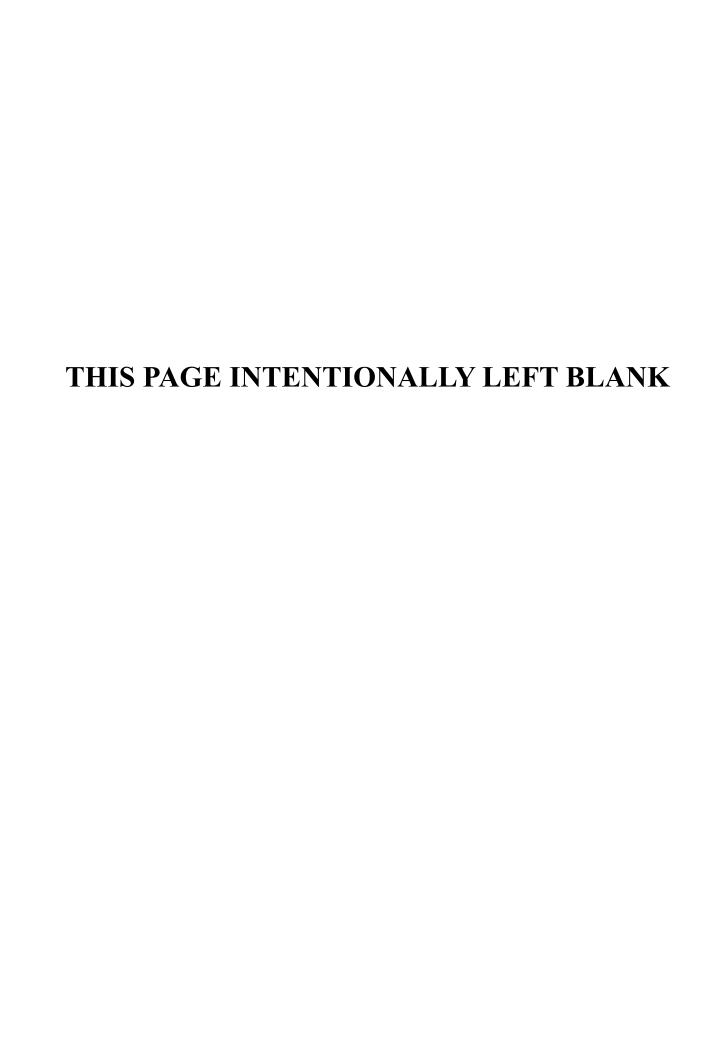
Section P. ADDENDUM PAGE ____ of ___

NAME OF COM	MITTEE		TYPE OF REPORT			
P. Expenses Incurred on Committee Credit Card — Addendum						
Expenditure #	Amount	Name of Candidate	Office Sought			
•						
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
P						
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Milount	Nume of Canadate	omee sought			
Expenditure #	A	Name of Condidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
		17 10 11				
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
-						
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
ponuntito #			o made sough			



Section Q. ADDENDUM PAGE ____ of ___

NAME OF COMM	MITTEE	TYPE OF REPORT					
	O Ewnonces In	annual by Committee but Not Daid Daving the I	Danied Address descrip				
Q. Expenses Incurred by Committee but Not Paid During the Period — Addendum							
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				
Expenditure #	Amount	Name of Candidate	Office Sought				



Section R. ADDENDUM PAGE ____ of ___

NAME OF COM	MITTEE		TYPE OF REPORT			
	D Hamiration of F	Simbuugamanta ta Cammittaa Waukana and Ca	manitanta 4 di midum			
R. Itemization of Reimbursements to Committee Workers and Consultants — Addendum						
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			
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Expenditure #	Amount	Name of Candidate	Office Sought			
Expenditure #	Amount	Name of Candidate	Office Sought			

