SEEC FORM 20SC

Itemized Campaign Finance Disclosure Statement State-Only and Compliant Accounts for State Central Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2021



Page 1 of 34

COVER PAGE

TENT COM		OVE	K TAGE			
1. NAME OF COMMITTEE						
2. TREASURER NAME						
First	MI		Last			Suffix
3. TREASURER ADDRESS						
Street Address		City			State	Zip Code
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Con	mplete only	if Candidate Committee)		6.	DISTRICT NUMBER
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Comm	ittee)				
a mynt of property						
8. TYPE OF REPORT (Check One Box)						
☐ January 10 filing	☐ 12th day preceding p	rimary	☐ 24 Hour Independent Expenditure		Amendment to	
☐ April 10 filing	☐ 12th day preceding e	election	O Primary O Election	ı	Type of Repor	t:
☐ July 10 filing			☐ Termination			
☐ 12th day preceding referendum						
12th day preceding referendam						
9. PERIOD COVERED						
TEMOD COVERED						
	Beginning Date		Ending Date			
	beginning Date		Ending Date			
			thru			
10. CERTIFICATION						
I hereby certify and state, under p				th on this Ite	mized Campa	iign Finance
Disclosure Statement for the pe	eriod covered is true, a	ccurate	and complete.			
TREASURER OR DEPUTY TREASUR	ER (SIGNATURE)	PRIN	IT NAME OF SIGNER		- -	DATE (mm/dd/yyyy)
A person who is	found to have knowing	ly and w	illfully violated any provisionalty or imprisonment or bo	ns of the cam	ipaign finance	e statutes
i	juces a	civii Del	nany or imprisoninent of 00	· · · ·		

Itemized Campaign Finance Disclosure Statement State-Only and Compliant Accounts for State Central Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised October 2016

SUMMARY PAGE TOTALS: ALL ACCOUNTS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
	COLUMN A This Period	COLUMN B Aggregate			
11. Balance on hand January 1 of current year in All Accounts (Line 29 Column B + Line 47 Column B)					
12. Balance on hand at the beginning of Reporting Period (Line 30 Column A + Line 48 Column A)					
13. Contributions Received from Individuals (Lines 31 + 49 in Columns A&B respectively					
14. Receipts from Other Committees (Lines 32 + 50 in Columns A&B respectively)					
15. Other Monetary Receipts (Lines 33 + 51 in Columns A&B respectively)					
16a. Total Proceeds from Small Purchases (Lines 34a +52a in Columns A&B respectively)					
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
16c. Total Purchases of Advertising—Program Book or Sign (Lines 34c +52c in Columns A&B respectively)					
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 (Lines 37 + 55 in Columns A&B respectively)					
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 (Lines 39 + 57 in Columns A&B respectively)					
22. In-Kind Donations not Considered Contributions — House Party (Lines 40 + 58 in Columns A&B respectively)					
23. In-Kind Contributions Received (Lines 41 + 59 in Columns A&B respectively)					
24. Refundable Deposit to Telephone Company (Lines 42 + 60 in Columns A&B respectively)					
25. Loan Balance					
25a. + Loans Received (Line 43a + Line 61a in Columns A&B respectively)					
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 (Line 45 +Line 63 in Columns A&B respectively)					
28. Expenses Incurred by Committee During this Period but Not Paid (Line 46 in Column A + Line 64 in Column A)					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Line 46a in Column A + Line 64a in Column A)					

Itemized Campaign Finance Disclosure Statement State-Only and Compliant Accounts for State Central Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised October 2016

SUMMARY PAGE TOTALS: STATE - ONLY ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
	COLUMN A This Period	COLUMN B Aggregate			
29. Balance on hand January 1 of current year State - Only Account					
30. Balance on hand at the beginning of Reporting Period of State - Only Account					
31. Contributions Received from Individuals (Sections A and B of State - Only Account)					
32. Receipts from Other Committees (Sections C1 and C2 of State - Only Account)					
33. Other Monetary Receipts (Sections D through K of State - Only Account)					
34a. Total Proceeds from Small Purchases (Section L1 Subpart 1 of State - Only Account)					
34b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed					
34c. Total Purchases of Advertising—Program Book or Sign (Section L3 of State - Only Account)					
35. Total Monetary Receipts (add totals for Lines 31 through 34c)					
36. Subtotals (add totals in Line 30 + 35 in Column A; and in Line 29 + 35 in Column B)					
37. Expenses Paid by Committee (Section P of State - Only Account)					
38. Balance on hand at close of Reporting Period (Subtract Line 37 from Line 36 in both Columns)					
39. In-Kind Donations not Considered Contributions Received (Section L4 of State - Only Account)					
40. In-Kind Donations not Considered Contributions — House Party (Section L5 of State - Only Account)					
41. In-Kind Contributions Received (Section M of State - Only Account)					
42. Refundable Deposit to Telephone Company (Section N of State - Only Account)					
43. Loan Balance					
43a. + Loans Received (Section D of State - Only Account)					
43b. + Interest and Penalties on Loan					
43c Payments on Loan					
43d. Total Outstanding Loan Amount					
44. Campaign Expenses Paid by Candidate (Section Q)					
45. Expenses Incurred on Committee Credit Card (Section R)					
46. Expenses Incurred by Committee During this Period but Not Paid (Section S)					
46a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)					

I. MONETARY RECEIPTS (Sections A—K) - STATE - ONLY ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor-State –Only Account)	\$		
	ibutions from Individu	als - State - Only A	
Last Name	First		MI
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer	I	I
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which brain of government the contract of government the contract.	state contractor or prospective state ich or branches et is with:	e contractor?	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Date Received Order	Aggregate Contributions	
Last Name	First	l	MI
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of State o			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a figure, indicate which bra of government the contra		te contractor? Yes No Legislative	
Method of Contribution:		Aggregate Contributions	1
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order		
Last Name	First		MI
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contraction.		te contractor?	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Date Received Order	Aggregate Contributions	
SUBT	TOTAL Section B — This	Page	
TOTAL	L of additional Section B l	Pages	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 31, Column A of Summary P		A + B)	

SEEC FORM 20 SC Revised October 2016	I. MONETA	RY REC	EIPTS (Sections A	—K) - ST	ATE - ONLY ACC	COUNT	Page 5 of 34
NAME OF COMMI	TTEE (Provide Complete Na	ume as Registered w	rith Filing Reposi	(tory)		TYPE OF REPORT		
	C1. C	Contribution	s from Ot	her Commi		e - Only Account		
Name of Committee					Name of Treasur	rer		
Address				Is this contrib	Is this contribution associated with an ☐ Yes ☐ No event reported in Section L1? If yes, list Event #			f Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions		
Name of Committee					Name of Treasur	rer		
Address				Is this contribe	d in Section L1?	d with an ☐ Yes ☐ No t Event #	Amount o	f Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions		
Name of Committee					Name of Treasur	rer		
Address					d in Section L1?	d with an Yes No	Amount o	f Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions		
	C2. Re	imburseme	nts from ot	ther Comm	ittees - Stat	e - Only Account		
Name of Committee					Name of Treasur	rer		
Address				City	1		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimbursem	ent for shared e	expense			Amoun	t of Receipt
Description		I						
Name of Committee					Name of Treasur	rer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)			- 1			Amoun	t of Receipt
Description	'	1						
			SUBTO	TAL Section	n C — This	Page		
			TOTAL	of additional	Section C P	Pages		
(Section	TOTAL OF AI							

SEEC FORM 20 SC Revised October 2016

I. MONETARY RECEIPTS (Sections A—K) - STATE - ONLY ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with F	TYPE OF REPORT							
D. Loans Received this Period - State - Only Account								
Name of Lender		Source of Loan: Bank Candidate		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)	<u>. </u>				Amount Received			
Street Address	City		State	Zip Code				
Name of Lender		Source of Loan: Bank Candidate] Individual	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)	l		<u> </u>		Amount Received			
Street Address	City		State	Zip Code				
Name of Lender	1	Source of Loan: Bank Candidate	Individual	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)	<u>'</u>				Amount Received			
Street Address	City		State	Zip Code				
		TOTAL SECTION D						
E. Receipts from Entities other tha	an Individuals	or Other Committees	(Reference	dum Committe	es ONLY)			
		TOTAL SECTION E						

SEEC FORM 20 SC

I. MONETARY RECEIPTS (Sections A—K) - STATE - ONLY ACCOUNT

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	THE OF PERODE
	TYPE OF REPORT
F. Amount Transferred from Affiliated Business Treasury (Busine	ess Entity Committees ONLY)
	<u> </u>
TOTAL SECTION	\mathbb{F}
G. Amount Transferred from Affiliated Labor Union or Other Organization	Treasury (Organization Committees ONLY)
TOTAL SECTION (۲
TOTAL SECTION C	A. A
H Personal Funds of the Candidate Received this Period (Can	didate Committees ONI V
H. Personal Funds of the Candidate Received this Period (Can	didate Committees ONLY)
H. Personal Funds of the Candidate Received this Period (Can	didate Committees ONLY)
H. Personal Funds of the Candidate Received this Period (Can	didate Committees ONLY)
H. Personal Funds of the Candidate Received this Period (Can	didate Committees ONLY)
H. Personal Funds of the Candidate Received this Period (Can	lidate Committees ONLY)
H. Personal Funds of the Candidate Received this Period (Can	didate Committees ONLY)
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H. Personal Funds of the Candidate Received this Period (Can	didate Committees ONLY)
H. Personal Funds of the Candidate Received this Period (Can	didate Committees ONLY)
H. Personal Funds of the Candidate Received this Period (Can	lidate Committees ONLY)
H. Personal Funds of the Candidate Received this Period (Can	didate Committees ONLY)
H. Personal Funds of the Candidate Received this Period (Can	
TOTAL SECTION	
TOTAL SECTION	
TOTAL SECTION	

SEEC FORM 20 SC Revised October 2016 Page 8 of 34 I. MONETARY RECEIPTS (Sections A—K) - STATE - ONLY ACCOUNT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) J. Interest from Deposits in Authorized Account - State-Only Account Date Received Name of Institution Amount Street Address City State Zip Code Date Received Name of Institution Amount Street Address City State Zip Code TOTAL SECTION J K. Miscellaneous Monetary Receipts not Considered Contributions - State-Only Account Date of Transaction Name **Amount Received** Zip Code Street Address City State Description Date of Transaction Name **Amount Received** Street Address State Zip Code City Description Date of Transaction Name **Amount Received** City State Zip Code Street Address Description Date of Transaction Name **Amount Received** Street Address State Zip Code City Description TOTAL SECTION K SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K) - State - Only Account

Total Loans Received this Period (Section D) - State - Only Account Total Receipts from Entities other than Individuals or Other Committees (Section E) + Total Amount Transferred from Affiliated Business Treasury (Section F) +

Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +

Total Amount of Personal Funds of the Candidate Received this Period (Section H)

Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) - State - Only Account

Total Amount of Interest from Deposits in Authorized Accounts (Section J) - State - Only Account

Total of Other Monetary Receipts

(Add Sections D through K) (Enter total on Line 33 Column A of Summary Page Totals-State-Only Account)

II. EVENT ACTIVITY (Sections L1—L5) - STATE - ONLY ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repost	TYPE OF REPORT							
I 1 Evant Inform	nation - State - Only Accoun	t						
Event # Description	Tation - State - Only Account	it.	a					
Date of Event Letter			Was this a full Yes	ndraising event?				
Location: Street Address	City		State	Zip Code				
Eccation. Street Address	City		State	Zip Code				
Subpart 1:								
Was this event hosted at a personal residence?	☐ Yes (<i>If yes</i> , go to Section L5 Associated with a Hou purchases made by host ☐ No	ise Party and complete	e required infor					
Did this fundraiser include goods or services donated by a business ent of up to \$200 or items donated by an individual of up to \$100?		☐ Yes (<i>If yes</i> , go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)						
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total Reco	eipts here.)	\$					
Subpart 2: Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ No ☐ Yes (If yes, go to Section L3 or on a Sign and comp		~ .	Program Book				
Event # Description								
Event # Date of Event Letter Description			Was this a fur ☐ Yes	ndraising event?				
Location: Street Address	City		State	Zip Code				
Subpart 1: Was this event hosted at a personal residence?	☐ Yes (<i>If yes</i> , go to Section L5 Associated with a Hou purchases made by host ☐ No	ise Party and complete	e required infor					
Did this fundraiser include goods or services donated by a business ent of up to \$200 or items donated by an individual of up to \$100?		and complete required information.)						
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total Rec ☐ No	reipts here.)	\$					
Subpart 2: Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	☐ Yes (<i>If yes</i> , go to Section Later or on a Sign and comp			Program Book				
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receip	ots from Sale of Donated Items —	This Page						
	TOTAL of additional Section	1 L1 Pages						
	CCEIPTS FROM SMALL PUR nn A of Summary Page Totals– State-G							

II. EVENT ACTIVITY (Sections L1—L5) - STATE - ONLY ACCOUNT

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	(Provide Complete Name as Registere	ed with Filing Reposito	an)	,	TYPE OF REPOR	?T			
THE OF COMMITTEE		a min 1 ming Keposito	7)		. I. L OI KEI OI				
L3. Purchases of Advertising in a Program Book or on a Sign - State - Only Account									
Name of Purchaser			8- 2000	,		Purchase	e Made By:		
						☐ Business Entity ☐ Other			
						☐ Ind	ividual/Sole P	roprietorship	
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	gn Purchase	
Name of Purchaser						Purchase	e Made By:		
						Bus	siness Entity	Other	
						☐ Indi	ividual/Sole P		
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	gn Purchase	
Name of Purchaser						Purchase	e Made By:		
						☐ Bus	siness Entity	☐ Other	
						□ Ind	ividual/Sole P	roprietorship	
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	 Amount of Sig	n Purchase	
Date Received	Event "	riggregate ratenases	Ioi / III E vents	Amount of 110	gram Au Turcha	sc	Amount of Sig	gn i urchasc	
Name of Purchaser						Purchase	e Made By:		
							siness Entity	Other	
Cturet Address			a:			☐ Ind	ividual/Sole P		
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	gn Purchase	
Name of Purchaser					I	Durobas	e Made By:		
1. and of 1 architisci							siness Entity	☐ Other	
							ividual/Sole P	_	
Street Address			City				State	Zip Code	
								•	
D (D)	Tr	I	C AHE		4 31 300			L .	
Date Received	Event #	Aggregate Purchases	tor All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	gn Purchase	
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	rogram Book —	- This Page				
	SUBTOTAL Section L ₃ Total Purchases of Advertising on a Sign — This Page								
			TOTAL of a	dditional Section	on L3 Pages				
TOTAL	L OF ALL PURCHASES O								
	(Enter total on Li	ne 34c, Column A	of Summary Page	e Totals–State-O	nly Account)				

II. EVENT ACTIVITY (Sections L1—L5) - STATE - ONLY ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			Т	TYPE OF REPORT				
	L4. In-Kind Don	ations Not Consid	dered Conti	ributions - State -	Only Acco	ount		
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	Aarket Va	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for the	nis Event			
☐ Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	I Aarket Va	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for th	is Event			
☐ Sole Proprietorship								
Name of Donor		'		'				
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	I Market Va	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for the	nis Event			
☐ Sole Proprietorship								
Name of Donor	•	'		'				
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	l Aarket Va	lue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate value for the	is Event			
☐ Sole Proprietorship								
		CUD	TOTAL Socti	on I 4 This Dago				
				ion L4 — This Page	<u> </u>			
		TOTA	AL of addition	nal Section L4 Pages				
ТОТ	TAL OF ALL IN-KIND D							
	(Enter total on Line 3	9, Column A of Summo	ary Page Total	s-State-Only Account)				

II. EVENT ACTIVITY (Sections L1 - L5) - STATE - ONLY ACCOUNT

NAME OF COMMITTEE (Prov.	vide Complete Name as Registered with Filing Reposit	:«)			TYPE OF REI	POPT			
NAME OF COMMITTEE (From	ue Compiete Name as Registerea with Fitting Reposit	iory)			TITE OF REI	IORI			
L5. In-Kind Donations Not Considered Contributions Associated with a House Party - State - Only Account									
Name of Host	ations Not Considered Contribu	itio	ns Associated with a F						
Name of flost				committee?			ne candidate or		
				If yes, con	mplete Itemiz a	tion in Add	lendum L5		
Street Address			City			State	Zip Code		
Description of Donation			I		Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate					
Name of Host				Is this event s	upporting mo	ore than or	ne candidate or		
				committee? [☐ Yes ☐ No	0			
			T	If yes, con	mplete Itemiza				
Street Address			City			State	Zip Code		
Description of Donation					Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate					
Name of Host		•					ne candidate or		
				committee?					
Street Address			City	If yes, con	mplete Itemiza	State	Zip Code		
Succi Addiess			City			State	Zip Code		
Description of Donation					Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate					
Name of Host					supporting more than one candidate or \square Yes \square No				
					complete Itemization in Addendum L5				
Street Address			City	1 33	1	State	Zip Code		
Description of Donation					E-i M	 4 \$/-1	 of Donation		
Description of Bonation					rair Mar	ket value (or Donation		
Event #	Aggregate Value of this Event—all hosts	ΤΔο	gregate Value of all Events—this ha	ost/candidate					
Event #	Aggregate value of this Event—un nosis	Ag	gregate value of an Events—into no	si/canataate					
		SUB	STOTAL Section L5 —	This Page					
	TO	ОТА	AL of additional Section	L5 Pages					
TOTAL OF MANAGEMENT									
TOTAL OF ALL IN-KIN WITH A HOUSE PARTY	D DONATIONS NOT CONSIDER (Enter total on Line 40, Column A of								

SEEC FORM 20 III. NONMONETARY RECEIPTS (Sections M—O) - STATE - ONLY ACCOUNT Page 13 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT											
M. In-Kind Contributions - State - Only Account											
Name											
Street Address					City	у				State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Recei	ived	Aggregate Cor	ntributions		Description of In-Kind C	Contribution	1		'	•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				Aarket Value Contribution					
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	tor a principal indicate which rnment the co	h branch or	bra	actor or prospective sta unches Executive			□Yes □No		
Name											
Street Address					City	y				State	Zip Code
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Recei	ved	Aggregate Cor	ntributions		Description of In-Kind C	Contribution	1			1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ontributor or	business he/sl			e for a chief executive of with have a contract with					Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	valued ☐ Yes ☐ No	If yes,		n branch or	bra	Yes No actor or prospective stanches Executive			□Yes □ No		
Name		1 00000									
Street Address					City	/				State	Zip Code
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Recei	ved	Aggregate Cor	ntributions		Description of In-Kind C	Contribution	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sl			e for a chief executive of with have a contract with Yes No					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	Is contribu If yes,		n branch or	bra	actor or prospective sta			□Yes □ No		
			SUI	BTOTAL	Sec	ction M — This Pag	ge				
			ТОТ	AL of add	itio	nal Section M Page	es				
TOTAL OF ALL IN-KIND CON	TRIBU	ΓΙΟΝS (Ε	inter total on L	ine 41, Colu	ımn	A of Summary Page Tot	tals)				
N. Re	fundab	le Depos	it to Telep	phone C	on	pany - State - O	nly Ac	cou	nt		
Last Name of Individual				First					MI	Date Deposi	t Made
Residential Street Address			City	l I			State	Zip (Code		Amount of Deposit
Name of Telephone Company											-
Street Address			City	7			State	Zip (Code		
			-109								
TOTAL SECTION N (Enter total	ıl on Line	42, Column	A of Summar	y Page Tota	als–	State-Only Account)					

SEEC FORM 20 SC

IV. EXPENDITURES (Sections P - T) - STATE - ONLY ACCOUNT

Page 14 of 34

	,			ONET ACCOUR	
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
	P. Expenses Paid by Co.	mmittee - St	ate - Only	Account	
Name of Payee	1. Expenses I aid by Co.	mmittee St	ate omy	Date of Payment	Made J of Dogwood
Name of Payee				Date of Payment	Method of Payment:
					☐ Check #
C4 4 d d		l a:			☐ Debit Card ☐ EFT
Street Address		City			State Zip Code
			T_		
Purpose of Expenditure	Description		Ev	ent #	Amount
(by code)					
					_
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the	e below" is che	cked)	
(if applicable)	☐ None of the below				
	☐ Coordinated with reimbursement sought (joint expenditur	е) Г	Independent		
	Coordinated without reimbursement sought (in-kind contr		_	:OA OB OC OD	
Name of Payee	<u>-</u>	_	- Organization	Date of Payment	Method of Payment:
•					☐ Check #
					☐ Debit Card ☐ EFT
Street Address		City			State Zip Code
Purpose of Expenditure	Description		Eve	ent #	+
(by code)	Description			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount
Expenditure #		. "N C.1		1 1)	-
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the	e below" is ched	cked)	
	☐ None of the below				
	☐ Coordinated with reimbursement sought (joint expenditure		Independent		
	☐ Coordinated without reimbursement sought (in-kind contri	bution)	Organization	$\circ A \circ B \circ C \circ D$	
Name of Payee				Date of Payment	Method of Payment:
					☐ Check #
					☐ Debit Card ☐ EFT
Street Address		City			State Zip Code
Purpose of Expenditure	Description		Eve	ent #	Amount
(by code)					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of th	ne below" is cho	ecked)	
(if applicable)	☐ None of the below				
	☐ Coordinated with reimbursement sought (joint expenditu	re)	☐ Independen	t	
	Coordinated without reimbursement sought (in-kind cont		_	0.0 A O B O C O D	,
Name of Payee			_ Organizatio	Date of Payment	Method of Payment:
or rayou				Suc of Laymon	Check #
					☐ Debit Card ☐ EFT
Street Address		City			State Zip Code
Sir Cot 1 Iddi Cos		City			State Zip Code
Purpose of Expenditure	Description	<u>I</u>	Ev	ent #	
(by code)	Description		Lv	CHL IT	Amount
· · · · · ·					
Evnanditura #		1 "N C:		7. 1)	-
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	uess "None of th	e betow" is che	скеа)	
	☐ None of the below				
	☐ Coordinated with reimbursement sought (joint expenditur		Independent		
	☐ Coordinated without reimbursement sought (in-kind contr	ribution)	☐ Organization	OA OB OC OD	
		SUBTOTAL Se	ection P — T	nis Page	
	ТО	TAL of addition	onal Section	P Pages	
	TOTAL OF ALL EXPE	NSES PAID	BY COMM	ITTEE	
	(Enter total on Line 37, Column A of Sui	mmary Page Tote	als_ State_Only	Account)	

SEEC FORM 20 SC Revised October 2016	IV. EXPENDITURES (Sections P—T)	- STATE - ONLY ACCOUNT	Page 15 of 34
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	Q. Campaign Expenses Pai	d by Candidate	
		·	

IV. EXPENDITURES (Sections P—T) - STATE - ONLY ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T			TYPE OF REPORT		
	R. Expenses Incurred on Commi	ittee Credit Card - S	State - Only Account		
Name of Issuing Institu	_	Type of Credit Card:	value only recount		
		☐ Visa ☐ Master C	ard Discover America	n Express	Other:
Name of Vendor, Person or	Entity			Date of Tra	insaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required as None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ure)	,	-	
Name of Vendor, Person or	Entity			Date of Tra	insaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ture)		-	
Name of Vendor, Person or	Entity			Date of Tra	insaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required	unless "None of the below"	is checked)	_	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expendit ☐ Coordinated without reimbursement sought (in-kind con		endent zation: OAOBOCOD		
	su	BTOTAL Section R —	This Page	•	
	тот	AL of additional Section	R Pages		
тот	TAL OF ALL EXPENSES INCURRED ON (Enter total on Line 45, Column A of Sun				

IV. EXPENDITURES (Sections P—T) - STATE - ONLY ACCOUNT

NAME OF COMMITT	EE (Provide Complete Name as Registered with F	Filing Repository)	TYPE OF REPORT	Γ	
<u> </u>	. Expenses Incurred by Comm	uittee hut Not Paid Durir	g this Pariod - State - On	ly Account	
Name of Creditor	. Expenses incurred by Comm	intec but Not I ald Dulli	ig tills I Criou - State - Oil	Date Incur	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	I	Event #	l l	ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendu</i> None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	ht (joint expenditure)	Independent	о D	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	I	Event #	l l	nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	ht (joint expenditure)	Independent	∘ р	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	<u>'</u>	Event #		ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendu</i> None of the below Coordinated with reimbursement soug Coordinated without reimbursement so	ht (joint expenditure)	Independent	∘ D	
		SUBTOTAL	Section S-This Page	·	
		TOTAL of addition	onal Section S Pages		
TOTAL OF ALL F	EXPENSES INCURRED BY COMMI (Enter total on Line 46)	TTEE DURING THIS PERIO Column A of Summary Page Total			
	Previously 1	reported Expenses Unpaid an	d still Outstanding		
	TOTAL OF ALL EXPENSES (Enter total on Line 46a,	INCURRED BY COMMITT Column A of Summary Page Total			

IV. EXPENDITURES (Sections P—T) - STATE - ONLY ACCOUNT

NAME OF COLOR OTTO	P			TX ID	E OF PE	DOD T		
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	v)		TYP	E OF RE	PORT		
	T. Itemization of Reimbursements	and Seconda	ary Payees	s - State -	- Only	Account	_	
Last Name of Worker/Consu	ultant	First				MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			Ī	Payment to	Reimburse	Committee \	Worker/Consultant as
					reported in	Section P:	□ Do	bit Card ☐ EFT
Street Address of Vendor P	erson or Entity Paid by Committee Worker/Consultant	City				Α #	State	Zip Code
Sheet radiess of vehali, i	order of Entity Full by Committee Worker Consultant	City					State	Др соце
Purpose of Expenditure (by code)	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "None	of the below" i	is checked)				
(9.47	☐ None of the below ☐ Coordinated with reimbursement sought (joint exper ☐ Coordinated without reimbursement sought (in-kind		☐ Indeper	ndent zation: o A	ов с	C O D		
Last Name of Worker/Const	ultant	First				MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:		Worker/Consultant as bit Card ☐ EFT
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description			Event #				Amount
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed unless "None	of the below" i	is checked)				
(if applicable)	 None of the below □ Coordinated with reimbursement sought (joint experting Coordinated without reimbursement sought (in-kind) 		☐ Indepe	endent zation: o A	ов с	СОР		
Last Name of Worker/Cons	ultant	First				MI		Payment to Vendor,
							Person o	r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				_	Section P:		Worker/Consultant as
Street Address of Vendor F	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
,								F
Purpose of Expenditure	Description			Event #				Amount
(by code)								
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir.	od unloss "Nono	of the helow" i	is chockod)				
(if applicable)	□ None of the below	tu unicss Tronc	sy the octor '	is encencuj				
	Coordinated with reimbursement sought (joint exper		☐ Indepe	endent zation: o A	о в о	C O D		
		SUBTOTAL	Section T –	– This Pag	ge			
		TOTAL of ad	ditional Sect	ion T Page	es			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS A	ND CONS	ULTANT	ΓS			

Itemized Campaign Finance Disclosure Statement State-Only and Compliant Accounts for State Central Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised October 2016

SUMMARY PAGE TOTALS: COMPLIANT ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
47. Balance on hand January 1 of current year in Compliant Account		
48. Balance on hand at the beginning of Reporting Period of Compliant Account		
49. Contributions Received from Individuals (Sections A and B of Compliant Account)		
50. Receipts from Other Committees (Sections C1 and C2 of Compliant Account)		
51. Other Monetary Receipts (Sections D through K of Compliant Account)		
52a. Total Proceeds from Small Purchases (Section L1 Subpart 1 of Compliant Account)		
52b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
52c.Total Purchases of Advertising-Program Book or Sign (Section L3 of Compliant Account)		
53. Total Monetary Receipts (add totals for Lines 49 through 52c)		
54. Subtotals (add totals in Line 48 + 53 in Column A; and in Line 47 + 53 in Column B)		
55. Expenses Paid by Committee (Section P of Compliant Account)		
56. Balance on hand at close of Reporting Period (Subtract Line 55 from Line 54 in both Columns)		
 In-Kind Donations not Considered Contributions Received (Section L4 of Compliant Account) 		
 In-Kind Donations not Considered Contributions — House Party (Section L5 of Compliant Account) 		
59. In-Kind Contributions Received (Section M of Compliant Account)		
60. Refundable Deposit to Telephone Company (Section N of Compliant Account)		
61. Loan Balance		
61a. + Loans Received (Section D of Compliant Account)		
61b. + Interest and Penalties on Loan		
61c Payments on Loan		
61d. Total Outstanding Loan Amount		
62. Campaign Expenses Paid by Candidate (Section Q)		
63. Expenses Incurred on Committee Credit Card (Section R of Compliant Account)		
64. Expenses Incurred by Committee During this Period but Not Paid (Section S of Compliant Account)		
64a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S of Compliant Account)		

V. MONETARY RECEIPTS (Sections A—K) - COMPLIANT ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor-Compliant Account)	ved this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized Con	tributions from Individu	uals - Compliant Ac	count
Last Name	First	-	MI
Residential Street Address	City	S	State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor?	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order Date Received	Aggregate Contributions	
Last Name	First		MI
Residential Street Address	City	S	State Zip Code
Principal Occupation	Name of Employer	l	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brace of government the contract of government the contract of the section L1?		te contractor? Yes No Legislative	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone	Date Received	Aggregate Contributions	
Last Name	First		MI
Residential Street Address	City	S	State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which brate of government the contraction.		te contractor?	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone	y Order Date Received	Aggregate Contributions	
SUB	TOTAL Section B — This	s Page	
TOTA	L of additional Section B	Pages	
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line 49, Column A of Sun			

V. MONETARY RECEIPTS (Sections A—K) - COMPLIANT ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF R	EPORT						
	C1.	Contributio	ns from Ot	ther	Commi	ittees - Cor	npliant Accou	nt			
Name of Committee			220 12 0111 0 0			Name of Treasu					
Address				Is ev	Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #				Amount of	Contribution	
City		State	Zip Code	-	Date Receiv	ved	Aggregate Contribution	ons			
Name of Committee						Name of Treasu	rer				
Address						d in Section L15	d with an Yes [_	Amount of	Contribution	
City		State	Zip Code		Date Receiv	red	Aggregate Contribution	ons	1		
Name of Committee					ı	Name of Treasu	rer	l			
Address	Address			Is ev	Is this contribution associated with an event reported in Section L1? If yes, list Event #						
City		State	Zip Code				Aggregate Contribution				
	C2. R	eimbursem	ents from o	the	r Comm	ittees - Co	mpliant Accou	nt			
Name of Committee						Name of Treasu	rer				
Address					City				State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type Reimbursen	nent for shared e	expen	ise				Amount	of Receipt	
Description	•	•									
Name of Committee						Name of Treasu	rer				
Address					City				State	Zip Code	
Date Received	Expenditure # (if applicable)								Amount	of Receipt	
Description		•									
						n C — This					
	TOTAL OF A	LL COMMIT				Section C I AND RECE	_				
(Section	ns C1 + C2) (Enter total	on Line 50, Coli	umn A of Sumn	nary I	Page Totals	– Compliant A	ccount)				

J. MONETARY RECEIPTS (Sections A—K) - COMPLIANT ACCOUNT

Page	22	of	3

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repository)	,	TYPE OF F	REPORT	
D. Lagray Day	airead this Daw	ind Committee Annu	4		
	eived this Per	iod - Compliant Acco	unt		
Name of Lender		Source of Loan: Bank Candidate		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	ı	Source of Loan: Bank Candidate	Individual	☐ 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)		'	<u> </u>		Amount Received
Street Address	City		State	Zip Code	
Name of Lender	<u>I</u>	Source of Loan: Bank Candidate	Individual	☐ 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)			<u> </u>		Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECTION D			
E. Receipts from Entities other tha	n Individuals	or Other Committees	(Referenc	lum Committee	es ONLY)
	,	TOTAL SECTION E			

SEEC FORM 20 SC Revised October 2016

V. MONETARY RECEIPTS (Sections A—K) - COMPLIANT ACCOUNT

Page 23 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
F. Amount Transferred from Affiliated Business Treasury (Busine	ss Entity Committees ONLY)
TOTAL SECTION	F
G. Amount Transferred from Affiliated Labor Union or Other Organization	Treasury (Organization Committees ONLY)
	, ,
TOTAL SECTION G	
H. Personal Funds of the Candidate Received this Period (Cand	lidate Committees ONLY)
TOTAL SECTIO	NH
I. Anonymous Contributions	

SEEC FORM 20 SC Revised October 2016 Page 24 of 34 V. MONETARY RECEIPTS (Sections A—K) - COMPLIANT ACCOUNT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) J. Interest from Deposits in Authorized Accounts - Compliant Account Date Received Name of Institution Amount Street Address City State Zip Code Date Received Name of Institution Amount Street Address City State Zip Code TOTAL SECTION J K. Miscellaneous Monetary Receipts not Considered Contributions - Compliant Account Date of Transaction Name **Amount Received** Zip Code Street Address City State Description Date of Transaction Name **Amount Received** Street Address State Zip Code City Description Date of Transaction Name **Amount Received** City State Zip Code Street Address Description Date of Transaction Name

Amount Received Street Address State Zip Code City Description TOTAL SECTION K SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K) - Compliant Account Total Loans Received this Period (Section D) - State - Compliant Accounts Total Receipts from Entities other than Individuals or Other Committees (Section E) + Total Amount Transferred from Affiliated Business Treasury (Section F) + Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) Total Amount of Personal Funds of the Candidate Received this Period (Section H) Total Amount of Interest from Deposits in Authorized Accounts (Section J) - Compliant Accounts

Total of Other Monetary Receipts

Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) - Compliant Accounts

(Add Sections D through K) (Enter total on Line 51, Column A of Summary Page Totals-Compliant Account)

VI. EVENT ACTIVITY (Sections L1—L5) - COMPLIANT ACCOUNT

NAME OF COLOURTEE		TYPE OF PEPOPT						
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
	L1. Event Informati	on - Compliant Account	i.					
Event # Date of Event Letter	Description			Was this		draising event? □ No		
Location: Street Address	I	City		State		Zip Code		
Subpart 1: Was this event hosted at a	a personal residence?	☐ Yes (<i>If yes</i> , go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) □ No						
	e goods or services donated by a business entity nated by 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 in	sale, auction, or other sale of donated items idividual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total Rec ☐ No	eipts here.)	\$				
Subpart 2: Were there purchases of a sign associated with this to	advertising space in a program book or on a fundraiser?	☐ Yes (<i>If yes</i> , go to Section L. or on a Sign and comp			e in a l	Program Book		
Event # Date of Event Letter	Description			Was this		draising event? ☐ No		
Location: Street Address		City		State		Zip Code		
Subpart 1: Was this event hosted at a	a personal residence?	☐ Yes (<i>If yes</i> , go to Section L: Associated with a Hou purchases made by hos ☐ No	ise Party and complete	e required	infori			
	le goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (<i>If yes</i> , go to Section L and complete required ☐ No		not Conside	ered (Contributions		
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes (If yes, enter Total Rec	reipts here.)	\$				
Subpart 2: Were there purchases of a sign associated with this	advertising space in a program book or on a fundraiser?	☐ Yes (<i>If yes</i> , go to Section L or on a Sign and comp			e in a l	Program Book		
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts from	om Sale of Donated Items —	This Page					
		TOTAL of additional Section	1 L1 Pages					
	TOTAL OF ALL RECE (Enter total on Line 52a, Column A	IPTS FROM SMALL PUI of Summary Page Totals— Compl						

VI. EVENT ACTIVITY (Sections L1—L5) COMPLIANT ACCOUNT

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	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
L3. Purchases of Adv	vertising in a Program	Book or on a	Sign - Compli	ant Accoun	t				
Name of Purchaser						Purchase	e Made By:		
							siness Entity	Other	
			T			☐ Indi	ividual/Sole P		
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:		
Traine of Farenaser							siness Entity	☐ Other	
							ividual/Sole Pi		
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pre	ogram Ad Purcha	so /	 Amount of Sig	n Purchasa	
Date Received	Event #	Aggregate i dichases	IOI All Evelles	Amount of Fre	ogram Au rurena	se P	viiiouiit oi sig	gii r ui chase	
Name of Purchaser							e Made By:		
							siness Entity	Other	
Street Address			Lov.			☐ Ind	ividual/Sole P		
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	siness Entity	Other	
						☐ Indi	ividual/Sole P	roprietorship	
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						D 1	M I D		
Name of Purchaser							e Made By: siness Entity	☐ Other	
							ividual/Sole P		
Street Address			City		l	ma	State	Zip Code	
Deta Bassinal	Event #	A Domelo	for All Forests	1 cn	4 I D 1	1	4 65:	D 1	
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	gn Purcnase	
	SUBTOTAL Section L ₃ To	otal Purchases of	Advertising in Pr	rogram Book -	— This Page				
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign -	— This Page				
			TOTAL of a	dditional Secti	on L3 Pages				
ТОТАІ	L OF ALL PURCHASES O	F ADVERTISIN							
10111			of Summary Page						

VI. EVENT ACTIVITY (Sections L1—L5) - COMPLIANT ACCOUNT

NAME OF COMMITTE	E (Provide Complete Name as Registere	ad with Filing Demonitory)			TYPE OF REPORT			
NAME OF COMMITTE	L' (Frovide Compieie Name as Regisière	ea wun Fuing Keposuory)			TIPE OF REPORT			
	L4. In-Kind Donation	ons Not Conside	red Contrib	outions - Cor	nnliant Accour	nt		
Name of Donor	L4. III King Donatio	ons rot conside	ica contino	outions cor	приане / гесои	10		
Street Address			City				State	Zip Code
Donation Given By:	ion Given By: Description of Donation Fair Market Value of Donation							
☐ Business Entity								
☐ Individual ☐ Sole Proprietorship	Date Received	Event # Aggregate Value for this Event			or this Event			
Sole I tophetoismp								
Name of Donor								
C/			Lat				I c	7:- C- 1-
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation							
☐ Business Entity	Description of Donation					Fair N	Aarket Val	ue of Donation
☐ Individual	Date Received	Event #		Aggregate Value fo	or this Event			
☐ Sole Proprietorship		2.64.						
Name of Donor		I						
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation
☐ Business Entity ☐ Individual		T		I	41.70			
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
Name of Donor								
Name of Bollor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	 /Iarket Val	l ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate value fo	r this Event			
☐ Sole Proprietorship								
		SUBTO	TAL Section	L4 — This Pag	e			
		TOTAL	of additional S	Section L4 Page	es			
тот	AL OF ALL IN-KIND DONA	ATIONS NOT CON	SIDERED CO	NTRIBUTION	JS			
101	(Enter total on Line 57, Co							

VII. EVENT ACTIVITY (Sections L1 - L5) - COMPLIANT ACCOUNT

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Reposit	tomil			TYPE OF RE	PORT	
NAME OF COMMITTEE (FIOU	ue Compiete Name as Kegisterea with Puing Keposu	iory)			TITE OF RE	OKI	
I.F. I., W., J.D.,		4° -	A	(I D4	. C!	4	4
Name of Host	nations Not Considered Contribu	uuo	ns Associated with a				ne candidate or
Traine of 110st				committee?			ie candidate of
				If yes, con	mplete Itemiza	tion in Add	lendum L5
Street Address			City	•		State	Zip Code
Description of Donation					Fair Mar	ket Value (of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ha	ost/candidate			
Name of Host		-		Is this event s	unnorting ma	ore than or	ne candidate or
				committee?			ic canaraate of
				If yes, con	mplete Itemiza	tion in Add	lendum L5
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho	ost/candidate			
Name of Host							ne candidate or
				committee?			
Street Address			Cit-	If yes, con	mplete Itemiza		Zip Code
Sileet Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho	st/candidate			
Name of Host				Is this event s committee?			ne candidate or
					mplete Itemiz a		lendum L5
Street Address			City		-	State	Zip Code
Description of Donation					Esta Man	 4 \$/-1	 of Donation
Description of Bollation					Fair Mar	ket value (or Donation
Event #	Aggregate Value of this Event—all hosts	Δα	gregate Value of all Events—this ho	ost/candidate			
Event #	Aggregate value of this Event—an nosts	Agi	gregate value of all Events—ims no	si/canaiaaie			
	S	SUB	TOTAL Section L5 —	This Page			
	TC	OTA	L of additional Section	L5 Pages			
TOTAL OF ALL IN-KIN	ND DONATIONS NOT CONSIDER	SED	CONTRIBITIONS A	SSOCIAT-			
	RTY Enter total on Line 58, Column A						

SEEC FORM 20 SC VII. NONMONETARY RECEIPTS (Sections M—O) - COMPLIANT ACCOUNT

Page 29 of 34

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Reposi	itory)			ТҮРЕ О	F REP	ORT		
		T T T71	1.0	•1 .•		7 10 4 4					
Name	IV.	I. In-Kı	nd Cont	ributions	- (Compliant Accor	unt				
Street Address					Cit	у				State	Zip Code
Т. С. 17.1. ПС	Date Rece	ivad	A garagata (Contributions		Description of In Vind	Contribution				
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Rece	Preived Aggregate Contributions Description of In-Kind Contribution									
Is contributor a lobbyist, spouse, Yes		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,									
or dependent child of a lobbyist?		ntributor or l at more than		/she is associa	ted '	with have a contract wi ☐ Yes ☐ No	th said mu	nicipa	lity		Iarket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate wh	pal of a state c nich branch or contract is wit	r bra	ractor or prospective sta anches Executive			□Yes □No		
Name											
Street Address					Cit	у				State	Zip Code
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Rece	ived	Aggregate (Contributions		Description of In-Kind	Contribution	1			
	If cont	ribution is in	n excess of S	\$400 to a cand	idat	te for a chief executive	officer of	a muni	cipality,	Fair I	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he			with have a contract w Yes No					Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	Is contribu If yes,	tor a princip	pal of a state c tich branch or contract is wit	bra	ractor or prospective stanches			□Yes □No		
Name											
Street Address					Cit	v				State	Zip Code
						,					
Type of contributor: Committee	Date Rece	ived	Aggregate (Contributions	_	Description of In-Kind	Contribution	1			•
☐ Individual / Sole Proprietorship ☐ Other	16	.:1		↑400 t	:1-4	- f hi-fti	- CC C		-i1i4		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he			te for a chief executive with have a contract w Yes No					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?	☐ Yes ☐ No			pal of a state c		ractor or prospective sta anches	ate contrac	tor?	□Yes □ No		
If yes, list Event #		of gove	rnment the	contract is wit	h:	☐ Executive	☐ Legisla	tive			
			S	UBTOTAL	Sec	ction M — This Pag	ge				
			ТО	TAL of add	litio	onal Section M Page	es				
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS (E	Enter total or	n Line 59, Coli	ımn	A of Summary Page To	otals)				
N. R	efunda	ble Depo	osit to T	elephone (Co	mpany-Complia	ant Acc	ount	,		
Last Name of Individual				First					MI	Date Deposi	t Made
Residential Street Address				City			State	Zip C	ode		Amount of
											Deposit
Name of Telephone Company			L.					•			
			ı				Ta.	Lei			
Street Address				City			State	Zip C	ode		
TOTAL SECTION N (Enter total	.1 7 :	(0 C-1	4 - C C	D T.	1.	C1:()					

SEEC FORM 20 SC

VIII. EXPENDITURES (Sections P - T) - COMPLIANT ACCOUNT

Page 30of 34

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	P. Expenses Paid by Co	mmittee - Complian		
Name of Payee Street Address		City	Date of Payment	Method of Payment: ☐ Check #
		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independ	,	
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independe		
Name of Payee		5	Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the	re) Independ		
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City	,	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum P Required un</i> None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e)	,	
	s	UBTOTAL Section P —	This Page	
	то	TAL of additional Section	on P Pages	
	TOTAL OF ALL EXPE (Enter total on Line 55, Column A of Sui			

SEEC FORM 20 SC Revised October 2016	VIII. EXPENDITURES (Sections P—T)	- COMPLIANT ACCOUNT	Page 31 of 34
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	Q. Campaign Expenses Paid	by Candidate	
	Q. Campaign Expenses Paid	by Calluluate	

VIII. EXPENDITURES (Sections P—T) - COMPLIANT ACCOUNT

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Repository)			TVD	E OF REPORT		
TVIME OF COMMITTE	22 (Frovide Complete Name as Registered with Fitting Repository)			1111	L OI KLI OKI		
	R. Expenses Incurred on Comm	nittee Cred	lit Card - C	Complian	t Account		
Name of Issuing Institu		Type of Cred					
		☐ Visa	☐ Master Car	rd 🔲 Dis	scover Americ	an Express	Other:
Name of Vendor, Person or	Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description		1:	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	ture)	☐ Independ	dent	ов ос ог	,	
Name of Vendor, Person or	Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure #	Type of Expenditure (Itemization in Addendum R Required	unless "None	of the below" is	checked)		_	
(if applicable)	□ None of the below □ Coordinated with reimbursement sought (joint expendi □ Coordinated without reimbursement sought (in-kind co	ture)	☐ Indepen	ident	0 B 0 C 0 I		
Name of Vendor, Person or	Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure	Description			Event #			Amount
(by code)							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required	unless "None	of the below" is	checked)		1	
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	SU	JBTOTAL S	ection R — T	his Page			
	тот	`AL of addit	ional Section I	R Pages			
TO	TAL OF ALL EXPENSES INCURRED ON (Enter total on Line 63, Column A of Su						

NAME OF COMMITT	TEE (Provide Complete Name as Registere	d with Filing Repository)	T	YPE OF REPORT		
	S. Expenses Incurred by C	Committee but Not Paid Dur	ing this Period	l - Compliant A	ccount	
Name of Creditor					Date Incur	red
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 (Itemization in A None of the below Coordinated with reimbursement Coordinated without reimburse.		Independent	A OB OC OD		
Name of Creditor					Date Incur	red
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		1	ount Incurred imate or Actual)
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Name of Creditor					Date Incur	red
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Purpose of Expenditure (by code)	Description	 	Event #		l l	ount Incurred imate or Actual)
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		TOTAL of addit	ional Section S Pa	ages		
TOTAL OF ALL I		OMMITTEE DURING THIS PERI ine 64, Column A of Summary Page To				
	Previ	ously reported Expenses Unpaid ar	nd still Outstandi	ng		
		NSES INCURRED BY COMMIT ne 64a, Column A of Summary Page To				

VIII. EXPENDITURES (Sections P—T) - COMPLIANT ACCOUNT

NAME OF COLORGIA				TEXA	DE OF DE	DODE			
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repository	<i>י)</i>		TYF	PE OF RE	PORT			
	T. Itemization of Reimbursements	and Secon	dary Payee	es - Comp	pliant A	Account			
Last Name of Worker/Cons	ıltant	First				MI	Date of P Person or	ayment to V Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Reimburse (Committee V	Vorker/Cons	ultant as
					☐ Chec		_ 🔲 Del	oit Card	EFT
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure	Description			Event #				Amount	
(by code)									
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "None	of the below"	is checked)					
(ij applicable)	□ None of the below		•	,					
	Coordinated with reimbursement sought (joint exper		☐ Indepe						
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Last Name of Worker/Cons	ıltant	First				MI	Date of P Person or	ayment to V	endor,
							1 015011 01	Zinny	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Reimburse	Committee V	Vorker/Cons	ultant as
					reported in	Section P:	☐ Del	oit Card	□ EFT
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure	Description	•		Event #				Amount	
(by code)									
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ed unless "None	of the below"	is checked)					
(if applicable)	☐ None of the below								
	☐ Coordinated with reimbursement sought (joint exper☐ Coordinated without reimbursement sought (in-kind		☐ Indepe						
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Last Name of Worker/Cons	ultant	First				MI	Date of F Person or	ayment to V Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					o Reimburse o Section P:	Committee V	Vorker/Cons	ultant as
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Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
Purpose of Expenditure	Description			Event #				Amount	
(by code)									
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	nd unlass "None	of the helow"	is abaakad)					
(if applicable)	None of the below	a uniess Ivone	oj ine veiow	іѕ спескей)					
	☐ Coordinated with reimbursement sought (joint expen	nditure)	☐ Indepe	endent					
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		SUBTOTA	L Section T –	— This Pag	ge				
		TOTAL of a	dditional Sect	tion T Pag	es				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS .	AND CONS	ULTAN	ΓS				

EXPENDITURE CODE ADDENDUM

For use with Sections P. O. R. S & T of the SEEC Form 20 SC

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.

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: any 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) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins; or (e) 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 R of the SEEC Form 20SC, 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 R of the Form 20SC, 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, 55 Farmington Ave, Hartford, CT 06105. 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 P, Q, R, S & T of the SEEC Form 20 SC

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 T, "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 or fair market value of goods or services provided to the committee by another committee acting as a vendor. *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, however, 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 *any* other committee'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 limited to an aggregate of \$100 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 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 S of the SEEC Form 20SC.

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.

Party Building Activity: Each expenditure code beginning with "**PBA-**" is to be used to identify party building activity, which includes but is not limited to, any political meeting, conference, convention and other event, attendance or involvement at which promotes or advances the interests of the party at a local, state or national level, and any associated expenses.

The text box of the Description Field, which is mandatory for all "**PBA-**" codes, must identify the name, date and location of the political meeting or event, the name of the entity sponsoring the event, as well as the number of individuals that this reported expense covered.

- *PBA-ATT: Expenditure for an attendance or admission fee for a political meeting, conference, convention, or other event, attendance or involvement at which promotes or advances the interests of the party at a local, state or national level.
- *PBA-TRVL: Expenditure for the costs of **travel and lodging** associated with attendance at a political meeting, conference, convention or other event, attendance or involvement at which promotes or advances the interests of the party.
- *PBA-OTH: Other party building expenditures such as meals associated with attendance at a political meeting, conference, convention or other event, attendance or involvement at which promotes or advances the interests of the party.

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20 SC

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

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 acting as a vendor or 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 (CNTR).

POLLS: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from phone banks (**A-PH-BNK**) because the information isn't 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 T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees.

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.

TRAIN: expenditures for **campaign training events**, and associated materials, provided to multiple individuals by a legislative caucus 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 web site 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 20 SC.



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Section L5. ADDENDUM – STATE - ONLY ACCOUNT / COMPLIANT ACCOUNT | Page ______ of _____

NAME OF COMMITTEE		TYPE OF REPORT
L5. In-Kind Donat	ions Not Considered Contributions Associated with a	House Party — Addendum
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate of Committee	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
T	N. CO. Fl. Co. W	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
Event "	Table of Calabate of Committee	
Event #	Name of Candidate or Committee	
Event #	Name of Candidate or Committee	
F	N. CO. F.L. C. W.	
Event #	Name of Candidate or Committee	

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NAME OF COMMITTEE		TYPE OF REPORT
2.7		
	ses Paid by Committee — Addendu	
Expenditure #	□ Supported □ Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
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Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

SEEC FORM 20 SC Revised October 2016 Section R. ADDENDUM PAGE – STATE - ONLY ACCOUNT / COM

COUNT	/ COMPLIANT ACCOUNT	Page	of

NAME OF COMMITTEE		TYPE OF REPORT
	ncurred on Committee Credit Card — A	lddendum
Expenditure #	□ Supported □ Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
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Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

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Page	of	

NAME OF COMMITTEE			TYPE OF REPORT			
S. Expenses Incurred by Committee but Not Paid During this Period — Addendum						
Expenditure #	□ Supporte	ed □ Opposed	Amount Incurred			
Name of Candidate or Committee	Offi	ice Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offi	ice Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offi	ice Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			
Name of Candidate or Committee	Offic	ce Sought (if applicable)	Cost Allocated to Candidate or Committee			

NAME OF COMMITTEE	7	TYPE OF REPORT
T. Itemization of Reimbursement	s to Committee Workers and Cons	sultants — Addendum
Expenditure #	□ Supported □ Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
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Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

SEEC FORM 20 SC Revised October 2016 Section B ADDITIONAL – STATE-ONLY ACCOUNT / COMPLIANT ACCOUNT Page _

of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$		
B. Itemized Co	ntributions from Indivi	duals	
Last Name	First		MI
Residential Street Address	City	5	State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract	t with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.		te contractor?	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Date Received Order	Aggregate Contributions	
Last Name	First	L	MI
Residential Street Address	City	S	State Zip Code
Principal Occupation	Name of Employer		<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
		tte contractor? Yes No	
Method of Contribution:	Date Received		
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Last Name	First		MI
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? Yes No	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Date Received / Order	Aggregate Contributions	
SUB	ГОТАL Section В — This	s Page	
TOTAL	L of additional Section B	Pages	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total	M INDIVIDUALS (Sections I in Column A of Summary Page	· · · · · · · · · · · · · · · · · · ·	

SEEC FORM 20 SC Revised October 2016 Section S ADDITIONAL PAGE – STATE - ONLY ACCOUNT / COMPLIANT ACCOUNT Page ______ of ______

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF	FREPORT		
	S. Expenses Incurred by Com	mittee hut Not Paid l	During this	Period		
Name of Creditor	5. Expenses meaning by Comm	mittee but 140t I aid I	buring this i	Cliou	Date Incurre	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Expenditure Description Event #			Amount Incurred (Estimate or Actual)		
Expenditure # if applicable)	Type of Expenditure (<i>Itemization in Addendum S Required</i> None of the below Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	Indepe		3 ° C ° D		
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 (<i>Itemization in Addendum S Required</i> ☐ None of the below ☐ Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe		3 ° C ° D		
Name of Creditor					Date Incurre	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description	1	Event #			ount Incurred mate or Actual)
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Required</i> ☐ None of the below ☐ Coordinated with reimbursement sought (joint expendi ☐ Coordinated without reimbursement sought (in-kind co	Indepe	· ·	3 ° C ° D		
		SUBTOTAL Section	S-This Page			
	1	TOTAL of additional Sec	tion S Pages			
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter 1	NG THIS PERIOD BUT total in Column A of Summa				
	Previously reported Exp	enses Unpaid and still O	utstanding			
	TOTAL OF ALL EXPENSES INCURRED (Enter 1	OBY COMMITTEE BU total in Column A of Summa				

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposito	ory)		TYPE OF REPORT	Γ	
	R. Expenses Incur	red on Com	mittee Credit	Card		
Name of Issuing Inst	itution	Type of Cre	dit Card:			
		☐ Visa	☐ Master Card	☐ Discover ☐ Am	nerican Expres	s Other:
Name of Vendor, Person	or Entity	ı			Date of	Transaction
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Eve	nt #		Amount
by code)						
Expenditure #	Type of Expenditure (Itemization in Addendum R Requir	ed unless "None	of the below" is che	ecked)		
(if applicable)	☐ None of the below		·	ŕ		
	☐ Coordinated with reimbursement sought (joint expe		☐ Independen	t n:oA oB oC o	o D	
Name of Vendor, Person			Organization	1.0 А ОВ ОС С		Transaction
,						Trumpuetron
Street Address		City			State	Zip Code
Purpose of Expenditure	Description		Eve	nt #		
by code)	Beschpton					Amount
Expenditure #		1 1 (0)				
(if applicable)	Type of Expenditure (<i>Itemization in Addendum R Requin</i> None of the below	rea uniess "Non	e of the below" is ch	ескеа)		
	☐ Coordinated with reimbursement sought (joint expe		☐ Independen			
	Coordinated without reimbursement sought (in-kind	d contribution)	☐ Organizatio	n: o A o B o C		
Name of Vendor, Person	or Entity				Date of	Transaction
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Eve	nt #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Requir	red unless "Non	e of the below" is ch	ecked)		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expe	enditure)	☐ Independen	t		
	Coordinated with reimbursement sought (in-kind		-	n: o A o B o C o	о р	
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Section P ADDITIONAL — STATE-ONLY ACCOUNT / COMPLIANT ACCOUNT

Page	of	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	<i>uge</i> 01
	122 (1707the Complete Fallie as Register en mar 1 ming Repositor)		TITE OF RELIGIO	
	P. Expenses	Paid by Committee		
Name of Payee	•		Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	re)	,	
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contraction)	e) 🔲 Independ	,	
Name of Payee		-	Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City	,	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ure)	,	
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re)	,	
		SUBTOTAL Section P —	- This Page	
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	TOTAL OF ALL EXPE (Enter tot	ENSES PAID BY COM al in Column A of Summary		

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Section T ADDITIONAL – STATE-ONLY ACCOUNT / COMPLIANT ACCOUNT	Page	of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYP	TYPE OF REPORT							
T. Itemization of Reimbursements and Secondary Payees											
Last Name of Worker/Const	ultant	First				MI	Date of Pa Person or	ayment to Vo Entity	endor,		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					reported in	Reimburse Section P:	Committee W	orker/Consu			
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code			
Purpose of Expenditure (by code)	Description		Eve	ent#				Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expen	diture)	f the below" is ch	nt	о в о	C • D					
Last Name of Worker/Cons	ultant	First				MI	Date of Pa Person or	ayment to Ve Entity	endor,		
	Entity Paid by Committee Worker/Consultant					Section P:	Committee W	orker/Consu			
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code			
Purpose of Expenditure (by code)	Description		Eve	ent#				Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expen	diture)	f the below" is characteristics. Independe	ent	о в о	СОВ					
Last Name of Worker/Cons	ultant	First				MI	Date of P Person or	ayment to V Entity	endor,		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Section P:	Committee V	Vorker/Cons			
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code			
Purpose of Expenditure (by code)	Description		Evo	rent #				Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expen	diture)	f the below" is characteristics. Independe Organization	ent	о в о	С О D					
		SUBTOTAL	Section T — T	This Pag	ge						
TOTAL of additional Section T Pages											
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS											