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	COLUMN B			
	This Period	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)					
See page 10 for Summary Page Totals: Compliant Account	1				

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 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 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	CEIPTS (Sections A	—K) - S7	TATE - ONLY ACC	COUNT	Page 5 of 34
NAME OF COMMI	TTEE (Provide Complete No	ume as Registered	with Filing Reposi	itory)		TYPE OF REPORT		
		~						
Name of Committee	C1. C	Contribution	ns from Ot	her Commi	Name of Treasu	e - Only Account		
Name of Committee					Name of Treast	nei		
Address				Is this contri event reporte	ed in Section L1	ed with an Yes No?	Amount	of Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions		
Name of Committee					Name of Treasu	urer		
Address					ed in Section L1	d with an Yes No?	Amount	of Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions		
Name of Committee			•		Name of Treasu	urer		
Address					ed in Section L1	ed with an Yes No?	Amount	of Contribution
City		State	Zip Code	Date Recei	ved	Aggregate Contributions		
	C2. Re	imburseme	nts from o	ther Comm	ittees - Sta	te - Only Account	'	
Name of Committee					Name of Treas	urer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimbursen	nent for shared	expense			Amoui	nt of Receipt
Description		•						
Name of Committee					Name of Treas	urer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)			'			Amoui	nt of Receipt
Description	,	•						
			SUBTO	OTAL Section	n C — This	Page		
				of additiona		_		
(Section	TOTAL OF AI							

SEEC FORM 20 SC Revised October 2016

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

Page	6	of	3
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
D. Loans Red	eived this Peri	od - State - Only Acc	ount				
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)					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)			<u> </u>		Amount Received		
Street Address	City		State	Zip Code			
Name of Lender	l	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			
		TOTAL SECTION D					
E. Receipts from Entities other tha	an Individuals	or Other Committees	(Referen	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 COLOURS A TO STATE	
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	\mathbf{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 (Cana	lidata Committaes ONI V
11. I croonarrungs of the Candidate Received this I criod (Candi	mune Communees ONL1)
mom to an amount	NI YY
TOTAL SECTIO	NH
I. Anonymous Contributions	

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

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

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

Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) - 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?	ity Yes (<i>If yes</i> , go to Section Leand complete required in No		ot Considered	Contributions
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?	ity Yes (<i>If yes</i> , go to Section L and complete required \square No		not Considered	Contributions
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 Adv	vertising in a Program	Book or on a	Sign - State - 0	Only Accour	nt			
Name of Purchaser			8	,		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 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					ı	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	on L3 Total Purc	hases of Advertis	ing 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	nty Account)			

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

NAME OF COMMITTE	E (Provide Complete Name as Re	gistered with Filing Reposito	ry)	Т	YPE OF REPO	RT		
	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	ide Complete Name as Registered with Filing Reposito	ory)		TYPE OF REI	PORT		
L5. In-Kind Don	ations Not Considered Contribut	tions Associated	with a House Party	- State - C	only Acc	ount	
Name of Host			committee?	supporting more than one candidate or ☐ Yes ☐ No			
Street Address		City	If yes, co	mplete Itemiza	State	Zip Code	
Street Address		City			State	Zip Code	
Description of Donation				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all E	vents—this host/candidate	-			
Name of Host			committee?)	e candidate or	
Street Address		City		1	State	Zip Code	
Description of Donation				Fair Mar	ket Value o	f Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all E	vents—this host/candidate	_			
Name of Host			committee?		0	endum L5	
Street Address		City	·		State	Zip Code	
Description of Donation				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all E	vents—this host/candidate	-			
Name of Host			committee?		0	e candidate or	
Street Address		City	1		State	Zip Code	
Description of Donation				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all E	vents—this host/candidate	-			
	S	UBTOTAL Section	on L5 — This Page				
	ТО	TAL of additiona	l Section L5 Pages				
TOTAL OF ALL IN-KIN WITH A HOUSE PARTY	D DONATIONS NOT CONSIDERE (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								
27	M	. In-Kin	d Contrib	outions -	St	ate - Only Acco	unt				
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?	Pl 1			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 inches			□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)					

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

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	,			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			-
(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)			TYPE OF REPORT	TYPE OF REPORT			
	R. Expenses Incurred on Commi	ittee Credit Card - S	State - Only Account				
Name of Issuing Institu	_	Type of Credit Card:	reace Omy 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 and 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	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: O A O B O C O D				
	su	BTOTAL Section R —	Γhis Page	•			
	тот	AL of additional Section	R Pages				
то	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 I	Filing Repository)	TYPE OF REPORT	Γ	
<u> </u>	. Expenses Incurred by Comn	aittee hut Not Paid During	this Pariod - State - On	ly Account	
Name of Creditor	. Expenses mearred by Comm	intee but Not I ald During	g tills I eriou - State - Oli	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 Addend</i> None of the below Coordinated with reimbursement sous Coordinated without reimbursement s	ght (joint expenditure)	below" is checked) Independent Organization: O A O B O C	о D	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	I	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	ght (joint expenditure)	below" is checked) Independent Organization: O A O B O C	∘ D	
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	1	Event #		ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below Coordinated with reimbursement soug Coordinated without reimbursement s	ght (joint expenditure)	below" is checked) Independent Organization: O A O B O C	○ D	
		SUBTOTAL S	ection S-This Page	·	
		TOTAL of addition	nal Section S Pages		
TOTAL OF ALL F	EXPENSES INCURRED BY COMM (Enter total on Line 46	ITTEE DURING THIS PERIO 6, Column A of Summary Page Total			
	Previously	reported Expenses Unpaid and	still Outstanding		
		S INCURRED BY COMMITTE , Column A of Summary Page Total:			

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

NA	P			TTV ID	E OF PE	DOD#		
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/Cons	ultant	First				MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			I	Payment to	Reimburse	Committee \	Worker/Consultant as
					reported in	orted in Section P: Check #		
Street Address of Vendor P	erson or Entity Paid by Committee Worker/Consultant	City				Α #	State	bit Card
Street Address of Vendor, I	Cison of Editity Fund by Committee Worker Consuman	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/Cons	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	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
,								
Purpose of Expenditure	Description	•		Event #				Amount
(by code)								
Expenditure #	m on v All I TD	1 1 WY	C.1. 1. 1. "."					
(if applicable)	Type of Expenditure (Itemization in Addendum T Require	ea uniess "None	oj tne below" i	is cneckea)				
	□ None of the below □ Coordinated with reimbursement sought (joint experiment) □ Coordinated without reimbursement sought (in-kind)		☐ Indepe	endent zation: o A	o R C	C o D		
		SUBTOTAL				С - В		
		TOTAL of ad	ditional Sect	ion T Page	es			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS A	ND CONS	ULTANT	rs -			
		· OTHER		J. 2. 2. 11 ()	~			

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)		
57. In-Kind Donations not Considered Contributions Received (Section L4 of Compliant Account)		
58. 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 brateful of government the contraction.		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			
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 49, Column A of Summary Page Totals—Compliant Account)					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T				TYPE OF REPORT				
C1. Contributions from Other Committees - Compliant Account								
Name of Committee	CI. C		ns II om Ot	inci comii	Name of Trea			
Address				Is this contr	Is this contribution associated with an Yes No event reported in Section L1? If yes, list Event #			Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee					Name of Trea	surer		
Address					ed in Section L	ted with an Yes No 1? list Event #	Amount of	Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee					Name of Trea	surer		
Address				Is this contr	ed in Section L	ted with an Yes No 1? list Event #	Amount of	Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions	-	
	C2. Re	imburseme	ents from o	ther Com	nittees - C	ompliant Account		
Name of Committee					Name of Trea			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type		•			Amount	of Receipt
		Reimbursem	ent for shared e	expense				
Description								
Name of Committee					Name of Trea	23,000		
Name of Committee					Name of frea	Suici		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)						Amount	of Receipt
Description	,							
			SUBTO	TAL Section	on C — Thi	s Page		
			TOTAL	of additiona	al Section C	Pages		
(0 - 1	TOTAL OF AL							
Sections	C1 + C2) (Enter total o	n Line 50, Colu	mn A of Summ	iary Page Tota	is– Compliant	Account)		

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

Page	22	of	3

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repository)		TYPE OF I	REPORT	
D. Loans Red	reived this Per	iod - Compliant Acc	ount		
Name of Lender		Source of Loan:	- Cunt		Date of Receipt
		☐ 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)					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)			1		Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Candidate	Individual	Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECTION D			
E. Receipts from Entities other tha	n Individuals	or Other Committee	S (Referen	dum Committe	es ONLY)
	1	TOTAL SECTION E			

SEEC FORM 20 SC Revised Ortober 2016 V. MONETARY RECEIPTS (Sections A—K) - COMPLIANT ACCOUNT

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Revised October 2016	v. MONETAKT RECEIFTS (Sections A—R) - COMFI	
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
F.	Amount Transferred from Affiliated Business Treasury (Busines	s Entity Committees ONLY)
		,
	TOTAL SECTION	F
G. Amount Tra	ansferred from Affiliated Labor Union or Other Organization T	reasury (Organization Committees ONLY)
	TOTAL SECTION G	
]	H. Personal Funds of the Candidate Received this Period (Candidate Received this Period)	idate Committees ONLY)
	TOTAL SECTION	N H
	TOTAL SECTION	N AA
	I. Anonymous Contributions	

SEEC FORM 20 SC V. MONETARY RECEIPTS (Sections A—K) - COMPLIANT ACCOUNT

Page 24 of 34

NAME OF COMMITTEE (Provide Complete Name as Registered with H	iling Repository)	TYPE C	OF REPORT	
J. Interest from Deposi	ts in Authorized Accounts - Compl	iant A	ccount	
Name of Institution		Date Rec	eeived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Rec	reived	Amount
Street Address	City	State	Zip Code	
	TOTAL SECTIO	N J		
K. Miscellaneous Monetary Red	eipts not Considered Contribution	s - Con	npliant Accou	nt
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
2000-1				
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Description				
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Description				
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
	TOTAL SECTION K			
SUMMARY OF OTHER MONETA	ARY RECEIPTS (Sections D throu	gh K) -	· Compliant A	ccount
Total Loans Received this Period (Section D) - State - C	ompliant Accounts			
Total Receipts from Entities other than Individuals or Ot	her Committees (Section E)	+		
Total Amount Transferred from Affiliated Business Trea	sury (Section F)	+		
Total Amount Transferred from Affiliated Labor Union	or Other Organization Treasury (Section G	<u>(</u>) +		
Total Amount of Personal Funds of the Candidate Receiv	ed this Period (Section H)	+		
Total Amount of Interest from Deposits in Authorized Ad	counts (Section J) - Compliant Accounts			
Total Miscellaneous Monetary Receipts not Considered C	Contributions (Section K) - Compliant Acco	ounts		
(Add Sections D through K) (Enter total on L	Total of Other Monetary ine 51, Column A of Summary Page Totals—Compl		•	

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

NAME OF COLOURTEE			TYPE OF REPORT						
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
	L1. Event Informati	on - Compliant Account	<u> </u>						
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 (<i>If yes</i>, 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 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							
	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	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	iant 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	n Purchase		
							·	,		
Name of Purchaser							Made By:			
							siness Entity	Other		
Street Address			City			indi	ividual/Sole P	Zip Code		
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:			
							siness Entity	☐ Other		
							ividual/Sole P	roprietorship		
Street Address			City		l		State	Zip Code		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Du	aguam Ad Duwaha	gg /	 Amount of Sig	n Dunahasa		
Date Received	Event #	Aggregate i dichases	Ioi Ali Evelits	Amount of Fre	ogram Ad Purcha	se F	Amount of Sig	gii r ui chase		
Name of Purchaser							e Made By:			
							siness Entity	Other		
G			Lac			☐ 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 Farchaser							siness Entity	☐ Other		
							ividual/Sole P			
Street Address			City		l		State	Zip Code		
D . D	T		S. All F.					<u> </u>		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	gn Purchase		
	SUBTOTAL Section L ₃ To	otal Purchases of	Advertising in P	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 La Pages					
ТОТАІ	L OF ALL PURCHASES O	F ADVERTISIN								
10111	(Enter total on Li									

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	dutions con	приане / гесои	10		
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation
☐ Business Entity								
☐ Individual ☐ Sole Proprietorship	Date Received	Event # Aggregate Valu			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 Val			or this Event			
☐ Sole Proprietorship								
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	OTAL 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	ide Complete Name as Registered with Filing Reposi	ritorn)			TYPE OF REI	PORT	
NAME OF COMMITTEE (From	we Complete Name as Registerea with Fitting Reposi	uory)			TITE OF REI	OKI	
I.F. I., W., J.D.,	- A' N-A C ' l l C A-' l	4•		II D4-	. C!	4	4
Name of Host	nations Not Considered Contrib	ullo	ons Associated with a				ne candidate or
Tvanic 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	Ag	gregate Value of all Events—this he	ost/candidate			
Name of Host	<u> </u>			Is this event s	unnorting ma	ore than or	ne candidate or
				committee?			ic canalaute 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	Ag	gregate Value of all Events—this he	ost/candidate			
Name of Host	-	-		Is this event s	upporting mo	ore than or	ne candidate or
committee?							
0:			Lau	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 he	ost/candidate			
Name of Host							ne candidate or
				committee?			landum I 5
Street Address			City	IJ yes, con	mplete Itemiza	State	Zip Code
outer Hadress			City			State	Z.p code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate			
		SUB	BTOTAL Section L5 —	This Page			
				··· g ·			
TOTAL of additional Section L5 Pages							
	ND DONATIONS NOT CONSIDED RTY Enter total on Line 58, Column A						
LD WITH A HOUSE IA	IN I Lines wan on Line 30, Commit A	· oj s	January 1 ugo 10uus– Com	ушин Ассоині)			

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

Page 29 of 34

NAME OF COMMITTEE (Provide Complete	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
	3.	T T T71	1.0	•1	-	Y 10 / A					
Name	IV.	I. In-Kı	nd Cont	ributions	- (Compliant Accou	unt				
Street Address					Cit	y				State	Zip Code
	Date Rece	J	14 (Otilti		Description of the Wind of	Cili				
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Rece	ived	Aggregate (Contributions		Description of In-Kind (Contribution	1			
Is contributor a lobbyist, spouse, Yes						for a chief executive o					
or dependent child of a lobbyist?		ntributor or l at more than		she is associat	ted v	with have a contract wi ☐Yes ☐No	th said mu	ınicipa	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	bra	ractor or prospective stanches Executive			□Yes □ No		
Name											
Street Address City						State	Zip Code				
Type of contributor: Committee	Date Rece	ived	Aggregate (Contributions		Description of In-Kind (Contribution	1			
□ Individual / Sole Proprietorship □ Other Is contributor a labbyrist space. □ Ves If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality,											
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	of a roodyrst, spouse, \Box res $\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $										
Is this contribution associated with an event reported in Section L1? If yes, list Event #	contribution associated with an reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches										
Name		of gove	ininent the t	contract is with	11.	Executive	Legisia	ilive			
Street Address					City	y				State	Zip Code
Type of contributor:	Date Rece	ived	Aggregate (Contributions		Description of In-Kind (Contribution	1		•	
☐ Individual / Sole Proprietorship ☐ Other	If cont	ribution is in	avagg of ©	£400 to a good	idat	a for a shiof avagutive	officer of	muni	oinolity	E-: I	Manlast Walsa
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he			e for a chief executive with have a contract was Yes No					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?	☐ Yes ☐ No	If yes,	indicate wh	ich branch or	bra				□Yes □ No		
If yes, list Event #		of gove		contract is with		☐ Executive		itive			
						ction M — This Pag					
						onal Section M Page					
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS (E	Enter total or	n Line 59, Colu	ımn	A of Summary Page To	otals)				
N. R	efunda	ble Depo	osit to To	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											Deposit
Traine of Telephone Company											
Street Address			C	City			State	Zip C	ode		
TOTAL SECTION N (Finter total	1 ::	(0, C-1	1 -C C		-1-	Compliant to a con-		1		<u> </u>	

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	nt Account	
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 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) 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 un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	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 (Itemization in Addendum P Required un 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 Sur			

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

Page 32 of 34

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository))		T	TYPE OF REPORT				
	R. Expenses Incurred on Comm	nittee Cred	it Card - (Compli	ant Acco	unt			
Name of Issuing Instit	-	Type of Credi		compil	11000				
		☐ Visa	☐ Master Ca	ard 🔲	Discover [America	n Express	Other:	
Name of Vendor, Person o	r Entity						Date of Tr	ansaction	
Charat Address		Lev					G: :	7: 0.1	
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 expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture)	☐ Indepe	ndent	0 B 0	C • D			
Name of Vendor, Person o	r Entity						Date of Tr	ansaction	
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 expend Coordinated without reimbursement sought (in-kind co	iture)	☐ Indepe	ndent	. ов о	C • D			
Name of Vendor, Person o	r Entity						Date of Tr	ansaction	
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	l unless "None o	of the below" i	is checked))				
() approximately	☐ None of the below ☐ Coordinated with reimbursement sought (joint expend ☐ Coordinated without reimbursement sought (in-kind co	iture) ontribution)	☐ Indepe		• В •	C • D			
	SI	UBTOTAL S	ection R — T	This Page	,				
	тот	ΓAL of additi	onal Section	R Pages					
то	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
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Name of Creditor					Date Incur	red
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description	 	Event #		l l	ount Incurred imate or Actual)
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		SUBTOTAL	Section S-This P	age		
		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 Repositor)	v)		TYF	PE OF RE	PORT			
	T. Itemization of Reimbursements	and Secon	dary Payee	es - Comp	pliant A	Account			
Last Name of Worker/Const	ultant	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
					reported in	Section P:	□ Del	oit Card	EFT
Street Address of Vendor D	erson or Entity Paid by Committee Worker/Consultant	City			Ц спес		State	Zip Code	
Street Address of Vendor, 1	erson of Entity Faid 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		og me betom	is circuitany					
	☐ Coordinated with reimbursement sought (joint expen		☐ Indepe	ndent					
	☐ Coordinated without reimbursement sought (in-kind	contribution)	☐ Organi	zation: o A	о в о	$\mathbf{C} \circ \mathbf{D}$			
Last Name of Worker/Cons	ultant	First				MI		ayment to V	endor,
							Person or	Entity	
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		Į.			State	Zip Code	
Purpose of Expenditure	Description			Event #				Amount	
(by code)									
F#									
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "None	e of the below"	is checked)					
	☐ None of the below ☐ Coordinated with reimbursement sought (joint exper	editura)	□ T., J., .	44					
	Coordinated with reimbursement sought (in-kind		☐ Indepe	zation: o A	0 P 0				
	•	D: .	■ Organi	zation. O A	ОВО		Data of I	lavimant to V	'andan
Last Name of Worker/Cons	ultant	First				MI	Person of	ayment to V Entity	endor,
Nama of Vandar Parsan or	Entity Paid by Committee Worker/Consultant				Davimont t	D oimshumaa	Committee	Vorlean/Cono	vltomt og
Name of Vendor, Ferson of	Entity Faid by Committee Worker/Consultant					o Reimburse o Section P:	Committee	voikei/Colls	unam as
					☐ Chec	ck #	_ De	oit Card	☐ EFT
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City			•		State	Zip Code	
D	Description.			Event #					
Purpose of Expenditure (by code)	Description			Event#				Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	od unless "None	of the helow"	is chackad)					
(if applicable)	□ None of the below	u uniess Trone	oj ine below	is checkeu)					
	☐ Coordinated with reimbursement sought (joint expen	nditure)	☐ Indepe	endent					
	Coordinated without reimbursement sought (in-kind		_	zation: o A	ово	$\mathbf{C} \circ \mathbf{D}$			
		SUBTOTA	L Section T –						
		TOTAL of a							
		TOTAL OF A	aditional Sect	ion i i ag					
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	

SEEC FORM 20 SC Revised October 2016 Section P. ADDENDUM PAGE—STATE - ONLY ACCOUNT / COMPLIANT ACCOUNT Page _____ of _____

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
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 R.

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	circle one	
ADDENDUM PAGE -	- STATE - ONLY ACCOUNT / COMPLIANT ACCOUNT Page	of

NAME OF COMMITTEE		TYPE OF REPORT
R. Expenses Inc	curred 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
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 Com	mittee but Not Paid During this Pe	riod — Addendum	
Expenditure #	□ Supported □ Opposed	Amount Incurred	
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	
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee	

NAME OF COMMITTEE		TYPE OF REPORT
	ursements to Committee Workers and C	Consultants — 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
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)	red this Period ONLY SUBTOTAL SECTION A	\$	
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	
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	REPORT		
	S. Expenses Incurred by Com	nittee but Not Paid l	During this I	Period		
Name of Creditor					Date Incurre	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	penditure Description Event #		Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indepeture) ☐ Organi		в ос о р		
Name of Creditor					Date Incurre	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		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		в ос о р		
Name of Creditor					Date Incurre	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		l .	ount Incurred mate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	Indepe		в ос о р		
		SUBTOTAL Section	S-This Page			
	7	OTAL of additional Sec	tion S Pages			
TOTAL OF ALL F	EXPENSES INCURRED BY COMMITTEE DURI (Enter	NG THIS PERIOD BUT total in Column A of Summa				
	Previously reported Exp	enses Unpaid and still O	utstanding			
	TOTAL OF ALL EXPENSES INCURREI (Enter)	OBY COMMITTEE BU total in Column A of Summa		_		

SEEC FORM 20 SC

Street Address

(by code)

Expenditure #

Street Address

(by code)

Expenditure #

(if applicable)

Street Address

(if applicable)

Circle one Section R ADDITIONAL – STATE - ONLY ACCOUNT / COMPLIANT ACCOUNT Page NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT R. Expenses Incurred on Committee Credit Card Name of Issuing Institution Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other: Name of Vendor, Person or Entity Date of Transaction City State Zip Code Purpose of Expenditure Event # Description Amount Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ■ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) \square Organization: \circ A \circ B \circ C \circ D Name of Vendor, Person or Entity Date of Transaction City Zip Code Purpose of Expenditure Description Event # Amount Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) □ Organization: o A o B o C o D Name of Vendor, Person or Entity Date of Transaction City Zip Code State

		1				
urpose of Expenditure by code)	Description		Event #			Amount
expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R Required under None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control of th	ure)	ndent	B • C • D		
SUBTOTAL Section R — This Page						
TOTAL of additional Section R Pages						
TO	FAL OF ALL EXPENSES INCURRED ON C (Enter total	COMMITTEE CREDI I in Column A of Summary I				

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Page	of	

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
	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 (<i>Itemization in Addendum P Required un</i> ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contri	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 unit ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contril) Independ	•	
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 expenditur Coordinated without reimbursement sought (in-kind contr	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 un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) Independ	,	
	s	UBTOTAL Section P —	- This Page	
TOTAL of additional Section P Pages				
	TOTAL OF ALL EXPE (Enter total	NSES PAID BY COM Il in Column A of Summary		

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Section T ADDITIONAL — STATE-ONLY ACCOUNT / COMPLIANT ACCOUNT Page _____ of _

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Г	Daga	of	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT					
T. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Consultant		First				MI	Date of Pays Person or Er	ment to Vendor, ntity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Section P:	Committee Wor	rker/Consultant as Card		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City			Спес	К п		ip Code		
Purpose of Expenditure (by code)	Description			Event #			Aı	nount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expell Coordinated without reimbursement sought (in-kind)	enditure)								
Last Name of Worker/Cons	ultant	First				MI	Date of Pays Person or Er	ment to Vendor, ntity		
Name of Vendor, Person or					Section P:	Committee Wor	rker/Consultant as Card			
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		1			State Z	Cip Code		
Purpose of Expenditure (by code)	Description	1		Event #			Aı	mount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	nditure)	☐ Indepe	,	о в о	СОР				
Last Name of Worker/Consultant		First				MI	Date of Pay Person or E	ment to Vendor, ntity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		I				Section P:	Committee Wo	rker/Consultant as Card		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City					State Z	Zip Code		
Purpose of Expenditure (by code)	Description	1		Event #			Aı	mount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expe	nditure)	☐ Indepe	,	о в о	С О D				
SUBTOTAL Section T — This Page										
TOTAL of additional Section T Pages										
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS										