SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015



Do Not Mark in This Space For Official Use Only

COVER PAGE

		COV		ATAGE				
1. NAME OF COMMITTEE								
A TRUE ACTIONED WANTE								
2. TREASURER NAME First		MI	1	Last				Suffix
First		IVII		Last				Suma
3. TREASURER ADDRESS								
Street Address			City			State	Zip	Code
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	e only it	f Candidate Committee)			6. DIS	TRICT NUMBER
(mm/dd/yyyy)		((if applica	
7. CANDIDATE NAME (Complete only if C	Candidate or Explorator							
First		MI		Last				Suffix
8. TYPE OF REPORT (Check One Box)								
☐ January 10 filing	☐ 7th day preced	ding primary	/	☐ 7th day preceding referendum				or Disbursement
☐ April 10 filing	☐ 30 days follow	ving primary	У	☐ 45 days following referendum		<i>PACs ONLY)</i> Amendmen		
☐ July 10 filing	☐ 7th day preced	ding election	1	☐ Deficit		ype of Rep		
☐ October 10 filing	☐ 12th day prece			☐ Termination	-			
☐ 24 Hour Independent Expenditure O Primary O Election	□ 45 days follow not held in No	ving election						
9. PERIOD COVERED								
	Beginning Da	te		Ending Date				
				thru				
-			_					
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the per					nis Ite	mized Car	npaign	Finance
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	1	PRINT	T NAME OF SIGNER		_	DAT	E (mm/dd/yyyy)
A person who is				lfully violated any provisions of th alty or imprisonment or both.	e cam	paign find	ince sta	itutes

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SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

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 for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period		
13. Contributions Received from Individuals (Sections A and B)		
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

NAME OF COMMITTEE (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)	ed this Period ONLY SUBTOTAL SECTION A	\$					
B. Itemized Con	ntributions from Indivi	duals					
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 of State o	is associated with have a contract Yes No	t with said municipality					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second of government the contract of government the government of government the government of government the government of government the government of government of government of government of government the government of		te contractor?					
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order Date Received	Aggregate Contributions					
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?							
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 of government the contraction.		tte contractor?					
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Date Received	Aggregate Contributions					
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?							
Is this contribution associated with an event reported in Section L1? If yes, list Event # No		te contractor?					
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order Date Received	Aggregate Contributions					
SUBT	OTAL Section B — This	s Page					
TOTAL	of additional Section B	Pages					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	I INDIVIDUALS (Sections 13, Column A of Summary Page						

NAME OF COMMIT	TTEE (Provide Complete			TYPE OF REPORT	,						
		C1. (Contributio	ns from	Ot	her Comm	ittees				
Name of Committee						Name of Treasu	rer				
Address				Is this co	ontrib ported	d in Section L1?	d with an ☐ Yes ☐ No of Event #	A	mount of	Contribution	
City		State	Zip Code	Date F	Receiv	ved	Aggregate Contributions				
Name of Committee		·		•		Name of Treasu	rer				
Address						d in Section L13	d with an Yes No	_ A	mount of	Contribution	
City		State	Zip Code	Date F	Receiv	ived Aggregate Contributions					
Name of Committee		ľ	<u>'</u>	<u> </u>		Name of Treasu	rer				
Address						d in Section L1?	d with an ☐ Yes ☐ No tt Event#	A	mount of	Contribution	
City		State	-								
	C2. Re	eimbursemei	nts or Surpl	us Distr	ibu	tions from	other Committees				
Name of Committee						Name of Treasu	rer				
Address				City	7				State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type Reimburser	ment for shared e	expense	□Su	rplus Distributi	on		Amount of Receipt		
Description	•	·									
Name of Committee						Name of Treasu	rer				
Address				City	<i>y</i>				State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type	sement for shared	d expense		Surplus Distribu	ation		Amount	of Receipt	
Description											
						n C — This					
	TOTALOR	ALL COMME				Section C I					
		ALL COMMI C1 + C2) (Enter									

NAME OF COMMITTEE (Provide Complete Name as Registered with Fig.	ling Reposit	eory)		TYP	PE OF I	REPORT	
D.	Loans	Received	d this Period				
Name of Lender		S	ource of Loan: Bank Candid	ate 🔲 Indi	ividual	Other Committee	Date of Receipt
Street Address	City			State	e	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			Stat	te	Zip Code	
Name of Lender			ource of Loan: Bank Candid	ate 🔲 Indi	ividual	Other Committee	Date of Receipt
Street Address	City			State	e	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			Stat	te	Zip Code	
Name of Lender			ource of Loan: ☐ Bank ☐ Candid	ate 🔲 Ind	ividual	Other Committee	Date of Receipt
Street Address	City	·		State	e	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			Star	te	Zip Code	
		T	OTAL SECTIO	ON D			
E. Receipts from Entities other tha	n Indiv	iduals or	Other Commi	ittees <i>(Re</i>	eferen	lum Committee	es ONLY)
Name of Entity							
Street Address				Date Receiv	ved		Amount Received
City		State	Zip Code	Aggregate	Contribu	ntions	
Name of Entity		ı					
Street Address				Date Receiv	ved		Amount Received
City	State	Zip Code Aggregate Co			ntions		
Name of Entity		ı		·			
Street Address				Date Receiv	ved		Amount Received
City		State	Zip Code	Aggregate	Contribu	utions	
		<u> </u> ๆ)N F	Π		

NAME OF COMMITTEE (Prov	ide Complete Name as Regista		TYPE OF REPORT				
F. Am	ount Transferred	from Affil	iated Bu	siness Treasui	y (Busine	ss Entity	Committees ONLY)
Date of Receipt	Is this transaction associ	ated with an	☐ Yes ☐ No	If yes, list Event #			Amount
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	<i>If yes</i> , list Event #			Amount
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	If yes, list Event #			Amount
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	<i>If yes</i> , list Event #			Amount
	'			TOTAL S	ECTION	F	
G. Amount Transf	erred from Affilia	ted Labor	Union o	r Other Organ	ization T	Γreasur	y (Organization Committees ONLY)
Date of Receipt		Date of Receipt				Date of Re	ceipt
Amount	:		Amount				Amount
				TOTAL SE	CTION G	r r	
Н. 1	Personal Funds of	the Candi	date Rec	eived this Peri	od (Cana	lidate Co	mmittees ONLY)
Date of Receipt	Method of payment:						Amount
	☐ Cash	□ I	Personal Che	eck Cr	edit/Debit Ca	ard	
Date of Receipt	Method of payment:	□ I	Personal Che	eck 🗆 Cr	edit/Debit Ca	ard	Amount
Date of Receipt	Method of payment:						Amount
	☐ Cash	□ I	Personal Che	eck	edit/Debit Ca	ard	
Date of Receipt	Method of payment:						Amount
	☐ Cash	□ I	Personal Che	eck 🗆 Cr	edit/Debit Ca	ard	
				TOTAL	SECTIO	NΗ	
		I. An	onymou	s Contribution	ıs		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Fit	ling Repository)	TYPE OF REPORT						
J. Interest fr	om Deposits in Authorized Accour	ıts						
Name of Institution		Date l	Received		Amount			
Street Address	City	State	Zi	p Code				
340017444.00	Chy	State		p couc				
Name of Institution	I	Date 1	Received		Amount			
Street Address	City	State	Zi	p Code				
	TOTAL CECTIO	.						
	TOTAL SECTIO	NJ						
	netary Receipts not Considered Co	ntril						
Name			Date of	Γransaction	Amount Received			
Street Address	City	Stat	e	Zip Code				
Description								
Name			Date of	Γransaction	Amount Received			
				Ta: 0.1				
Street Address	City	Stat	e	Zip Code				
Description								
Name			Date of	Γransaction	Amount Received			
Street Address	City	Stat	e	Zip Code				
Description								
Name			Date of	Transaction	Amount Received			
	I	Lou		Ta: 0.1				
Street Address	City	Sta	ie	Zip Code				
Description								
	TOTAL SECTION K							
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throu	ıgh K)				
Total Loans Received this Period (Section D)								
Total Receipts from Entities other than Individuals or Oth	ner Committees (Section E)	+						
Total Amount Transferred from Affiliated Business Treas	sury (Section F)	+						
Total Amount Transferred from Affiliated Labor Union o		() +						
Total Amount of Personal Funds of the Candidate Receive		+						
Total Amount of Interest from Deposits in Authorized Ac		+						
Total Miscellaneous Monetary Receipts not Considered C		+ - D oo	oint=					
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summar							

·		722 (300								
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT							
	I. P	ICo 1°								
		Information								
Event # Date of Event Letter	Description			Was this a fur	ndraising event?					
Location: Street Address		City		State	Zip Code					
Subpart 1: (All Committee Was this event hosted at a	•	Associa	go to Section L5 In-Kind Donations I ted with a House Party and complet les made by host(s) for food, beverage	e required infor						
	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 dividual of up to \$100?	☐ Yes (<i>If yes</i> ,	enter Total Receipts here.)	\$						
Were there purchases of a sign associated with this		\square Yes (<i>If yes</i> ,	n Exploratory Committees) go to Section L3 Purchases of Advert Sign and complete required information	~ ·	Program Book					
	Cood or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No \$\$\$ No								
Event # Date of Event Letter	Description			Was this a fur ☐ Yes	ndraising event?					
Location: Street Address		City		State	Zip Code					
Subpart 1: (All Committee Was this event hosted at a		☐ 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?		go to Section L4 In-Kind Donations nplete required information.)	not Considered	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 (<i>If yes</i> , ☐ No	enter Total Receipts here.)	\$						
	ittees, Municipal Candidates and Political Comn advertising space in a program book or on a fundraiser?	\square Yes (<i>If yes</i> ,	n Exploratory Committees) go to Section L3 Purchases of Advert Sign and complete required inform		Program Book					
	nittees ONLY) Yood or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes,	enter Total Receipts here.)	\$						
SUBTOTAL Sectio	n L1—Subpart 1 (All Committees) Total Receipts fro	om Sale of Dona	ted Items — This Page							
			(Town Committees ONLY) Purchases — This Page							
		TOTAL of addi	tional Section L1 Pages							
	TOTAL OF ALL RECE		SMALL PURCHASES A of Summary Page Totals)							

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	ry)		TYPE OF REPORT					
	L3. Purchases	of Advertisir	ıg in a Prograi	m Book or o	on a Sign					
Name of Purchaser						Purchase	e Made By:			
						☐ Bus	siness Entity	Other		
						☐ Indi	ividual/Sole P	roprietorship		
Street Address			City				State	Zip Code		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	n Purchase		
					J			,		
Name of Purchaser							Made By:			
							iness Entity ividual/Sole P	Other		
Street Address			City		indi	State State	Zip Code			
Street Address							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						Purchase	e Made By:			
							siness Entity	☐ Other		
							ividual/Sole P	roprietorship		
Street Address			City		·		State	Zip Code		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Dr	ogram Ad Purcha	50 /	 Amount of Sig	n Durchasa		
Date Received	Event #	Aggregate i urchases	IOI All Events	Amount of Fre	ogram Au Furcha	se F	Amount of Sig	gii r ui chase		
Name of Purchaser							e Made By:			
							siness Entity	Other		
			Τ			☐ 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					I	Durahas	e Made By:			
Ivalic of 1 dichaser							siness Entity	☐ Other		
							ividual/Sole P			
Street Address			City			пи	State	Zip Code		
	ı			Т						
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	gn Purchase		
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	rogram Book -	— This Page	1				
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign -	— This Page					
				dditional Secti						
ТОТАІ	L OF ALL PURCHASES O	F ADVERTISIN								
IOIAI	LOT ALL TURCHASES O		Line 16c, Column 2							

NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing Repository)			TYPE OF REPOR	T			
	L4. In-K	ind Donations N	ot Consider	ed Contribu	itions				
Name of Donor									
G:			Lac				l acci	Ta: 0.1	
Street Address			City				State	Zip Code	
Denotion Circus Den	Description of Description								
Donation Given By: ☐ Business Entity	Description of Donation					Fair N	Aarket Val	ue of Donation	
☐ Individual	Date Received	Event #		Aggregate Value fo	or this Event	-			
☐ Sole Proprietorship									
Name of Donor	ı								
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation					Fair N	Iarket Val	ue of Donation	
☐ Business Entity ☐ Individual	Date Received	Event #		Aggregate Value fo	on this Execut	_			
☐ Sole Proprietorship	Date Received	Event #		or this Event					
Name of Donor		<u> </u>							
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation		•			Fair Market Value of Donation			
☐ Business Entity ☐ Individual		T		ı		_			
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for	or this Event				
Name of Donor									
Name of Bonor									
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation		1			Fair N	Iarket Val	ue of Donation	
☐ Business Entity									
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value fo	r this Event				
		SUBTO	OTAL Section	L4 — This Pag	e				
		TOTAL	of additional	Section L4 Pag	es				
ТОТ	TAL OF ALL IN-KIND DON. (Enter	ATIONS NOT CON total on Line 21, Col							
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		y	, G .,					

NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Filing Reposi	itory)			TYPE OF RE	PORT	
L5. In	n-Kind Donations Not Consider	ed (Contributions Associa	ted with a F	Iouse Part	y	
Name of Host				committee?		0	ne candidate or
Street Address			City	1 30	1	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 ho	ost/candidate			
Name of Host		<u> </u>		committee?	supporting mo ☐ Yes ☐ No mplete Itemiza	0	ne candidate or
Street Address			City	1j yes, co	impicie rieiniza	State	Zip Code
Succervations			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 ha	ost/candidate			
Name of Host				committee?		0	ne candidate or
Street Address			City	J J J J J J J J J J J J J J J J J J J	r	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 ho	ost/candidate			
Name of Host	,	'		committee?		0	ne candidate or
Street Address			City	1 30	1	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 ho	ost/candidate			
		SUB	TOTAL Section L5 —	This Page			
	TO	OTA	AL of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on La		ONSIDERED CONTRI 2, Column A of Summary I				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with I	Filing Reposit	tory)			TYPE OF REPORT					
Name			M. In-	Kind Cor	ıtri	ibutions						
Name												
Street Address					Cit	у				State	Zip Code	
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Recei	ved	Aggregate C	Contributions		Description of In-Kind C	ontribution	1				
	If contri	bution is in	excess of \$4	00 to a candi	date	for a chief executive of	ficer of a	munic	inality.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cor		ousiness he/s			with have a contract with					Aarket Value Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	Is contribu If yes,	tor a princip	or a principal of a state contractor or prospective state contractor?						or this		
Name												
Street Address City State Zip Code												
Type of contributor: Committee	Date Recei	tte Received Aggregate Contributions Description of In-Kind Contribution									•	
□ Individual / Sole Proprietorship □ Other □ Uses □ If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, □ Fair Market Value												
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	7436, 1 163											
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes If yes, indicate which branch or branches No No Of government the contract is with: Executive Legislative Legislative												
Name												
Street Address					Cit	v				State	Zip Code	
Type of contributor: Committee	Date Recei	ved	Aggregate C	Contributions		Description of In-Kind C	ontribution	1		•	•	
☐ Individual / Sole Proprietorship ☐ Other	10 /			400 /			cc c		. 10.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he			e for a chief executive o with have a contract wi Yes No					Market Value Contribution	
Is this contribution associated with an event reported listed in Section L1?	☐ Yes ☐ No			al of a state c		actor or prospective stat	te contrac	tor?	□Yes □ No			
If yes, list Event #				contract is wit		Executive	Legisla	tive				
			SI	UBTOTAL	Sec	ction M — This Page	e					
			TO	TAL of add	litio	onal Section M Pages	s					
TOTAL OF ALL IN-KIND CON	TRIBUT	ΓΙΟΝS (E	Inter total on	Line 23, Coli	ımn	A of Summary Page Tota	als)					
	N.	Refund	dable De	posit to T	`ele	ephone Company	y					
Last Name of Individual				First					MI	Date Deposi	t Made	
						_						
Residential Street Address			C	lity			State	Zip C	ode		Amount of Deposit	
Name of Telephone Company										\dashv		
Street Address			С	ity			State	Zip C	ode			
TOTAL SI	CTION	No	1	24.6.1	4	CC D 77 (1				•		

SEEC FORM 2

IV. EXPENDITURES (Sections P—T)

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Revised January 2015	TVI EXITE INDI	CILD (Sections	<u> </u>	
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 #
Cturet Adduser		Lav		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	less "None of the below" is	checked)	
	☐ None of the below			
	Coordinated with reimbursement sought (joint expenditure			
N. CD	Coordinated without reimbursement sought (in-kind contr	organiza Organiza	tion: O A O B O C O D	Dr. d. d. CD
Name of Payee			Date of Payment	Method of Payment:
				☐ Check #
Street Address		City		Debit Card DEFT State Zip Code
				State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				- Inivano
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is o	checked)	
(if applicable)	☐ None of the below			
	☐ Coordinated with reimbursement sought (joint expenditure		lent	
	☐ Coordinated without reimbursement sought (in-kind contri	bution)	tion: o A o B o C o D	
Name of Payee			Date of Payment	Method of Payment:
				☐ Check #
Street Address		City		Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event#	Amount
(by code)				Timount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	
(ij applicable)	☐ None of the below			
	Coordinated with reimbursement sought (joint expenditu	•		
	Coordinated without reimbursement sought (in-kind cont	ribution)	ation: o A o B o C o D	
Name of Payee			Date of Payment	Method of Payment:
				☐ Check #
Street Address		City		☐ Debit Card ☐ EFT State Zip Code
				State Zip Code
Purpose of Expenditure	Description	1	Event #	Amount
(by code)				rinount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	
(if applicable)	☐ None of the below			
	☐ Coordinated with reimbursement sought (joint expenditur			
	☐ Coordinated without reimbursement sought (in-kind contr	ibution)	tion: o A o B o C o D	
	s	SUBTOTAL Section P —	- This Page	
	ТО	TAL of additional Section	on P Pages	
	TOTAL OF ALL EXPE			
	(Enter total on Line	2 19, Column A of Summary	Page Totals)	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
14 MAIL OF COMMITTEE (1 rovide Complete Maine as Registered with Fund Repository)				THE OF REPORT			
	O. Campaign Ext	oenses Paid by Cand	idate				
Name of Payee (Name of V	Date of Payment	Is reimbursement claimed?					
				-	Yes No		
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	#	Amount		
(by code)							
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimb	ursement claimed?	
						Yes □ No	
Street Address		City	State Zip Coo			Zip Code	
Purpose of Expenditure	Description		Event	#		Amount	
(by code)							
Name of Payee (Name of V	Yendor, Person or Entity who candidate paid directly)		<u> </u>	Date of Payment	Is reimbursement claimed?		
					☐ Yes ☐ No		
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			Amount	
(by code)							
Name of Payee (Name of V	l Yendor, Person or Entity who candidate paid directly)		1	Date of Payment	Is reimb	ursement claimed?	
						Yes □ No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event	#		 Amount	
(by code)	Description		Event	T.		Amount	
Name of Payee (Name of V	(endor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?		
					☐ Yes ☐ No		
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event :	#		Amount	
(by code)							
Name of Payee (Name of V	l Yendor, Person or Entity who candidate paid directly)		<u> </u>	Date of Payment	Is reimb	ursement claimed?	
					_ ,	Yes □ No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description	1	Event :	#		 Amount	
(by code)							
		SUBTOTAL Section Q -	— This	s Page			
	TO	OTAL of additional Secti	on Q I	Pages			
		PENSES PAID BY CA					
	(Enter total on Li	ne 26, Column A of Summar	y Page	Totals)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE O	TYPE OF REPORT			
	R. Expenses Incurred	d on Committee Cre	dit Cord				
Name of Issuing Institu							
		Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ America				Other:	
Name of Vendor, Person or	Entity				Date of Tr	ansaction	
Street Address		City			State	Zip Code	
			1				
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 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 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 unless "None of the below" is checked) None of the below 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 Tr	ansaction	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expendid Coordinated without reimbursement sought (in-kind co	ture)	,	3 ° C ° D			
	st	JBTOTAL Section R —	This Page				
TOTAL of additional Section R Pages							
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			ТҮРЕ ОІ	TYPE OF REPORT				
	S. Expenses Incurred by C	ommittee but	Not Paid I	Ouring this l	Period			
Name of Creditor						Date Incur	red	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Req None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expenditure)	☐ Indepe		3 ° C ° D			
Name of Creditor						Date Incur	red	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			ount Incurred timate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Req</i> ☐ None of the below ☐ Coordinated with reimbursement sought (joint e ☐ Coordinated without reimbursement sought (in-label)	expenditure)	Indepen		B OC OD			
Name of Creditor						Date Incur	red	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			ount Incurred timate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Req</i> ☐ None of the below ☐ Coordinated with reimbursement sought (joint e ☐ Coordinated without reimbursement sought (in-	expenditure)	☐ Indepe		в ос о р			
		SUBTOT	AL Section S	5-This Page				
		TOTAL of ad	ditional Sect	ion S Pages				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE I (Enter tota	DURING THIS PI al on Line 28, Column						
	Previously reported	l Expenses Unpaid	d and still Ou	ıtstanding				
	TOTAL OF ALL EXPENSES INCUF (Enter total	RRED BY COMM on Line 28a, Columi						

IV. EXPENDITURES (Sections P—T)

	-								
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY				TYI	TYPE OF REPORT				
T. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Consu	First				MI		yment to Ve	ndor,	
							Person or	Entity	
					1				
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Reimburse (Section P:	Committee W	orker/Consu	ltant as
					☐ Chec		☐ Deb	it Card	EFT
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
,		1 ,						•	
Purpose of Expenditure	Description			Event #			1	Amount	
(by code)									
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "Non	e of the below" i	is checked)					
	☐ None of the below								
	Coordinated with reimbursement sought (joint exper		Indepe						
	Coordinated without reimbursement sought (in-kind	contribution)	☐ Organi:	zation: o A	о В с	$\mathbf{C} \circ \mathbf{D}$			
Last Name of Worker/Consu	ultant	First				MI	Date of Pa Person or	yment to Ve	endor,
							1 cison of	Littity	
N CV I D	Est Dill Co. iv. W. L. (Co. b.)				ъ	D : 1		. 1 (0	1
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:	Committee W	orker/Consu	iltant as
					☐ Chec		_ 🔲 Deb	it 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 #			1	Amount	
(by code)									
Expenditure #	T CF V damindania Allandan TRansia	. JI "N	£41 1 -1	:111\					
(if applicable)	Type of Expenditure (Itemization in Addendum T Require	ea uniess "Non	e of the below" i	is cneckea)					
	☐ None of the below ☐ Coordinated with reimbursement sought (joint exper	aditura)	□ I., J., .						
	Coordinated with reimbursement sought (in-kind		☐ Indepe	zation: o A	0 D 0				
		Г	□ Organi.	zation. O A	ОВС		In . cn		,
Last Name of Worker/Cons	ultant	First				MI	Person or	ayment to Ve Entity	endor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Payment to	Reimburse	Committee W	/orker/Consu	ıltant as
	.,,					Section P:			
					☐ Chec	ek #	_ Deb	oit Card	EFT
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code	
В	Description.			Event #					
Purpose of Expenditure (by code)	Description			Event#				Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum T Require	ad unlass "Non	a of the below"	is chacked)					
(if applicable)	•	eu uniess Tron	e of the below t	is checkeu)					
	☐ None of the below ☐ Coordinated with reimbursement sought (joint exper	nditure)	☐ Indepe	endent					
	Coordinated without reimbursement sought (in-kind		_	zation: o A	o B o	$C \circ D$			
						ССБ			
SUBTOTAL Section T — This Page									
TOTAL of additional Section T Pages					es				
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					ΓS				