SEEC FORM 30

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

Page 1 of 16

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE					2. TY	PE OF CO	MMITTEE
] [Candida	ate Committee
] [Explora	tory Committee
3. TREASURER NAME							
First	MI		Last				Suffix
4. TREASURER ADDRESS	·						
Street Address		City		5	State	Zip Co	ode
5. ELECTION DATE	6. OFFICE SOUGHT (C	Complete only	if Candidate Committee)			7. DISTI	RICT NUMBER
(mm/dd/yyyy)	,		,			(if applicable)
8. CANDIDATE NAME (Complete only	f Candidate or Exploratory Com	mittee)					
First	MI		Last				Suffix
9. TYPE OF REPORT (Check One Box)							
· · · · · · · · · · · · · · · · · · ·							
☐ January 10 filing ☐ 7th day p	receding primary		l Itemized Statement	☐ Supplemental State	ement	☐ Defici	t
☐ April 10 filing ☐ 30 days :	following primary	accompanying application (Specify Type) for Public Grant ○ Primary ○ Election				☐ Termin	nation
		☐ Additional Itemized ☐ Declaration of Excess				☐ Ameno	dment to
☐ July 10 filing ☐ 7th day p	preceding election	ceding election Statement in further Expenditures					of Report:
☐ October 10 filing ☐ 7th day p	preceding special election		ort of application ablic Grant	(Specify Type) O Primary O Election			
			Primary Itemized				
			ment accompanying est for General				
			ion Grant				
10. PERIOD COVERED							
	Beginning Date		Endin	g Date			
	Deginning Date		Ending	g Date			
			thru				
11. CERTIFICATION							
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.							
TREASURER OR DEPUTY TREASU	RER (SIGNATURE)	PRIN	IT NAME OF SIGNER			DATE ((mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT				
	COLUMN A This Period	COLUMN B Aggregate			
12. Balance on hand from day committee was formed		\$0.00			
13. Balance on hand at the beginning of Reporting Period					
14. Contributions Received from Individuals (Sections A and B)					
15. Receipts from Other Committees (Sections C1 and C2)					
16. Other Monetary Receipts (Sections D through I)					
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)					
18. Total Monetary Receipts (add totals for Lines 14 through 17)					
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)					
20. Expenses Paid by Committee (Section N)					
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)					
22. In-Kind Donations not Considered Contributions Received (Section J3)					
23. In-Kind Donations not Considered Contributions – House Party (Section J4)					
24. In-Kind Contributions Received (Section K)					
25. Refundable Deposit to Telephone Company (Section L)					
26. Beginning Loan Balance					
26a. + Loans Received (Section D)					
26b. + Interest and Penalties on Loan					
26c Payments on Loan					
26d. Total Outstanding Loan Amount					
27. Campaign Expenses Paid by Candidate (Section O)					
28. Expenses Incurred on Committee Credit Card (Section P)					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)					
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYF	E OF R	EPORT				
(**************************************									
A. Total Contributions from Small Contributors-Received	d this Pe	riod ONLY	For N	onpartici	ipating Candidates ONLY				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Residential Street Address	City				State Zip Code				
Principal Occupation		Name of Employer							
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	es 🗆 No	Is contributor a lob or dependent child		☐ Yes ☐ No	Amount of Contribution				
Is this contribution associated with an event reported in Section J1? No If yes, list Event # Method of Contribution: A		ceived A	Aggregate Contribution	s					
Last Name	First			MI	Contribution ID #				
Residential Street Address	City			•	State Zip Code				
Principal Occupation		Name of Employer							
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	es 🔲 No	Is contributor a lob or dependent child		☐ Yes ☐ No	Amount of Contribution				
Is this contribution associated with an event reported in Section J1? No If yes, list Event # Method of Contribution: Method of Contribution: Cash Personal Check Money Order Credit/Debit Cash No		peived A	Aggregate Contributions	S					
Last Name	First			MI	Contribution ID #				
Residential Street Address	City			•	State Zip Code				
Principal Occupation	1	Name of Employer		•					
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	es 🔲 No	Is contributor a lob or dependent child		☐ Yes ☐ No	Amount of Contribution				
Is this contribution associated with an event reported in Section J1? No Indicate the		ceived A	Aggregate Contribution:	s					
SUBTOT	TAL Sec	tion B — This	Page						
TOTAL of	additio	nal Section B I	Pages						
	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 14, Column A of Summary Page Totals)								

NAME OF COMM	ITTEE (Provide Complete Na	me as Registered v	with Commission)		,	TYPE OF REPORT		
		C1. C	Contributio	ns from O	ther Comm	ittees		
Name of Committee					Name of Treasu	ırer		
Address					Is this contribution associated with Yes an event reported in Section J1? No No If yes, list Event #			Contribution
City		State	Zip Code	Date Received Aggregate Contributions				
Name of Committee				•	Name of Treasu	ırer		
Address Is this contribution associated with Yes No an event reported in Section J1? If yes, list Event #					Amount of	Contribution		
City		State	Zip Code	Date Rece	rived	Aggregate Contributions	ions	
Name of Committee Name of Treasurer							1	
				ibution associated orted in Section If yes, lis		Amount of	Contribution	
City		State	Zip Code	Date Rece	rived	Aggregate Contributions		
	C2. Reimbur	sements or	Surplus Di	istribution	from other	Committees		
Name of Committee			-		Name of Treasu	ırer		
Address				City	1		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type					Amount	of Receipt
Description		Reimburs	ement for share	ed expense	Surplus distrib	ution from exploratory committe	<u>e</u>	
Name of Committee					Name of Treasu	ırer		
				Lav			la.	7. 0.1
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburs	ement for share	ed expense	☐ Surplus distrib	oution from exploratory committe		of Receipt
Description								
						— This Page		
						tion C Pages		
	TOTAL OF AL (Sections C					O RECEIPTS ary Page Totals)		

NAME OF COLD OFFICE					TIV I'DI	OFFE	-OPT	
NAME OF COMMITTEE (Pro	ovide Complete Name as Registered with (Commission)			TYPE	TYPE OF REPORT		
	n	. Loans Receiv	ved this Period					
Name of Lender	D	. Loans Receiv	Source of Loan:				Date of Receipt	
			☐ Bank ☐ Candidate	☐ Individua	ıl 🗆 Ot	her	Bute of Receipt	
Street Address		City		State	Zip Coo	de	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applied	cable)	'		•			Amount Received	
Street Address		City		State	Zip Co	ode		
N. Cr. I			1					
Name of Lender			Source of Loan: ☐ Bank ☐ Candidate	☐ Individue	ıl 🗖 Ot	har	Date of Receipt	
Street Address		City	Bank Candidate	State	Zip Co		Is there a Cosigner or	
		City		Suic	Zip Col	uc	Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applied	cable)						Amount Received	
Street Address		City		State	Zip Co	nda .		
Sirect Address		City		State	Zip Cc	ode		
						1		
			TOTAL	SECTIO	ON D			
D.	D 15 1 64 G	11.1 / B	Idi B I I					
Date of Receipt	Personal Funds of the Ca	andidate Recei	ved this Period (Car	ndidate Con	nmittees	s ONLY)		
Date of Receipt	Method of Payment:						Amount	
	☐ Cash	☐ Personal Che	eck	bit Card				
Date of Receipt	Method of Payment:						Amount	
	☐ Cash	☐ Personal Che	eck	ebit Card				
Date of Receipt	Method of Payment:					Amount		
	☐ Cash	☐ Personal Che	eck	bit Card				
			TOTAL	SECTIO	NE			
	Ţ,	. Anonymous	Contributions					
receives an anon	-48, Anonymous Contri lymous contribution, the State Elections Enforcer	butions may no	o longer be deposit	iately ren	nit the	contri		
	G. Interest	from Deposits	in Authorized Acco					
Name of Institution				Date Recei	ved		Amount	
Street Address		City		State	Zip Cod	e		
Name of Institution		1		Date Recei	ved		Amount	
Street Address		City		State	Zip Cod	e		
			ТОТАІ	L SECTION)N C		I	
			IUIAI		JIT			

NAME OF COMMITTEE (Provide Complete Name as I	Registered with Commission)				TY	TPE OF REPOR	Γ
	Grant Funds Red	ceived from t	the Citizens' Ele				
Purpose of Grant: Initial Grant Adjustment Supplemental/Post Election Deficit	Grant Cycle: ☐ Primary ☐ 0	General Election	Special Election	Date Rec	ceived		Amount
Purpose of Grant Initial Grant Adjustment Supplemental/Post Election Deficit	Grant Cycle: ☐ Primary ☐ C	General Election	☐ Special Election	Date Received			Amount
Purpose of Grant: ☐ Initial ☐ Grant Adjustment ☐ Supplemental/Post Election Deficit	Grant Cycle:	General Election	Special Election	Date Rec	ceived		Amount
Purpose of Grant: ☐ Initial ☐ Grant Adjustment ☐ Supplemental/Post Election Deficit	Grant Cycle: ☐ Primary ☐ C	General Election	☐ Special Election	Date Rec	ceived		Amount
		TO	TAL SECTION	Н			
I. Miscella	neous Monetary	Receipts not	Considered Con	tribut	ions		
Name		_				of Transaction	Amount Received
Street Address		City		State	;	Zip Code	_
Description							
Name					Date	of Transaction	Amount Received
Street Address		City		State	;	Zip Code	-
Description				·			
Name					Date	of Transaction	Amount Received
Street Address		City		State	<u> </u>	Zip Code	
Description				I		l	
			TOTAL SE	CTIO	ΝI		
SUMMARY OF	OTHER MONE	TARV RE	CFIPTS (Sacti	one D	thr	ough D	
Total Loans Received this Period (Section D)		ZIAKI KE	CEII 15 (SCCII	+	tiii '	ough 1)	
Total Amount of Personal Funds of the Candidate Received this Period (Section E)							
Total Amount of Interest from Deposits in Authorized Accounts (Section G)							
Total Public Grant Funds Received from the	Citizens' Election Fu	nd (Section H)		+			
Total Miscellaneous Monetary Receipts not C	onsidered Contributi	ons (Section I)		+			
TOTAL OF OTHER MONETARY F (Add Sections D throu							

II. EVENT ACTIVITY (Sections J1 — J4)

NAME OF COMMITTEE (Provide C	Complete Name as Registered with Commission)			T	YPE O	F REPORT		
(7		_					
	J1. Eve	nt Info	rm	ation				
Event #	Description					Was this a	fundraising ev	zent?
Date of Event Letter						Was tills a □ Ye	_	CIII:
Location: Street Address	,	Ci	ity			State	Zip Code	
Was this event hosted at a persona	1 maridamaa?	□ Va		K t- C-si I I I- Vi-d Dti			 	
was ans event nosted at a personal residence:			o o	If yes, go to Section J4 In-Kind Donation Associated with a House Party and copurchases made by host(s) for food, bev	mplete	e required in	formation for a	
Did this fundraiser include items of	donated by a business entity of up to			If yes, go to Section J3 In-Kind Donat	ions no	nt Considere	d Contribution	16
\$200 or items donated by an indiv				and complete required information.	ions no	or considere	u contribution	
Subpart 1: Was this fundraiser a tag sale, and	tion, or other sale of donated items	Пν	ec	If yes, enter Total Receipts here.				
with purchases from an individual				yes, enter Total Receipts here.	→ [\$	3		
Event #	In the		0			I		
Date of Event Letter	Description					Was this a □ Yo	fundraising eves \square No	vent?
Location: Street Address		Ci	ity			State	Zip Code	
Was this event hosted at a personal	ıl residence?	□ Ye		If yes, go to Section J4 In-Kind Donation Associated with a House Party and copurchases made by host(s) for food, bevolution	mplete	required in	formation for a	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? □ Yes If yes, go to Section J3 In-Kind Donations not Considered Consand complete required information. □ No					d Contribution	ıs		
Subpart 1: Was this fundraiser a tag sale, auc with purchases from an individual	tion, or other sale of donated items of up to \$100?	□ Y		If yes, enter Total Receipts here.	\$]
Event #	Description		_					
Date of Event Letter	Description					Was this a	fundraising eves \square No	ent'?
Location: Street Address		Ci	ity			State	Zip Code	
Was this event hosted at a personal	ıl residence?			If yes, go to Section J4 In-Kind Donati Associated with a House Party and co purchases made by host(s) for food, bev	mplete	e required in	formation for a	
		□ N	<u>o</u>					
Did this fundraiser include items of \$200 or items donated by an indiv	donated by a business entity of up to idual of up to \$100?	□ Y		<i>If yes</i> , go to Section J3 In-Kind Donat and complete required information.	ions no	ot Considere	d Contribution	18
Subpart 1:			_					
	tion, or other sale of donated items of up to \$100?	□ Ye		If yes, enter Total Receipts here.	\$]
SUBTOTAL Se	ection J1—Subpart 1 Total Receipts	from Sal	le o	f Donated Items — This Page				
		ТОТА	L (of additional Section J1 Pages				
TOTAL OF ALL SMALL PURC	HASES FROM TAG SALES, AUCTION (Enter total on Lin			R SALE OF DONATED ITEMS an A of Summary Page Totals)				

II. EVENT ACTIVITY (Sections J1 — J4)

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 J2. removed TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) **J3. In-Kind Donations Not Considered Contributions** Name of Donor Street Address City State Zip Code Donation Given By: Description of Donation Fair Market Value of Donation ■ Individual ☐ Business Entity Aggregate Value for this Event Date Received Event # ☐ Sole Proprietorship Name of Donor City Street Address State Zip Code Donation Given By: Description of Donation Fair Market Value of Donation ■ Individual ☐ Business Entity Date Received Event # Aggregate Value for this Event ☐ Sole Proprietorship Name of Donor Street Address City State Zip Code Donation Given By: Description of Donation Fair Market Value of Donation ■ Individual ☐ Business Entity Aggregate Value for this Event Date Received Event # ☐ Sole Proprietorship Name of Donor City Street Address State Zip Code Donation Given By: Description of Donation Fair Market Value of Donation ■ Individual ☐ Business Entity Aggregate Value for this Event Date Received Event # ☐ Sole Proprietorship **SUBTOTAL Section J3** — This Page **TOTAL of additional Section J3 Pages** TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections J1 — J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT			
J4. I1	n-Kind Donations Not Consider	red (Contributions Associat	ed with a H	louse Part	y			
Name of Host				Is this event s	upporting mo	ore than on	e candidate?		
				□ Yes □ No	If yes, comple Addendum J		ion in		
Street Address			City		1 Iddendam o	State	Zip Code		
Description of Donation					Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate					
Name of Host				Is this event s	upporting mo	ore than on	e candidate?		
				□Yes □No	If yes, comple Addendum J		ion in		
Street Address			City		1 Iddendam o	State	Zip Code		
Description of Donation					Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate					
Name of Host				Is this event s					
				☐ Yes ☐ No	If yes, comple Addendum Ja		ion in		
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	ggregate Value of all Events—this ho	st/candidate					
Name of Host				Is this event s					
				☐ Yes ☐ No	If yes, comple Addendum J		ion in		
Street Address			City			State	Zip Code		
Description of Donation					Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate					
		SUI	BTOTAL Section J4 —	This Page					
	7	ГОТ	AL of additional Section	J4 Pages					
TOTAL OF	ALL IN MIND DONATIONS NO	т.с.	ONGINEBED COMPA	DITTIONS					
ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on I		ONSIDERED CONTRII 23, Column A of Summary I						

SEEC FORM 30
Revised February 2015

III. NONMONETARY RECEIPTS (Sections K — L)

Page 10 of 16

NAME OF COMMITTEE (Provide Complete Name	TYPE OF REPORT	TYPE OF REPORT							
	K In-Kin	d Contributions							
Name	K. III-KIII	d Conti ibutions							
Street Address		City		State Zip Code					
Is this contribution associated with an event reported in Section J1? ☐ Yes	s this contribution associated with Yes								
Is contributor a lobbyist, spouse,	s contributor a principal of a state If yes, indicate which branch of government the contract is w	or branches	☐ No	Fair Market Value of this Contribution					
Type of Contributor: ☐ Individual ☐ Committee ☐	Sole Proprietorship	Date Received Aggregate Contributions Proprietorship							
Name									
Street Address		City		State Zip Code					
Is this contribution associated with an event reported in Section J1? If yes, list Event #: Description of In-Kind Contribution									
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No									
Type of Contributor: Individual Committee	Sole Proprietorship	Date Received Aggregate Contributions e Proprietorship							
Name									
Street Address		City		State Zip Code					
Is this contribution associated with an event reported in Section J1? If yes, list Event #:	Description of In-Kind Contribution								
Is contributor a lobbyist, spouse,	s contributor a principal of a state If yes, indicate which branch of government the contract is w	or branches	☐ No	Fair Market Value of this Contribution					
Type of Contributor: Individual Committee	Sole Proprietorship	Date Received A	aggregate Contributions						
		SUBTOTAL Section k	K — This Page						
	7	TOTAL of additional Se	ection K Pages						
TOTAL OF ALL IN-KINI	D CONTRIBUTIONS	(Enter total on Line 24 of Sum	mary Page Totals)						
	L. Refundable Depos	it to Telephone Comp	oany						
Last Name of Individual	Fi	rirst	MI	Date Deposit Made					
Residential Street Address	City		State Zip Code	Amount of Deposit					
Name of Telephone Company									
Street Address	City		State Zip Code						
TOTAL SEC	TION L (Enter total on Li	ine 25, Column A of Summo	ary Page Totals)						

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from a Legislative Leadership, Legislative Caucus or Party Committees. *Section M. removed*

NAME OF COMMITT	EE (Provide Complete Name as Registered with Commi	ission)			T	PE OF REI	PORT
	N Fx	nenses	Paid by Committ	tee			
Nama of Daysa	11. 12.	penses	ald by Committee		Data of Daymant	l M	-th - d - f D
Name of Payee					Date of Payment		ethod of Payment: Check #
							Debit Card
Street Address			City				ate Zip Code
D CE E	In the						
Purpose of Expenditure (by code)	Description						Amount
Is this expenditure coor	rdinated with another candidate for which Yes		penditure #	Event	#		
reimbursement is sough	nt?) (if a	applicable)				
	nditure # and complete Itemization in Addendum	ı N					1 1 22
Name of Payee					Date of Payment		ethod of Payment: Check #
							Debit Card
Street Address			City				ate Zip Code
Purpose of Expenditure (by code)	Description						Amount
Is this expenditure coor	rdinated with another candidate for which Yes	s Ext	penditure #	Event	#		
reimbursement is sough	nt?) (if a	applicable)				
	nditure # and complete Itemization in Addendum	ı N					
Name of Payee					Date of Payment		ethod of Payment: Check #
							Debit Card
Street Address			City				ate Zip Code
Purpose of Expenditure (by code)	Description						Amount
Is this expenditure coor	rdinated with another candidate for which Yes	s Ext	penditure #	Event	#		
reimbursement is sough	nt?	(if a	applicable)				
	nditure # and complete Itemization in Addendum	N					
Name of Payee					Date of Payment		ethod of Payment: Check #
						I .	Debit Card
Street Address			City				ate Zip Code
Purpose of Expenditure (by code)	Description						Amount
Is this expenditure coor	I rdinated with another candidate for which Yes	s Ext	penditure #	Event	#		
reimbursement is sough	nt?	(if a	applicable)				
If yes, assign an Exper	nditure # and complete Itemization in Addendum	N					
		SUBTO	TAL Section N –	– This l	Page		
					8-		
	Tr		f additional Sast	ion N D	20706		
	10	JIAL 0	f additional Sect	ion is P	ages		
	TOTAL OF ALL EX	YPFNSE	ES PAID RV COI	MMITT	CE.E.		
			Column A of Summar				

NAME OF COMMITTEE	(Provide Complete Name as Register	red with Commission)		TYPE OF R	EPORT
	, .	,			
		O. Expenses Paid by Candida	ıte		
Name of Payee (Name of vendor	who candidate paid directly)	·		of Payment	Is reimbursement claimed?
					☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description	·	Event	#	
Name of Payee (Name of vendor	who candidate paid directly)		Date o	of Payment	Is reimbursement claimed?
					☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
	1				
Purpose of Expenditure (by code)	Description		Event	#	
			_		
Name of Payee (Name of vendor	who candidate paid directly)	Date o	of Payment	Is reimbursement claimed?	
Street Address		City	State	Zip Code	☐ Yes ☐ No
Sirect Address		City	State	Zip Code	Amount
Purpose of Expenditure	Description		Event	#	
(by code)	Bescription		Event	,,	
Name of Payee (Name of vendor	who candidate paid directly)		Date o	of Payment	Is reimbursement claimed?
rame of rayee (rame of remor	, no canalitae pana anceasy)			,	☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure	Description		Event	#	
(by code)					
Name of Payee (Name of vendor	who candidate paid directly)		Date o	of Payment	Is reimbursement claimed?
					☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description	,	Event	#	
Name of Payee (Name of vendor	who candidate paid directly)		Date o	of Payment	Is reimbursement claimed?
					☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event	#	
		SUBTOTAL Section O -	— This Page		
		TOTAL of additional Sect	ion O Pages		
	TOTALO	F ALL EXPENSES PAID BY CA	NDIDATE		
		er total on Line 27, Column A of Summar			

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Commission	201	T	YPE OF REPORT		
NAME OF COMMITT	LL (170viae Comptete vante as Registerea with Commission	ni)	1	TTE OF REPORT		
	P. Expenses Incu	rred on Comm	ittee Credit Card			
Name of Issuing Instit			Type of Credit Card:			
Ş			☐ Visa ☐ Master Card ☐ Other —	☐ Discover ☐ A	scover American Express	
Name of Vendor			Outer	Date of Tr	ansaction	
Street Address		City		State	Zip Code	
Dumaga of Evmanditura	Description					
Purpose of Expenditure (by code)	Description				Amount	
reimbursement is sough		Expenditure # (if applicable)	Event #			
	nditure # and complete Itemization in Addendum P			Deta effe		
Name of Vendor	Date of 1r	Date of Transaction				
Street Address	State	Zip Code				
Purpose of Expenditure	Description	1			Amount	
(by code)						
Is this expenditure coor	dinated with another candidate for which Yes	Expenditure #	Event #			
reimbursement is sough	nt?	(if applicable)				
If yes, assign an Expen	aditure # and complete Itemization in Addendum P			D. CT		
Name of Vendor				Date of Tr	ansaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description				Amount	
(by code)					Amount	
Is this expenditure coor reimbursement is sough	dinated with another candidate for which Yes	Expenditure # (if applicable)	Event #			
	nditure # and complete Itemization in Addendum P					
Name of Vendor				Date of Tr	ansaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description				Amount	
(by code)					Amount	
		- I.a	In			
Is this expenditure coor reimbursement is sough	dinated with another candidate for which Yes	Expenditure # (if applicable)	Event #			
	nditure # and complete Itemization in Addendum P					
	SU	BTOTAL Secti	ion P — This Page			
	TOT	TAL of addition	al Section P Pages			
TOTAL (OF ALL EXPENSES INCURRED OF					
TOTAL			f Summary Page Totals)			

Revised February 2015	IV. EAFENI	DII	INES (Secu	ons N — S)			
NAME OF COMMITT	EE (Provide Complete Name as Registered with Commission	n)			TYPE OF I	REPORT	
Q. Expenses Incurred by Committee but Not Paid During this Period							
Name of Creditor					Date Incurred		
Street Address		10	City			State	Zip Code
Silect Address			. ity			State	Zip Code
Purpose of Expenditure	Description					Am	ount Incurred
(by code)						(Est	imate or Actual)
						1	
	linated with another candidate for which Yes	Expen (if appl	diture #	Event #			
reimbursement is sought	diture # and complete Itemization in Addendum Q	(5 -77					
Name of Creditor						Date Incurr	red
						Date mean	
							_
Street Address		(City			State	Zip Code
Purpose of Expenditure	Description						47
(by code)	Description						ount Incurred imate or Actual)
							·
Is this expenditure coord	linated with another candidate for which Yes		diture #	Event #			
reimbursement is sought	? \qquad \qqquad \qqquad \qqqqq \qqqqqqqqqqqqqqqqqqqqqqqqqqqqq	(if appl	icable)				
	diture # and complete Itemization in Addendum Q						
Name of Creditor						Date Incurr	ed
Street Address			City			State	Zip Code
							'
Purpose of Expenditure (by code)	Description					1	ount Incurred
						(Est	imate or Actual)
Is this expenditure coord	linated with another candidate for which Yes	Exnen	diture #	Event #		1	
reimbursement is sought		(if appl		Dvene n			
If yes, assign an Expend	diture # and complete Itemization in Addendum Q						
Name of Creditor						Date Incurr	ed
Street Address		1	City			State	Zip Code
Street Address			. ity			State	Zip Code
Purpose of Expenditure	Description					Am	ount Incurred
(by code)						(Est	imate or Actual)
		1_		T		4	
Is this expenditure coord reimbursement is sought	linated with another candidate for which Yes	Expen (if appl	diture # icable)	Event #			
_	diture # and complete Itemization in Addendum Q						
		•				1	
			SUBTOTAL	Section Q - This	Page		
							,
		T	OTAL of addi	tional Section Q P	ages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMIT			PERIOD BUT NOT n A of Summary Page			
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				d and still Outstan			
	TOTAL OF ALL EXPENSES INCU			FTEE BUT NOT I			

NAME OF COMMITT	EE (Provide Complete Name as Registered with	Commission)			TY	PE OF RE	EPORT	
	R. Itemization o	of Reimbu	irsements and So	econdary	Payees			
Last Name of Worker/Consultant		Fi	rst	MI		Date of Payment to Vendor		
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultan reported in Section N: Check # Debit Card E				
Street Address of Vendor			City		1			Zip Code
Purpose of Expenditure (by code)	Description						I	Amount
Is this expenditure coord reimbursement is sough	is expenditure coordinated with another candidate for which							
Last Name of Worker/Cons	ultant	Fi	rst	l		MI	Date of	Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant Payment to Reimbreported in Section Check #					ction N:			
Street Address of Vendor			City			5	State	Zip Code
Purpose of Expenditure (by code)	Description						A	Amount
Is this expenditure coord reimbursement is sought	dinated with another candidate for which t?	Yes E: No (if	xpenditure # (applicable)	Event #				
Last Name of Worker/Cons	ultant	Fi	rst	•		MI	Date of	Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant					Payment to Re reported in Ser	ction N:		orker/Consultant as
Street Address of Vendor			City		I	5	State	Zip Code
Purpose of Expenditure (by code)	Description						A	Amount
Is this expenditure coord reimbursement is sought			xpenditure # 'applicable'	Event #				
		SUBT	OTAL Section R -	— This Pag	ge.			
TOTAL of additional Section R Pages								
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS								

NAME OF COMMITTEE (Provide Complete Name as Registr	ered with Commission)	T	YPE OF REPORT			
S. Surplus Distribution of Equipment and Furniture						
Name of Recipient						
Street Address	City	State Zip	Original Purchase Amount of Item			
Description of Item						
Description of Item						
Name of Recipient						
Street Address	City	State Zi ₁	O Code Original Purchase			
			Amount of Item			
Description of Item	I	<u> </u>				
Name of Recipient						
Street Address	City	State Zip	Original Purchase Amount of Item			
Description of Item						
Name of Recipient						
Name of Recipient						
Street Address	City	State Zi ₁	Ocode Original Purchase			
			Amount of Item			
Description of Item						
Name of Recipient						
Street Address	City	State Zip	Original Purchase Amount of Item			
Description of Item						
Description of Rein						
	SUBTOTAL Section	S — This Page				
	TOTAL of additional	Section S Pages				
TOTAL OF ALL SURPLUS DIS	TRIBUTION OF EQUIPMENT	AND FURNITURE				