REVISED 05/09/2016 8:30 AM

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SEEC FORM 40

Itemized Campaign Finance Disclosure Statement For Independent Expenditure Political Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised September 2024

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			2. ELECTION/REFERENDUM DATE				
3. TREASURER NAME							
First	MI	Last	Suffix				
4. TREASURER ADDRESS	•						
Street Address	City	7	State Zip Code				
5. TYPE OF REPORT (Check One Box)							
S. THE OF REFORT (Creck One box)							
□ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement				
□ April 10 filing	☐ 7th day preceding election	□ 45 days following referendum	Amendment to				
□ July 10 filing	☐ 45 days following election	□ Termination	Type of Report:				
□ October 10 filing	not held in November						
 24 Hour Independent Expenditure O Primary O Election 							
6. PERIOD COVERED							
	Beginning Date	Ending Date					
-		thru					
7. 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, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.							
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE) PRI	NT NAME OF SIGNER	DATE (mm/dd/yyyy)				
A person who is foun		Illy violated any provisions of the can ty or imprisonment or both.	npaign finance statutes				

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement For Independent Expenditure Political Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised September 2024

NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE OF REPORT							
	COLUMN A This Period	COLUMN B Aggregate					
8. 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							
9. Balance on hand at the beginning of Reporting Period							
10. Monetary Receipts (Sections A and B)							
11. Loans (Section C)							
12. Total Monetary Receipts (add totals for Lines 10 through 11)							
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)							
14. Expenses Paid by Committee (Section G)							
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)							
16. In-Kind Contributions Received (Section D)							
17. Refundable Deposit to Telephone Company (Section E)							
18. Beginning Loan Balance							
18a. + Loans Received (Section C)							
18b. + Interest and Penalties on Loan							
18c. – Payments on Loan							
18d. Total Outstanding Loan Amount							
19. Expenses Incurred on Committee Credit Card (Section H)							
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)							
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)							

SUMMARY PAGE TOTALS

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
A. Total Contributions from Small Individual Contributors-Received this Period ONLY	
(See instructions for definition of Small Individual Contributor) SUBTOTAL SECTION A	\$
B. Itemized Monetary Receipts	
Name	
Street Address City	State Zip Code
Principal Occupation (<i>if applicable</i>) Name of Employer (<i>if applic</i>)	able)
	Reimbursement for Shared Expense Bank Interest
Is this receipt associated with an event reported in Section F? Yes Method of Receipt: Cash EFT Check If yes, list Event # No Credit/Debit Card Payroll Deduction Money	Aggregate Receipts Order
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No Is contributor a state contractor, prospective state contractor or principal <i>If yes</i> , indicate which branch or branches of government the contract is with: Executive Legisla	□ No
Description (<i>if applicable</i>) Date	e Received
Name	
Street Address City	State Zip Code
Principal Occupation (<i>if applicable</i>) Name of Employer (<i>if applic</i>)	cable)
	Reimbursement for Shared Expense Bank Interest
Is this receipt associated with an event reported in Section F? Yes Method of Receipt: Cash EFT Check If yes, list Event # Oredit/Debit Card Payroll Deduction Money	Aggregate Receipts Order
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a state contractor, prospective state contractor or principal If yes, indicate which branch or branches of government the contract is with: Is contributor a state contractor.	□ No
Description (if applicable) Date	e Received
SUBTOTAL Section B — This Pa	age
TOTAL of additional Section B Pag	ges
TOTAL OF ALL RECEIPTS (Sections A + (Enter total on Line 10, Column A of Summary Page Total)	

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT				
	C. Loans Rec	eived this Period	•		
Name of Lender		Source of Loan:			Date of Receipt
		Bank Individual	Comm		
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:	Comn	nittee 🗖 Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	I		1	1	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:	Comn	nittee 🔲 Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	Amount Received				
Street Address	City		State	Zip Code	-
Name of Lender		Source of Loan:	Comn	nittee 🔲 Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:			Date of Receipt
		🔲 Bank 🔲 Individual	Comm	nittee Other	
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	·				Amount Received
Street Address	City		State	Zip Code	
	SUBTO	TAL Section C — This Pa	ge		
	TOTAL o	f additional Section C Pag	jes		
(Enter total on	Line 11and Line 18,	TOTAL OF ALL LOA Column A of Summary Page Tota			

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYI	PE OF REPORT	
D. In-Kind C	ontributions		
Name			
Street Address	City		State Zip Code
Type of contributor: Individual/Sole Proprietorship Committee Other Affiliated Business Entity Affiliated Organization	Date Received	Aggregate Recei	ipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution a state contractor, prospective of government the contract is with:		of?	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? Description of In-Kind Contribution If yes, list Event #	 		
Name			
Street Address	City		State Zip Code
Type of contributor: Individual/Sole Proprietorship Committee Other Affiliated Business Entity Affiliated Organization	Date Received	Aggregate Recei	ipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? □ Yes Is contributor a state contractor, prospective If yes , indicate which branch or branc of government the contract is with:		of?	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? Description of In-Kind Contribution If yes, list Event #			
Name			•
Street Address	City		State Zip Code
Type of contributor: Individual/Sole Proprietorship Committee Other Affiliated Business Entity Affiliated Organization	Date Received	Aggregate Recei	ipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes, indicate which branch or branc of government the contract is with:		of?	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event #			
	SUBTOTAL Section D — Th	is Page	
	FOTAL of additional Section	D Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on L	ine 16, Column A of Summary Pag	ge Totals)	
E. Refundable Deposit to	Telephone Company	MI	Date Deposit Made
Last Name of Individual First		1011	Date Deposit Made
Residential Street Address City	State	Zip Code	Amount of Deposit
Name of Telephone Company			
Street Address City	State	Zip Code	_
TOTAL SECTION E (Enter total on Li	ne 17, Column A of Summary Pag	e Totals)	<u> </u>

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE	(As reported on Page 1, Line 1)		TYPE OF REPORT		
		F. Event Information			
Event #	Description		XX 7	4.5	1
Date of Event Letter			was	S this a fur	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	s this a fur	draising event?
Etter				□ Yes	□ No
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	s this a fur	I ndraising event?
Date of Event Letter				□ Yes	□ No
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	s this a fur	l ndraising event? □ No
Location: Street Address		City		State Yes	Zip Code
Location. Street Address		Chy		State	
Event # Date of Event Letter	Description		Was	this a fun	draising event?
				□ Yes	□ No
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	this a fun	idraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was		draising event?
Location: Street Address		City		☐ Yes State	□ No Zip Code
Location. Street Address		City		State	Zip Code
Event # Date of Event Letter	Description	1	Was		draising event?
				□ Yes	D No
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	l s this a firr	l ndraising event?
Date of Event Letter				Yes	
Location: Street Address		City		State	Zip Code

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported	on Page 1, Line 1)			TYPE OF REPO	ORT		
N. CD	G. Expenses	Paid by Com	mittee				
Name of Payee				Date of Payment	ent Method of Payment: Check # Debit Card		
Street Address		City		1	State	Zip Code	
If an Independent Expenditure, is it on behalf of	of Description (only complete if Independent Expe	nditura has ONF Expandi	itura Coda if	more than one Complete Sect	ion G. Addandum)	Event #	
more than one candidate? If yes, complet \Box Yes \Box No Section G. Adden	te	nanare nas Orve Expensi	iure coue—ij	more man one, Comprete sect	ion G. Autentium)		
Name of Candidate (only complete if Independent	Expenditure is on behalf of ONE candidate—if more than	one, Complete Section G.	Addendum)	Office Sought		Supported Opposed	
Does Independent Expenditure have more than one expenditure code? If yes, complete Yes No Section G. Addendum		Section Number	10000	iated with Referendum?	Am	ount	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I?	If yes, what is the expenditure number of the expense previously incurred?	nditure Number		or Full Payment with Balance Owing			
Name of Payee				Date of Payment	Method of I Check Debit	; #	
Street Address		City			State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complet Ves No Section G. Addem	te	nditure has ONE Expendi	iture Code—if	more than one, Complete Sect	ion G. Addendum)	Event #	
Name of Candidate (only complete if Independent	Expenditure is on behalf of ONE candidate—if more than	one, Complete Section G.	Addendum)	Office Sought		Supported Opposed	
Does Independent Expenditure have more than one expenditure code? If yes, complete □ Yes □ No Section G. Addendum	Purpose of Expenditure by Code (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Numb Section Number G	10000	iated with Referendum?	Am	ount	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I?	•	diture Number n Number		or Full Payment with Balance Owing			
Name of Payee				Date of Payment	Method of I Check Debit	; #	
Street Address		City		·	State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complet</i> ☐ Yes ☐ No <i>Section G. Adden</i>	te	nditure has ONE Expendi	iture Code—if	more than one, Complete Sect	tion G. Addendum)	Event #	
	Expenditure is on behalf of ONE candidate—if more than	one, Complete Section G.	Addendum)	Office Sought		Supported Opposed	
Does Independent Expenditure have more than one expenditure code? If yes, complete □ Yes □ No Section G. Addendum		Section Number	1.550	iated with Referendum?	Am	ount	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? Yes INO	If yes, what is the expenditure number of the expense previously incurred?	nditure Number		or Full Payment			
		SUBTOTAL	Section	G— This Page	·		
		TOTAL of add	itional Se	ection G Pages			
TOTAL OF ALL EXPENSES	PAID BY COMMITTEE (Enter to	al on Line 14, Colur	nn A of Su	mmary Page Totals)			

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)						TYPE OF REPORT				
H. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution		Гуре of C □ Visa	redit Card:	ter Car	d 🔲 Discover 🔲	Americ	can Express	0	ther:	
Name of Vendor, Person or Entity	·]	Date of Transac	tion		
Street Address City State						State	Zip Code			
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Yes No Section H. Addendum						ion H. Ad	ldendum)	Eve	nt #	
Name of Candidate (only complete if Independent E.	xpenditure is on behalf of ONE candidate—if more than	one, Complet	e Section H. Adden	ndum)	Office Sought				□ Supported □ Opposed	
Does Independent Expenditure have more than one expenditure code? If yes, complete □ Yes □ No Section H. Addendum	Purpose of Expenditure by Code (only complete if Independent Expenditure has ONE Expenditure Code)	F Expend Section H	iture Number		iated with Referendum?		Amo	ount		
Name of Vendor, Person or Entity			·	·			Date of Transac	tion		
Street Address		City					State	Zip	Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete If yes No		enditure has C	ONE Expenditure (Code—if	more than one, Complete Secti	ion H. Ad	ldendum)	Eve	ent #	
Name of Candidate (only complete if Independent E.	xpenditure is on behalf of ONE candidate—if more than	one, Complet	e Section H. Adde	ndum)	Office Sought				□ Supported □ Opposed	
	Purpose of Expenditure by Code (only complete ij Independent Expenditure has ONE Expenditure Code)	1	iture Number	Assoc	iated with Referendum?		Amo	ount		
Name of Vendor, Person or Entity							Date of Transac	tion		
Street Address		City					State	Zip	Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete If yes No		enditure has C	DNE Expenditure (Code—if	more than one, Complete Secti	ion H. Ad	ldendum)	Eve	ent #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum) Office Sought									□ Supported □ Opposed	
Does Independent Expenditure have more than one expenditure code?Purpose of Expenditure by Code (only complete if Independent Expenditure Code)Expenditure Number NumberAssociated with Referendum? \Box Yes \Box NoSection H. AddendumSection H. AddendumPurpose of Expenditure has ONE Expenditure Code)Number HSection IN NumberAssociated with Referendum?						Amo	ount			
	S	UBTOT	AL Section	н — '	This Page					
	ТО	TAL of a	dditional S	ection	H Pages					
TOTAL OF AL	L EXPENSES INCURRED ON (Enter total on Lin									

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III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported of	on Page 1, Line 1)		TYPE OF R	EPORT		
I.	Expenses Incurred by Comm	nittee but Not Pa	id During this Pe	riod		
Name of Creditor	· ·		-	D	ate Incurred	
Street Address		City			State	Zip Code
If an Independent Expenditure, is it on behalf of	Description (only complete if Independent Exper	nditure has ONE Expenditure (ode—if more than one Complete	Section I Adde	ndum)	Event #
more than one candidate? If yes, complete		innine has one experimente e	oue y more man one, comprete	Section 1. made		
□ Yes □ No Section I. Addenda	IM Expenditure is on behalf of ONE candidate—if more than		(m) Office Coucht			
Name of Canadate (only complete if independent E	xpenaiture is on benaif of ONE canaidate—if more than a	one, Complete Section 1. Adden	dum) Office Sought			Supported
						Opposed
Does Independent Expenditure have more than one expenditure code? If yes, complete	Purpose of Expenditure by Code (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number	Associated with Referendu	m?	Amo	unt
☐ Yes ☐ No Section I. Addendum		Section Number	🗆 Yes 🗖 No			
Name of Creditor					ate Incurred	
Street Address		City			State	Zip Code
If an Indonesidant Franciskans is it as babalfast	Description (1 - 1 - 101 - 1 - 1			6 .: I (II		E
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete</i>		nditure has ONE Expenditure C	Code—if more than one, Complete	Section I. Adde	ndum)	Event #
□ Yes □ No Section I. Addende						
Name of Candidate (only complete if Independent I	Expenditure is on behalf of ONE candidate—if more than	one, Complete Section I. Adden	dum) Office Sought			□ Supported
						Opposed
Does Independent Expenditure have more than one expenditure code?	Purpose of Expenditure by Code (only complete if Independent Expenditure has ONE Expenditure Code)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Associated with Referendu	m?	Amo	unt
☐ Yes ☐ No If yes, complete		Section Number	🗖 Yes 🗖 No			
Name of Creditor					Date Incurred	
Street Address		City			State	Zip Code
		City			Suit	
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete</i>	1	nditure has ONE Expenditure C	Code—if more than one, Complete	Section I. Adde	ndum)	Event #
☐ Yes ☐ No Section I. Addenda						
Name of Candidate (only complete if Independent B	Expenditure is on behalf of ONE candidate—if more than	one, Complete Section I. Adden	dum) Office Sought			□ Supported
						□ Opposed
Does Independent Expenditure have more than one expenditure code?	Purpose of Expenditure by Code (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number	Associated with Referendu	m?	Amo	unt
☐ Yes ☐ No If yes, complete	Independent Experiantire nus ONE Experiantire Code)	Section Number	🗆 Yes 🗖 No			
		SUBTOTAL Sec	ction I-This Page			
		TOTAL of addition	al Section I Pages			
TOTAL OF ALL EXPENSES IN	CURRED BY COMMITTEE DUR (Enter total on 1	ING THIS PERIOD Line 20, Column A of S				
	Previously reported Exp	penses Unpaid and s	till Outstanding			
ТОТА	L OF ALL EXPENSES INCURREI	D BY COMMITTEI ne 20a, Column A of S				

NAME OF COMMITTEE (As reported on Page 1, Line 1)						TYP	TYPE OF REPORT			
J. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Consultant		First					М	I	Date of Payme Person or Enti	
Name of Vendor, Person or Entity Paid by Committe	ee Worker/Consultant									orker/Consultant
							reported in Che	n Section G		it Card 🔲 EF
Street Address of Vendor, Person or Entity Paid by	Committee Worker/Consultant		City					CK //	Det	Zip Code
			City							r
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Ves No. Section J. Addendum	Description (only complete if Independent	dent Expen	diture has C	NE Expenditure C	'ode—if mo	ore than one,	Complete S	ection J. Add	endum)	Event #
Yes No Section J. Addendum Name of Candidate (only complete if Independent Expendent Expenden	nditure is on behalf of ONE candidate—if 1	nore than o	one. Comple	e Section J. Adder	dum) (Office Soug	ht			
						, inter soug				☐ Supporte ☐ Opposed
and averaged true and 2	pose of Expenditure by Code (only c pendent Expenditure has ONE Expenditur		Expend	ture Number	Associa	ated with Re	eferendum	?	Amo	unt
□ Yes □ No Section J. Addendum	penden Expenditare nas 6342 Expenditar	e coue)	Section J	Number		Yes 🗆	No			
Last Name of Worker/Consultant		First					M	I	Date of Payme Person or Enti	
Name of Vendor, Person or Entity Paid by Committe	ee Worker/Consultant							o Reimburs 1 Section G		orker/Consultant a
							Che	ck #	Det	it Card 🔲 EF
Street Address of Vendor, Person or Entity Paid by	Committee Worker/Consultant		City						State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete</i>	Description (only complete if Independent	dent Expen	diture has C	NE Expenditure C	ode—if mo	ore than one,	Complete S	ection J. Add	endum)	Event #
□ Yes □ No Section J. Addendum										
Name of Candidate (only complete if Independent Expen	nditure is on behalf of ONE candidate—if 1	nore than o	one, Comple	e Section J. Adder	odum) C	Office Soug	ht			Supporte
Does Independent Expenditure have more than Purp			Expend	ture Number	Associa	ated with Re	eferendum	?	Amo	unt
one expenditure code? If yes, complete Yes No Section J. Addendum	pendent Expenditure has ONE Expenditur	e Code)	Section J	Number		Yes 🗌	No			
Last Name of Worker/Consultant		First					М	I	Date of Payme Person or Enti	
Name of Vendor, Person or Entity Paid by Committe	ee Worker/Consultant						Payment t	o Reimburs	e Committee W	orker/Consultant
							reported in	n Section G		it Card □ EF
Street Address of Vendor, Person or Entity Paid by	Committee Worker/Consultant		City					ск п	Det	Zip Code
			City						State	p ====
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete</i> ☐ Yes ☐ No <i>Section J. Addendum</i>	Description (only complete if Indepen	dent Expen	diture has C	NE Expenditure C	'ode—if mo	ore than one,	Complete S	ection J. Add	endum)	Event #
Name of Candidate (only complete if Independent Expen	I nditure is on behalf of ONE candidate—if 1	nore than o	one, Comple	e Section J. Adder	ndum) (Office Soug	ht			
Does Independent Expenditure have more than Pur	pose of Expenditure by Code (only c		Expend	ture Number	Associa	ated with Ro	eferendum	?	Amo	
one expenditure code? If yes, complete Yes No Section J. Addendum	pendent Expenditure has ONE Expenditur	e Code)	Section J	Number	C	Yes 🗆	No			
		st	JBTOT	AL Section	J — Tł	nis Page				
TOTAL of additional Section J Pages										
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS										

NAME OF COMMITTEE (As reported on Page 1, Line 1)	ORT	RT						
K. Five Largest Contributions Disclosed in Communication								
If the independent expenditure reported in this form was for a communication made or date that is ninety days immediately prior to the applicable primary or election, please contributions in excess of \$5,000 received during the twelve month period prior to the	report the fi	ive largest a	ggregate					
Source of Contribution—Name of Person Making Contribution		Expenditure Nur Section	nber Number					
Address of Person Making Contribution—City		State	Zip Code					
Source of Contribution-Name of Individual who Signed Check or Authorized Contribution		Am	ount					
Source of Contribution —Name of Person Making Contribution	I	Expenditure Nur Section	nber Number					
Address of Person Making Contribution —City		State	Zip Code					
Source of ContributionName of Individual who Signed Check or Authorized Contribution		An	iount					
Source of Contribution —Name of Person Making Contribution		Expenditure Nur Section	nber Number					
Address of Person Making Contribution —City		State	Zip Code					
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		An	iount					
Source of Contribution —Name of Person Making Contribution		Expenditure Nur Section	nber Number					
Address of Person Making Contribution —City		State	Zip Code					
Source of ContributionName of Individual who Signed Check or Authorized Contribution		Am	iount					
Source of Contribution —Name of Person Making Contribution		Expenditure Nur Section	nber Number					
Address of Person Making Contribution —City		State	Zip Code					
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		An	iount					

IV. DISCLOSURE IN COMMUNICATIONS (Sections K-L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT		
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed	d in Commu	nication	
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number	
		Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		•	
Address of Densery Malting Conserved Transform City (16 Insure)		State	Zip Code
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
		- 1º. N. 1	
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb	Number
		<u> </u>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number	
		Section Number	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)	5	State	Zip Code
			•
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number	
		Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)	5	State	Zip Code
Address of refson waking covered fransier - City (j whown)			
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number	
		Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		:	
Trans of reson making covered fransier to reson reported in section K			
Address of Denser Maline Control Transfer Oit (191		State	Zip Code
Address of Person Making Covered Transfer—City (if known)	· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K Expenditure Number			
Name of Person Receiving Covered Transfer as Reported in Section K		Section	Number
		scenon	
		•	
Name of Person Making Covered Transfer to Person Reported in Section K			
	ı		
Address of Person Making Covered Transfer—City (if known)	5	State	Zip Code