



REVISED 05/09/2016 8:30 AM

# 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

<b>1. NAME OF COMMITTEE</b>		<b>2. ELECTION/REFERENDUM DATE</b>	
<b>3. TREASURER NAME</b>			
First	MI	Last	Suffix
<b>4. TREASURER ADDRESS</b>			
Street Address	City	State	Zip Code
<b>5. TYPE OF REPORT (Check One Box)</b>			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 45 days following election not held in November	<input type="checkbox"/> Termination	Type of Report: _____
<input type="checkbox"/> October 10 filing			
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election			
<b>6. PERIOD COVERED</b>			
Beginning Date		Ending Date	
_____		_____	
thru			
<b>7. CERTIFICATION</b>			
<p>I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> 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.</p>			
_____	_____	_____	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)	
<p><i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i></p>			

**SEEC FORM 40**

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

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	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)		

# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
<b>A. Total Contributions from Small Individual Contributors—Received this Period ONLY</b> (See instructions for definition of Small Individual Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Monetary Receipts</b>					
Name					
Street Address			City		State
					Zip Code
Principal Occupation (if applicable)			Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest		
<input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			<input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <i>If yes</i> , list Event # _____		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes</i> , indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>Amount Received</b>	
Description (if applicable)			Date Received		
Name					
Street Address			City		State
					Zip Code
Principal Occupation (if applicable)			Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest		
<input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			<input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this receipt associated with an event reported in Section F? <i>If yes</i> , list Event # _____		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes</i> , indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>Amount Received</b>	
Description (if applicable)			Date Received		
<b>SUBTOTAL Section B — This Page</b>					
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL RECEIPTS (Sections A + B)</b> <i>(Enter total on Line 10, Column A of Summary Page Totals)</i>					

# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
<b>C. Loans Received this Period</b>					
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>
Street Address		City		State	Zip Code
<b>SUBTOTAL Section C — This Page</b>					
<b>TOTAL of additional Section C Pages</b>					
<b>TOTAL OF ALL LOANS</b> <i>(Enter total on Line 11 and Line 18, Column A of Summary Page Totals)</i>					

# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT			
<b>D. In-Kind Contributions</b>							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization				Date Received		Aggregate Receipts	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization				Date Received		Aggregate Receipts	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization				Date Received		Aggregate Receipts	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization				Date Received		Aggregate Receipts	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution					
<b>SUBTOTAL Section D — This Page</b>							
<b>TOTAL of additional Section D Pages</b>							
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 16, Column A of Summary Page Totals)</i>							

<b>E. Refundable Deposit to Telephone Company</b>							
Last Name of Individual				First		MI	Date Deposit Made
Residential Street Address				City		State	Zip Code
Name of Telephone Company							
Street Address				City		State	Zip Code
<b>TOTAL SECTION E</b> <i>(Enter total on Line 17, Column A of Summary Page Totals)</i>							

## II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
<b>F. Event Information</b>			
<b>Event #</b>	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State   Zip Code
<b>Event #</b>	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State   Zip Code
<b>Event #</b>	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State   Zip Code
<b>Event #</b>	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State   Zip Code
<b>Event #</b>	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State   Zip Code
<b>Event #</b>	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State   Zip Code
<b>Event #</b>	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State   Zip Code
<b>Event #</b>	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State   Zip Code

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT			
<b>G. Expenses Paid by Committee</b>							
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address			City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section G. Addendum)</i>				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section : Number <b>G</b>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the expenditure number of the expense previously incurred? Section : Number <b>I</b>		<input type="checkbox"/> Final or Full Payment	<input type="checkbox"/> Partial with Balance Owing		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address			City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section G. Addendum)</i>				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section : Number <b>G</b>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the expenditure number of the expense previously incurred? Section : Number <b>I</b>		<input type="checkbox"/> Final or Full Payment	<input type="checkbox"/> Partial with Balance Owing		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address			City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section G. Addendum)</i>				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section : Number <b>G</b>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the expenditure number of the expense previously incurred? Section : Number <b>I</b>		<input type="checkbox"/> Final or Full Payment	<input type="checkbox"/> Partial with Balance Owing		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address			City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section G. Addendum)</i>				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section : Number <b>G</b>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>	
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the expenditure number of the expense previously incurred? Section : Number <b>I</b>		<input type="checkbox"/> Final or Full Payment	<input type="checkbox"/> Partial with Balance Owing		
<b>SUBTOTAL Section G— This Page</b>							
<b>TOTAL of additional Section G Pages</b>							
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 14, Column A of Summary Page Totals)</i>							

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>					TYPE OF REPORT	
<b>H. Expenses Incurred on Committee Credit Card</b>						
<b>Name of Issuing Institution</b>				<b>Type of Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:		
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section    Number</small> <b>H</b>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section    Number</small> <b>H</b>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section    Number</small> <b>H</b>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section    Number</small> <b>H</b>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
<b>SUBTOTAL Section H — This Page</b>						
<b>TOTAL of additional Section H Pages</b>						
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>						



### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>					TYPE OF REPORT	
<b>I. Expenses Incurred by Committee but Not Paid During this Period</b>						
Name of Creditor					Date Incurred	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section I. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section <b>I</b> Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Name of Creditor					Date Incurred	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section I. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section <b>I</b> Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Name of Creditor					Date Incurred	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section I. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section <b>I</b> Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
Name of Creditor					Date Incurred	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section I. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section <b>I</b> Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>
<b>SUBTOTAL Section I-This Page</b>						
<b>TOTAL of additional Section I Pages</b>						
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 20, Column A of Summary Page Totals)</i>						
<b>Previously reported Expenses Unpaid and still Outstanding</b>						
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 20a, Column A of Summary Page Totals)</i>						

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>					TYPE OF REPORT				
<b>J. Itemization of Reimbursements and Secondary Payees</b>									
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
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 Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>					Event #		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section J : Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
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 Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>					Event #		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section J : Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
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 Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>					Event #		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section J : Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
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 Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>					Event #		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section J : Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
<b>SUBTOTAL Section J — This Page</b>									
<b>TOTAL of additional Section J Pages</b>									
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>									

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)**

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
<b>K. Five Largest Contributions Disclosed in Communication</b>			
<p>If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety days immediately prior to the applicable primary or election, please report the five largest aggregate contributions in excess of \$5,000 received during the twelve month period prior to the applicable primary or election.</p>			
Source of Contribution—Name of Person Making Contribution		Expenditure Number <i>Section                      Number</i>	
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section                      Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section                      Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section                      Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section                      Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section                      Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	

See Additional Page(s)

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)**

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
<b>L. “Nesting Dolls” Provision for Top 5 Contributions Disclosed in Communication</b>			
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section                      Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section                      Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section                      Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section                      Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section                      Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section                      Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code

See Additional Page(s)