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SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees**
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

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	State	Zip Code
5. TYPE OF REPORT (Check One Box)			
<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			
6. PERIOD COVERED			
Beginning Date		Ending Date	
_____		_____	
thru			
7. CERTIFICATION			
<p>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.</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 May 2016

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 <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
A. Total Contributions from Small Individual Contributors-Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i>				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 applicable)</i>		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <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, list Event #</i> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	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, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Amount Received
Description <i>(if applicable)</i>		Date Received			
Name					
Street Address			City		State
			Zip Code		
Principal Occupation <i>(if applicable)</i>			Name of Employer <i>(if applicable)</i>		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <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, list Event #</i> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	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, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Amount Received
Description <i>(if applicable)</i>		Date Received			
SUBTOTAL Section B — This Page					
TOTAL of additional Section B Pages					
TOTAL OF ALL RECEIPTS (Sections A + 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	
C. Loans Received this Period					
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	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					
Street Address	City		State	Zip Code	Amount Received
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	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					
Street Address	City		State	Zip Code	Amount Received
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	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					
Street Address	City		State	Zip Code	Amount Received
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	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					
Street Address	City		State	Zip Code	Amount Received
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	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					
Street Address	City		State	Zip Code	Amount Received
SUBTOTAL Section C — This Page					
TOTAL of additional Section C Pages					
TOTAL OF ALL LOANS <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	
D. In-Kind Contributions			
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? <i>If yes</i> , indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes</i> , list Event # _____	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? <i>If yes</i> , indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes</i> , list Event # _____	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? <i>If yes</i> , indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes</i> , list Event # _____	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? <i>If yes</i> , indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes</i> , list Event # _____	Description of In-Kind Contribution		
SUBTOTAL Section D — This Page			
TOTAL of additional Section D Pages			
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 16, Column A of Summary Page Totals)</i>			

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

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
F. Event Information			
Event # 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
Event # 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
Event # 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
Event # 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
Event # 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
Event # 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
Event # 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
Event # 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
Event # 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
Event # 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
Event # 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	
G. Expenses Paid by Committee					
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 G	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, what is the expenditure number of the expense previously incurred?</i>	Expenditure Number Section : Number I	<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 G	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, what is the expenditure number of the expense previously incurred?</i>	Expenditure Number Section : Number I	<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 G	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, what is the expenditure number of the expense previously incurred?</i>	Expenditure Number Section : Number I	<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 G	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, what is the expenditure number of the expense previously incurred?</i>	Expenditure Number Section : Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
SUBTOTAL Section G— This Page					
TOTAL of additional Section G Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 14, Column A of Summary Page Totals)</i>					

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: <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 (only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)			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 (only complete if Independent Expenditure has ONE Expenditure Code)		Expenditure Number Section Number H	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Amount	
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 (only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)			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 (only complete if Independent Expenditure has ONE Expenditure Code)		Expenditure Number Section Number H	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Amount	
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 (only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)			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 (only complete if Independent Expenditure has ONE Expenditure Code)		Expenditure Number Section Number H	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Amount	
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 (only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)			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 (only complete if Independent Expenditure has ONE Expenditure Code)		Expenditure Number Section Number H	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Amount	
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 (only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)			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 (only complete if Independent Expenditure has ONE Expenditure Code)		Expenditure Number Section Number H	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Amount	
SUBTOTAL Section H — This Page					
TOTAL of additional Section H Pages					
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 19, Column A of Summary Page Totals)					

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
I. Expenses Incurred by Committee but Not Paid During this Period					
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 Number I	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Amount	
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 Number I	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Amount	
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 Number I	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Amount	
SUBTOTAL Section I-This Page					
TOTAL of additional Section I Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 20, Column A of Summary Page Totals)</i>					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 20a, Column A of Summary Page Totals)</i>					

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)					TYPE OF REPORT	
J. Itemization of Reimbursements and Secondary Payees						
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 (only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)			Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)				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 (only complete if Independent Expenditure has ONE Expenditure Code)		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 (only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)			Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)				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 (only complete if Independent Expenditure has ONE Expenditure Code)		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 (only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)			Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)				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 (only complete if Independent Expenditure has ONE Expenditure Code)		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 (only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)			Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)				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 (only complete if Independent Expenditure has ONE Expenditure Code)		Expenditure Number Section J : Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
SUBTOTAL Section J — This Page						
TOTAL of additional Section J Pages						
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS						

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
K. Five Largest Contributions Disclosed in Communication			
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.			
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		Amount	
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		Amount	
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		Amount	
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		Amount	
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		Amount	
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		Amount	

☐ 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	
L. “Nesting Dolls” Provision for Top 5 Contributions Disclosed in Communication			
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