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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

REVISED	05/09/201	68.30	$\mathbf{A}\mathbf{M}$

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 TREACTIBED ADDRESS							
4. TREASURER ADDRESS Street Address	10	City	State Zip Code				
		on'y	State Zap Code				
5. TYPE OF REPORT (Check 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		SP P				
_							
O Primary O Election							
6. PERIOD COVERED							
	Beginning Date	Ending Date					
		thru					
			<u> </u>				
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 TREASURI	ER (SIGNATURE) P	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)				
		HE Hardenberg and Control					
A person who is four		Ifully violated any provisions of the car alty or imprisonment or both.	mpaign finance statutes				

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 (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)								

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			
(See instructions for definition of Small Individual Contributor)	SUBTOTAL SECTION A	\$	
D 14	- 1 M		
Name	ed Monetary Receipts		
Street Address	City		State Zip Code
Principal Occupation (if applicable)	Name of Employer (if applied	cable)	
Source Type: Individual/Sole Proprietorship Committee Other	Type of Receipt: Contribution		-
□ Bank □ Affiliated Business Entity □ Affiliated Organization	☐ Surplus Distribution ☐ Contrib	oution from Affiliated Treas	
Is this receipt associated with an event reported in Section F? If yes list Event # Method of Receipt: Credit/Debit Caro	☐ Cash ☐ EFT ☐ Check d ☐ Payroll Deduction ☐ Money	Aggregate Recei	ipts
			Amount Received
or dependent child of a lobbyist? \square No		☐ No	Amount Received
Description (if applicable) of government the contract is		e Received	_
Name			I
Street Address	City		State Zip Code
Principal Occupation (if applicable)	Name of Employer (if appli	cable)	
Source Type: ☐ Individual/Sole Proprietorship ☐ Committee ☐ Other ☐ Bank ☐ Affiliated Business Entity ☐ Affiliated Organization	Type of Receipt: ☐ Contribution ☐ Surplus Distribution ☐ Contribution	☐ Reimbursement for Shar oution from Affiliated Treas	· —
In this receipt, associated with an		Aggregate Rece	
event reported in Section F?	☐ Cash ☐ EFT ☐ Check d ☐ Payroll Deduction ☐ Money		
	prospective state contractor or principal		Amount Received
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Sometimes a state contractor, I such that the contract is sometimes a state contractor, I such that the contract is sometimes a state contractor, I such that the contract is sometimes a state contractor, I such that the contract is sometimes a state contractor, I such that the contract is sometimes a state contractor, I such that the contractor is sometimes a state contractor, I such that the contractor is sometimes as the contractor, I such that the contractor is sometimes as the con	h or branches	☐ No	
Description (if applicable)		te Received	-
SUI	BTOTAL Section B — This Pa	age	
TOTA	AL of additional Section B Pa	TAG	_
TOTA	AL OF AUGITIONAL SECTION D FA	303	
	OF ALL RECEIPTS (Sections A + 10, Column A of Summary Page To		

I. RECEIPTS (Sections A—E)

Page 4 of 12

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF	REPORT	
	C. Loans Receiv	red this Period			
Name of Lender	C. Luans Receiv	Source of Loan:			Date of Receipt
		☐ Bank ☐ Individual	Commi	ittee	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	1	Source of Loan: Bank Individual	Commi	ittee	Date of Receipt
Street Address	City	1	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: Bank Individual	Commi	ittee	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)	'		,	<u>'</u>	Amount Received
Street Address	City		State	Zip Code	
Name of Lender	'	Source of Loan: Bank Individual	☐ Comm	ittee	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: Bank Individual	Commi	ittee	Date of Receipt
Street Address	City	1	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	
	SUBTOTA	L Section C — This Pa	ge	·	
	TOTAL of a	dditional Section C Pag	es		
(Enter total on Li	ne 11and Line 18, Col	TOTAL OF ALL LOAD			

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Pag	ge 1, Line 1)		,	TYPE OF R	EPORT	
	D. Iı	n-Kind Con	tributions			
Name	212					
Street Address			City			State Zip Code
Type of contributor: Individual/Sole Propr		ttee	Date Received	Ag	ggregate Receipts	
☐ Other ☐ Affiliated Business Entity Is contributor a lobbyist, spouse, ☐ Yes	☐ Affiliated Organization Is contributor a state contractor	or, prospective st	ate contractor or principal th	hereof?	Yes	Fair Market Value
or dependent child of a lobbyist?	If yes, indicate which bra of government the contract	nch or branches			No	of this Contribution
	☐ Yes ☐ Description of In-Kin☐ No	d Contribution				
Name						
Street Address			City			State Zip Code
Type of contributor: Individual/Sole Prop Other Affiliated Business Entity	rietorship	ttee	Date Received	Ag	ggregate Receipts	
Is contributor a lobbyist, spouse, Yes	Is contributor a state contractor	or, prospective st	late contractor or principal the	hereof?	Yes	Fair Market Value
or dependent child of a lobbyist? No	If yes, indicate which bra of government the contract	t is with:	Executive Legislat] No	of this Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ Description of In-Kir	nd Contribution				
Name						
Street Address			City			State Zip Code
Type of contributor:	orietorship	ttee	Date Received	Ag	ggregate Receipts	
Other	☐ Affiliated Organization					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a state contractor If yes , indicate which bra of government the contract	nch or branches			Yes No	Fair Market Value of this Contribution
	☐ Yes ☐ Description of In-Kir					
2) year, not Event in		SU	JBTOTAL Section D —	- This Page		
		TO	OTAL of additional Sect	tion D Page	·s	
TOTAL OF ALL IN-KIND C	CONTRIBUTIONS (En	ter total on Line	16, Column A of Summary	y Page Totals	9)	
	E. Refundable l	Deposit to T	Selephone Company	y		
Last Name of Individual		First			MI	Date Deposit Made
Residential Street Address		City		State Zi	p Code	Amount of Deposit
Name of Telephone Company						-
Street Address		City		State Zi	p Code	
TO	TAL SECTION F Œ		17.01 1.00	. D	,	

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	ТҮРЕ	OF REPORT
	F Event	 Information	
Event # Date of Event Letter	Description	mormation	Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address		City	State Zip Code
Event # Date of Event Letter	Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address		City	State Zip Code
Event # Date of Event Letter	Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address		City	State Zip Code
Event # Date of Event Letter	Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address		City	State Zip Code
Event # Date of Event Letter	Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address		City	State Zip Code
Event # Date of Event Letter	Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address		City	State Zip Code
Event # Date of Event Letter	Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address		City	State Zip Code
Event # Date of Event Letter	Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address	,	City	State Zip Code
Event # Date of Event Letter	Description		Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address	•	City	State Zip Code

III FYPENDITURES (Sections C. D.

Revised May 2016	III. EAFENDI	IUKES (Sec	cuons	G—J)		Page 7 of 12
NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE OF R				TYPE OF REPO	ORT	
	G. Expenses	Paid by Com	mittee			
Name of Payee Date of Payment						ayment: #EFT
Street Address		City		I	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No If yes, complete Section G. Addendu.	Description (only complete if Independent Expe	enditure has ONE Expendit	ture Code—if	more than one, Complete Sect.	ion G. Addendum)	Event #
Name of Candidate (only complete if Independent Ex	penditure is on behalf of ONE candidate—if more than	one, Complete Section G.	Addendum)	Office Sought		Supported Opposed
	Purpose of Expenditure by Code (only complete if	Expenditure Number	er Assoc	ciated with Referendum?	Amo	ount
one expenditure code? ☐ Yes ☐ No If yes, complete Section G. Addendum	ndependent Expenditure has ONE Expenditure Code)	Section Number		☐ Yes ☐ No		
Is this expenditure payment for an expense		nditure Number	 □Final o	or Full Payment		
	fyes, what is the expenditure number f the expense previously incurred? Section	n Number	□ Partia	l with Balance Owing		
Name of Payee				Date of Payment	Method of P	ayment:
•					☐ Check☐ Debit (#
Street Address		City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No Section G. Addendu.	Description (only complete if Independent Expe	enditure has ONE Expendit	ture Code—if	more than one, Complete Sect	ion G. Addendum)	Event #
Name of Candidate (only complete if Independent Ex,		one, Complete Section G.	Addendum)	Office Sought		<u> </u>
						☐ Supported ☐ Opposed
	Purpose of Expenditure by Code (only complete if independent Expenditure has ONE Expenditure Code)	Expenditure Number G Section Number G	er Assoc	ciated with Referendum?	Amo	ount
Is this expenditure payment for an expense	Exper fyes, what is the expenditure number	nditure Number	☐ Final o	or Full Payment		
	f the expense previously incurred? Section Section	n Number	☐ Partia	l with Balance Owing		
Name of Payee		<u>;</u>		Date of Payment	Method of P	
					☐ Check☐ Debit	
Street Address		City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expe	enditure has ONE Expendi	ture Code—if	f more than one, Complete Sect	ion G. Addendum)	Event #
Yes ☐ No Yes ☐ No Section G. Addendu	m					
Name of Candidate (only complete if Independent Ex	penditure is on behalf of ONE candidate—if more than	one, Complete Section G.	Addendum)	Office Sought		☐ Supported
						Opposed
one avnanditure anda?	Purpose of Expenditure by Code (only complete if independent Expenditure has ONE Expenditure Code)	Expenditure Numb	er Assoc	ciated with Referendum?	Amo	ount
☐ Yes ☐ No Section G. Addendum	наеренает Ехренаните наѕ ОНЕ Ехренаните Соце)	Section Number G		☐ Yes ☐ No		
Is this expenditure payment for an expense previously reported as an expense incurred	fuse what is the expenditure number	nditure Number	Final	or Full Payment		
	of the expense previously incurred? Section Section I	on Number	☐ Partia	l with Balance Owing		
		SUBTOTAL	Section	G— This Page		
		TOTAL of addi	itional S	ection G Pages		
TOTAL OF ALL EXPENSES PA	AID BY COMMITTEE (Enter tot	tal on Line 14, Colun	nn A of Su	mmary Page Totals)		

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)					TYPE OF REP	ORT			
H Eymansas	Inaum	rad an	Committ	00 C	Ynodit Cand				
Name of Issuing Institution	T		redit Card:			Americ	can Express	Other:	
Name of Vendor, Person or Entity						I	Date of Transac	etion	
Street Address	,	City					State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section H. Addendum Description (only complete if Independent Indep	dent Expend	diture has C	NE Expenditure Co	ode—if	more than one, Complete Sec	tion H. Add	dendum)	Event #	
Yes No Section H. Addendum Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if m	ore than or	ne, Complei	e Section H. Adden	dum)	Office Sought			Suppor	rted ed
Does Independent Expenditure have more than one expenditure code? If yes, complete Section H. Addendum Purpose of Expenditure by Code (only complete Expenditure has ONE Expenditure ha		Expend Section H	iture Number Number		ciated with Referendum? ☐ Yes ☐ No		Amo	ount	
Name of Vendor, Person or Entity]	Date of Transa	ction	
Street Address		City					State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section H. Addendum Description (only complete if Independent of Independen	dent Expend	diture has C	ONE Expenditure C	ode—if	more than one, Complete Sec	tion H. Add	dendum)	Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if m	nore than o	ne, Complei	e Section H. Adden	ndum)	Office Sought			☐ Suppor	
Does Independent Expenditure have more than one expenditure code? If yes, complete Section H. Addendum Purpose of Expenditure by Code (only confidence) Independent Expenditure has ONE Expenditure Independent Expenditure has ONE Expenditure No Section H. Addendum		Expend Section H	iture Number Number	Assoc	ciated with Referendum?		Amo	ount	
Name of Vendor, Person or Entity			•				Date of Transa	ction	
Street Address		City					State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No No Description (only complete if Independent	dent Expend	diture has (ONE Expenditure C	ode—if	more than one, Complete Sec	tion H. Add	dendum)	Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if m	ore than o	ne, Comple	e Section H. Adden	ndum)	Office Sought			Suppor	
Does Independent Expenditure have more than one expenditure code?		Expend Section H	iture Number Number	Assoc	ciated with Referendum?		Amo	ount	
SUBTOTAL Section H — This Page									
	тот	AL of a	dditional Se	ection	H Pages				
TOTAL OF ALL EXPENSES INCURREI (Enter total			IITTEE CI						

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on F	Page 1, Line 1)		TYPE OF REF	PORT	
I. E	xpenses Incurred by Comm	ittee but Not Pa	id During this Peri	od	
Name of Creditor	·		S	Date Incurred	
00				I a	Zin Co. In
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete	Description (only complete if Independent Expendent	nditure has ONE Expenditure (Code—if more than one, Complete Se	ction I. Addendum)	Event #
☐ Yes ☐ No Section I. Addendum Name of Candidate (only complete if Independent Expen	nditure is on behalf of ONE candidate—if more than o	one, Complete Section I. Adden	adum) Office Sought		
, , , , , , ,		•	,		Supported Opposed
	rpose of Expenditure by Code (only complete if ependent Expenditure has ONE Expenditure Code)	Expenditure Number Section Number I	Associated with Referendum?	Amou	int
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No If yes, complete Section I. Addendum	Description (only complete if Independent Expen	nditure has ONE Expenditure (Code—if more than one, Complete Se	ection I. Addendum)	Event #
Name of Candidate (only complete if Independent Exper	nditure is on behalf of ONE candidate—if more than o	one, Complete Section I. Adden	odum) Office Sought		Supported Opposed
	rpose of Expenditure by Code (only complete if lependent Expenditure has ONE Expenditure Code)	Expenditure Number Section Number I	Associated with Referendum? Yes No	? Amo	unt
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section I. Addendum	Description (only complete if Independent Expen	nditure has ONE Expenditure (Code—if more than one, Complete Se	ection I. Addendum)	Event #
Name of Candidate (only complete if Independent Exper	nditure is on behalf of ONE candidate—if more than o	one, Complete Section I. Adden	ndum) Office Sought		Supported Opposed
	rpose of Expenditure by Code (only complete if ependent Expenditure has ONE Expenditure Code)	Expenditure Number Section Number I	Associated with Referendum?	? Amo	unt
		SUBTOTAL Sec	ction I-This Page	-	
	7	FOTAL of addition	al Section I Pages		
TOTAL OF ALL EXPENSES INCU		ING THIS PERIOD ine 20, Column A of S			
	Previously reported Exp	enses Unpaid and s	still Outstanding		
TOTAL	OF ALL EXPENSES INCURRED (Enter total on Lin	O BY COMMITTE ne 20a, Column A of S			

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Po	age 1, Line 1)					TYPI	E OF REP	ORT		
	J. Itemization of Rei	mbur	sement	and Sec	conda	ry Paye	ees			
Last Name of Worker/Consultant		First					MI		Date of Payme Person or Enti	
Name of Vendor, Person or Entity Paid by Committ	ee Worker/Consultant						Payment to reported in S	Section G:		orker/Consultant as
Street Address of Vendor, Person or Entity Paid by	Committee Worker/Consultant		City			L			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No If yes, complete Section J. Addendum	Description (only complete if Indepen	dent Expen	diture has ON	E Expenditure C	ode—if mo	ore than one, (Complete Sect	tion J. Adder	ndum)	Event #
Name of Candidate (only complete if Independent Exper	L nditure is on behalf of ONE candidate—if i	more than o	one, Complete	Section J. Adder	adum) C	Office Sough	nt			☐ Supported ☐ Opposed
	pose of Expenditure by Code (only c ppendent Expenditure has ONE Expenditur		1 .	nre Number Number		ted with Re			Amo	unt
Last Name of Worker/Consultant		First	. :				MI		Date of Paymo Person or Enti	,
Name of Vendor, Person or Entity Paid by Committee	ee Worker/Consultant					1	Payment to reported in S	Section G:		orker/Consultant as
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? If yes, complete Section J. Addendum	Description (only complete if Indepen	dent Expen	diture has ON	E Expenditure C	ode—if mo	ore than one, (Complete Sect	ion J. Adder	ndum)	Event #
Name of Candidate (only complete if Independent Expen	nditure is on behalf of ONE candidate—if i	more than o	one, Complete	Section J. Adden	odum) C	Office Sough	nt			Supported Opposed
Does Independent Expenditure have more than one expenditure code? If yes, complete ☐ Yes ☐ No Section J. Addendum	pose of Expenditure by Code (only c ppendent Expenditure has ONE Expenditur	complete if re Code)	Expenditu Section J	nre Number Number		ted with Re			Amo	unt
Last Name of Worker/Consultant		First					MI		Date of Payme Person or Enti	,
Name of Vendor, Person or Entity Paid by Committ	ee Worker/Consultant						Payment to reported in S	Section G:		orker/Consultant as
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? ☐ Yes ☐ No If yes, complete Section J. Addendum	Description (only complete if Indepen	dent Expen	diture has ON	E Expenditure C	ode—if mo	ore than one, (Complete Seci	tion J. Adder	ndum)	Event #
Name of Candidate (only complete if Independent Exper	L nditure is on behalf of ONE candidate—if i	more than o	one, Complete	Section J. Adder	ndum) C	Office Sough	nt			Supported Opposed
	pose of Expenditure by Code (only c ppendent Expenditure has ONE Expenditur		1 .	are Number		ted with Re			Amo	unt
		st	ВТОТА	L Section .	J — Th	nis Page				
		TO	ΓAL of a	lditional S	ection	J Pages				
TOTAL OF ALL REIMBURSEM	ENT TO COMMITTE	E WO	RKERS	AND CO	NSUL	TANTS	\mathbf{S}			

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF	REPORT	
K. Five Largest Contributions Disclose	ed in Communication		
If the independent expenditure reported in this form was for a communic date that is ninety days immediately prior to the applicable primary or el contributions in excess of \$5,000 received during the twelve month period	lection, please report th	e five largest	aggregate
Source of Contribution—Name of Person Making Contribution		Expenditure N Section	lumber <i>Number</i>
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		A	mount
Source of Contribution —Name of Person Making Contribution	<u> </u>	Expenditure N Section	Tumber <i>Number</i>
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		A	Amount
Source of Contribution —Name of Person Making Contribution	•	Expenditure N Section	lumber <i>Number</i>
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		A	\alpha mount
Source of Contribution —Name of Person Making Contribution	1	Expenditure N Section	lumber <i>Number</i>
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		A	mount
Source of Contribution —Name of Person Making Contribution		Expenditure N Section	lumber <i>Number</i>
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		A	amount

☐ See Additional Page(s)

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 in Communication			
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Nu Section	mber <i>Number</i>
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 Nu Section	mber <i>Number</i>
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 Nu Section	mber <i>Number</i>
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 Nu Section	mber <i>Number</i>
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 Nu Section	mber Number
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 Nu Section	mber <i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K		•	
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
			-