

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

### **SEEC FORM 26—LONG FORM** INDEPENDENT EXPENDITURE STATEMENT FOR PERSONS (Other than Connecticut Political Committees)

Revised January 2021

# For use by **PERSONS\***

making, or obligating to make, an independent expenditure or expenditures in excess of \$1,000 that:

• promotes the success or defeat of any candidate's campaign for election or nomination at a primary

or

• promotes the success or defeat of a referendum question

\* Person includes an individual, non-Connecticut committee, firm, partnership, organization, association, syndicate, company trust, corporation, limited liability company, or any other legal entity of any kind, but does not mean the state or any political or administrative subdivision of the state.

#### **SEEC MAILING ADDRESS:**

STATE ELECTIONS ENFORCEMENT COMMISSION CAMPAIGN FINANCE DISCLOSURE UNIT 55 FARMINGTON AVE HARTFORD, CONNECTICUT 06106-1628

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### SEEC FORM 26 — LONG FORM

**Independent Expenditure Statement for Persons** (Other than Connecticut Political Committees)



Official Use Only

□ Original

□ Amendment

Page 1 of 8

**Revised January 2021** 

<b>1. NAME OF PERSON MAKING INDEPENDE</b>	NT EXPEN	DITURE		1a. ACRONYM	2. TAX EXEN	MPT STA	ATUS
					□ 501(c) □	□ 527 □	] Other
3. MAILING ADDRESS OF PERSON							
Street Address			City			State	Zip Code
4. PRINCIPAL BUSINESS ADDRESS OF PERS	SON (if applic	able)					·
Street Address			City			State	Zip Code
5. CEO OR FUNCTIONAL EQUIVALENT OF	PERSON ()	referenda indepe	endent exper	<i>iditures only)</i>			
First Name	MI	Last Name					Suffix
Title							
6. TELEPHONE & EMAIL ADDRESS OF CEO		TIONAL EQ	UIVALE	NT OF PERSON (referende	a independent exp	oenditures o	only)
(Telephone with Area Code) Em	ail Address						
7. NAME OF INDIVIDUAL AUTHORIZED TO		1	EXPEND	ITURE STATEMENTS (	for persons other	than indiv	
First Name	MI	Last Name					Suffix
Title							
8. TELEPHONE & EMAIL ADDRESS OF IND	VIDUAL A	UTHORIZE	D TO FIL	${f E}$ (for persons other than indi	ividuals)		
9. NAME OF AGENT FOR SERVICE OF PRO	CESS IN C	ONNECTICU	JT				
10. ADDRESS OF AGENT FOR SERVICE OF	PROCESS	IN CONNEC	TICUT				
Street Address			City			State	Zip Code
11. TELEPHONE & EMAIL ADDRESS OF AG	ENT FOR S	SERVICE OF	<b>PROCES</b>	SS IN CONNECTICUT			
(Telephone with Area Code) Em	ail Address					_	
<b>12. BRIEF DESCRIPTION OF REFERENDUM</b>	QUESTIO	N (referenda in	dependent e	expenditures only)		1	3. POSITION
						e	(referenda independent xpenditures only)
							□ Support
14 CTATE OD BOLITICAL CURRINGON	c 1 · 1	1	1 \				□ Oppose
14. STATE OR POLITICAL SUBDIVISION (rej							
□ State □ Political Subdivision(s): (Please r	eport the to	wn or towns ir	n which the	question is being voted on	)		

NAME OF PERSO	N MAKING INDEPENDENT EXPENI	<b>DITURE</b> (As reporte	d on Page 1, Line 1)	
15. DATE (Check Or	na Roy)			
13. DATE (Check Of				
□ Primary		n		rendum
16. TYPE OF REP	<b>ORT</b> (Check One Box)			
☐ January 10	□ 7th day preceding primary	□ 7th day preceding	□ 24 hour Independent E	Expenditure Statement for Primary
□ April 10	□ 30 days following primary	referendum	□ 24 hour Independent E	Expenditure Statement for Election
□ July 10	$\Box$ 7th day preceding election	□ 90 days	□ 24 hour Independent E	Expenditure Statement for Special Election
□ October 10	$\Box$ 7th day preceding special election	following	☐ Amendment to (Type of	f Report)
	□ 45 days following special election	referendum		(Acpoint)
17. PERIOD COV	ERED			
	Beginning Da	te	Ending Date	
		throug	;h	
19 CEDTIFICAT	ION OF INDIVIDUAL FILING THE I	_		
Independent information set fo to be made by th		e person. I further c atement is a true, ac at these expenditur	certify and state, under the ccurate and complete item es and obligations were m	penalties of false statement, that the ization of expenditures made or obligated ade independent of any other individual,
SIGNATURE		PRINT NAME	E OF SIGNER	DATE (mm/dd/yyyy)
		SUMMA	ARY	
			LUMN A is Period	COLUMN B Aggregate
19. Expenditures	Made by Person (Section A Page 3)			
	Obligated by Person ut Not Paid (Section B Page 4)			
	ding Expenditures Obligated l Unpaid (Section B Page 4)			

NAME OF PERSON MAKING INDEPENDENT EXPEND	TURE (As rep	orted on Pag	e 1, Line 1)	TYPE OF	REPORT		
A. Indepen	dent Exper	nditures N	Iade by ]	Person			
Name of Payee						Date of E	xpenditure
Street Address		City			State	e Z	Zip Code
Independent Expenditure on behalf of more than one candidate? Description							
Yes       No       If yes, complete Section A. Addendum         Name of Candidate       (only complete if Independent Expenditure is on behalf of ONE candidate	ta if more then one	Complete Section	1 Addandum)	Office Sought			
Traine of Cancicate (only comprete y integendent Expenditure is on benay by ONE canada	ie—ij more inun one,	complete Section	A. Auuenuum)	Office Sought			□ Supported □ Opposed
Purpose of Expenditure (by code)	Expenditure Nu	mber	Associated w	vith Referendum?		Amount	
			□ Y	es 🗌 No			
Name of Payee	1		I			Date of E	xpenditure
Street Address		City			Stat	e Z	Zip Code
Independent Expenditure on behalf of more than one candidate? Description							
Yes       No       If yes, complete Section A. Addendum							-
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candida	te—if more than one,	Complete Section	A. Addendum)	Office Sought			Supported
	1				1		Opposed
Purpose of Expenditure (by code)	Expenditure Nu (if applicable)	imber		vith Referendum?		Amount	
				es 🗌 No			
Name of Payee						Date of E	xpenditure
a		Let					
Street Address		City			State	e Z	Cip Code
Indexed and Free address on behalf of some days are an did at 2 Description							
Independent Expenditure on behalf of more than one candidate?       Description         □ Yes □ No       If yes, complete Section A. Addendum							
Yes       No       If yes, complete Section A. Addendum         Name of Candidate       (only complete if Independent Expenditure is on behalf of ONE candidate	te—if more than one,	Complete Section	A. Addendum)	Office Sought			
		Ĩ					□ Supported □ Opposed
Purpose of Expenditure (by code)	Expenditure Nu (if applicable)	mber	Associated w	ith Referendum?		Amount	
				es 🗌 No			
			•				
	SUBTO	TAL Sect	ion A T	his Page			
	TOTAL of	additiona	l Section A	A. Pages			
TOTAL OF ALL INDEPENDENT EXPENDITUR	RES MADE		ON THIS total on Colum				

NAME OF PERSON MAKING INDEPENDENT EXPEND	ITURE (As rep	orted on Page	e 1, Line 1)	TYPE OF	REPORT		
B. Independent Expendit	tures Obliga	ited by Pe	erson thi	s Period but	Not Paid		
Name of Creditor						Date Oblig	gated
Street Address		City			State	e Z	ip Code
Independent Expenditure on behalf of more than one candidate?       Description         Yes       No       If yes, complete Section B. Addendum		1				I	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	ate—if more than one,	Complete Section	B. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (by code)	Expenditure Number (if applicable) Associated with Referendum? Yes D No					unt Obliga	nted
Name of Creditor			1			Date Obli	gated
Street Address		City			State	e Z	ip Code
Independent Expenditure on behalf of more than one candidate? Description           Urgent Ves         No         If yes, complete Section B. Addendum					I	<b>I</b>	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate)	ate—if more than one,	Complete Section	B. Addendum)	Office Sought			□ Supported □ Opposed
Purpose of Expenditure (by code)	Expenditure Nu (if applicable)	ımber		with Referendum?	Amo	unt Obliga	ated
Name of Creditor	1		I			Date Oblig	gated
Street Address     City     State     Zip Code						ip Code	
Independent Expenditure on behalf of more than one candidate?       Description         Yes       No       If yes, complete Section B. Addendum					·		_
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	ate—if more than one,	Complete Section	B. Addendum)	Office Sought			□ Supported □ Opposed
Purpose of Expenditure (by code)	Expenditure Number     Associated with Referendum?     Amount Obligated       (if applicable)     Yes □ No				nted		
	SUBTO	OTAL Sect	tion B T	This Page			
	TOTAL of	f additiona	l Section	B. Pages			
TOTAL OF ALL INDEPENDENT EXPEN DURING THIS PERIOD BUT NOT PAID	NDITURES (			ERSON mn A, Line 20)			
Previous Reported Independent Exp		-					
TOTAL OF ALL INDEPENDENT EXPEND	DITURES OF			OT PAID umn A, Line 21)			

NAME OF PERSON MAK	ING INDEPENDENT EXPENDITURE (As rep	oorted on Page 1, Line 1)	TYPE OF REPORT		
	C. Itemization o	f Reimbursements			
Name of Individual Reimbursed					
Name of Vendor, Person or Entity Pai	d by Individual				
Street Address of Vendor, Person or E	Entity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)		Ex ()f	xpenditure Num applicable)	lber
Description				Amo	ount
Name of Individual Reimbursed					
Name of Vendor, Person or Entity Pai	d by Individual				
Street Address of Vendor, Person or E	Entity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)	I		xpenditure Num applicable)	lber
Description				Amo	punt
Name of Individual Reimbursed					
Name of Vendor, Person or Entity Pai	d by Individual				
Street Address of Vendor, Person or E	Entity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)		Ex (if	kpenditure Num applicable)	lber
Description	1			Amo	punt
	SUBTO	TAL Section C This F	age		
	TOTAL of	additional Section C. Pa	ages		
	TOTAL OF	ALL REIMBURSEME	INTS		

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE (	OF REPORT						
D. Covered Transfers in Excess of \$5,000							
If the independent expenditures reported in this form were made or obligated to be made on hundred and eighty (180) days prior to the applicable primary or election, you must report ar during the twelve month period prior to the applicable primary or election that are five thous aggregate.	ny "covered transf	ers" received					
One or more of the pertinent covered transfers have been reported to the Federal E Internal Revenue Service (IRS) and the person filing this form has submitted a copy of lieu of reporting such covered transfers here.		· /					
If this box is checked please list the applicable FEC Filer ID Number or IRS Employer Ident	If this box is checked please list the applicable FEC Filer ID Number or IRS Employer Identification Number here:						
FEC Filer ID or IRS EIN #							
Note: Any covered transfers occurring within the relevant time period and not reported on the attached FEC or IRS filings must be reported below.							
Source of Covered Transfer—Name of Person Making Covered Transfer							
Address of Person Making Covered Transfer—City	State	Zip Code					
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount						
Source of Covered Transfer—Name of Person Making Covered Transfer							
Address of Person Making Covered Transfer—City	State	Zip Code					
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Am	ount					
Source of Covered Transfer—Name of Person Making Covered Transfer	1						
Address of Person Making Covered Transfer—City	State Zip Code						
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer An							
Source of Covered Transfer—Name of Person Making Covered Transfer							
Address of Person Making Covered Transfer—City	State	Zip Code					
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Am	ount					

□ See Additional Page(s)

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPO	E OF REPORT				
E. Five Largest Covered Transfers Disclosed in Comn	nunication	l				
If the independent expenditure reported in this form was for a communication made or date that is ninety (90) days immediately prior to the applicable primary or election, ple "covered transfers" received during the received during the twelve month period prior to	ase report t	the fiv	e larges	st aggregate		
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ıre Number Number		
Address of Person Making Covered Transfer—City		State		Zip Code		
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		1	Amou	int		
Source of Covered Transfer—Name of Person Making Covered Transfer	I		Expenditu Section	ıre Number Number		
Address of Person Making Covered Transfer—City		State	1	Zip Code		
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		1	Amou	int		
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ıre Number Number		
Address of Person Making Covered Transfer—City		State		Zip Code		
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		1	Amou	ınt		
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ıre Number Number		
Address of Person Making Covered Transfer—City				Zip Code		
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			Amou	int		
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ıre Number Number		
Address of Person Making Covered Transfer—City		State		Zip Code		
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			Amou	int		

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPO	ORT	-				
F. Nesting Dolls Provision for Top 5 Covered Transfers Disclos	sed in Comm	nur	nication				
Name of Person Making Covered Transfer to Person Reported in Section E.							
Address of Person Making Covered Transfer—City ( <i>if known</i> )		Sta	te	Zip Code			
Name of Person Receiving Covered Transfer as Reported in Section E.			Expenditure N	umber			
Name of Person Making Covered Transfer to Person Reported in Section E.							
Address of Person Making Covered Transfer—City ( <i>if known</i> )		Sta	te	Zip Code			
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number					
Name of Person Making Covered Transfer to Person Reported in Section E.			1				
Address of Person Making Covered Transfer—City (if known)	Sta	te	Zip Code				
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number					
Name of Person Making Covered Transfer to Person Reported in Section E.			L				
Address of Person Making Covered Transfer—City (if known)		Sta	te	Zip Code			
Name of Person Receiving Covered Transfer as Reported in Section E.	<u> </u>	Expenditure N	lumber				
Name of Person Making Covered Transfer to Person Reported in Section E.			1				
Address of Person Making Covered Transfer—City ( <i>if known</i> )	Sta	te	Zip Code				
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	umber				
Name of Person Making Covered Transfer to Person Reported in Section E.							
Address of Person Making Covered Transfer—City ( <i>if known</i> )		Sta	te	Zip Code			
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number					

#### CODED PURPOSES FOR EXPENDITURES (For use with SEEC Form 26—LONG) (Note: Asterisk \* adjacent to the left of an Expenditure Code indicates that Description Field is Mandatory)

Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit funds. Include the costs for *both* the **development** *and* the **delivery** of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below. If a single advertising message is developed for several of the delivery mechanisms listed below, report all applicable codes for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used.

A-DM-expenditure to advertise through direct mail.

A-MAG: expenditure to advertise through a magazine.

A-NEWS: expenditure to advertise through a newspaper.

A-ATM: expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

**A-PH-BNK**: expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

#### A-RAD: expenditure to advertise on radio.

A-SIGN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard signs visible from any street or highway.

#### A-TV: expenditure to advertise on television.

**A-WEB**: expenditure to advertise on the **World Wide Web**. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. *See* **WEB** *for other web related expenditures*.

**A-OTH**: any expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, *etc.* for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins, or (e) ad books for fundraising events held by other committees.

OFFICE: expenditures for office supplies such as paper, pens, printer cartridges, etc.

**POLLS**: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from **A-PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report.

**POST**: expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

**PRNT**: expenditures associated with the costs of **printing**, photocopying or reproducing literature, stationery, invitations and the like.

**RMB**: expenditures to **Reimburse Individuals**. This is when the cost of payment for something needed by the person is advanced by the individual and reimbursement is sought and obtained from the person who authorized the payment. After making payment to the individual in Section A., report the **name of each Vendor** paid by the individual in Section C., "Itemization of Reimbursements."

**WEB**: Expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a website and homepage; (b) an internet provider; (c) a domain name on the internet; and (d) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web. *See* **A-WEB** *above*.

\*MISC: expenditures of Miscellaneous items that are not listed above. The text box of the Description Field, which is mandatory, must explain in narrative form, with sufficient clarity, the purpose of this expenditure. *If more than one of the above codes applies to an expenditure, do not use* MISC *and instead report all applicable codes.* 

If additional pages are needed to complete all information required in each section of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the section.

For Sections A., B. and C., reproduce the "Addendum Page" for the appropriate section if a transaction is associated with or benefiting more than two candidates.

#### Section A. ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF PERSON MAKING INDEPENDENT EXPENDI	TURE (As rep	orted on Page	e 1, Line 1)	TYPE O	F REPORT			
A. Independ	dent Expen	ditures <b>N</b>	<b>Iade by</b>	Person				
Name of Payee						Dat	te of Exp	oenditure
Street Address		City				State	Zip	o Code
Independent Expenditure on behalf of more than one candidate? Description		•						
Yes       No       If yes, complete Section A. Addendum								
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	e—if more than one,	Complete Section	A. Addendum)	Office Sought				□ Supported
								Opposed
Purpose of Expenditure (by code)	Expenditure Nu (if applicable)	mber	Associated v	with Referendum?		Amo	ount	
			□ Y	es 🗌 No				
Name of Payee	I				1	Da	te of Exp	oenditure
Street Address		City				State	Zip	o Code
Independent Expenditure on behalf of more than one candidate? Description		1						
□ Yes □ No If yes, complete Section A. Addendum								
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidat	e—if more than one,	Complete Section	A. Addendum)	Office Sought				□ Supported
								D Opposed
Purpose of Expenditure (by code)	Expenditure Nu (if applicable)	mber	Associated v	with Referendum?		Am	ount	
	(0 · IF · · · · · )		□ Y	es 🗌 No				
Name of Payee						Dat	te of Exp	oenditure
Street Address		City				State	Zip	Code
Independent Expenditure on behalf of more than one candidate? Description		I						
□ Yes □ No If yes, complete Section A. Addendum								
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	e—if more than one, (	Complete Section .	4. Addendum)	Office Sought				□ Supported
								D Opposed
Purpose of Expenditure (by code)	Expenditure Nut (if applicable)	mber	Associated v	with Referendum?		Amo	ount	
	(i) appricable)		□ Y	es 🗌 No				
	1		<u> </u>		1			
	SUDTO	TAL Secti	on A T	his Dago				
	50610	TAL Secti	on A 1	nis rage				

Section D. ADDITIONALIAGE $^{ol}$	Section B.	<b>ADDITIONAL PAGE</b>	of
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NAME OF PERSON MAKING INDEPENDENT EXPENDI	TURE (As repo	orted on Page	: 1, Line 1)	TYPE OF	REPORT		
B. Independent Expenditu	ıres Obliga	ted by Pe	rson thi	s Period but	Not Paid		
Name of Creditor						Date Oblig	ated
Street Address		City			Stat	e Zi	p Code
Independent Expenditure on behalf of more than one candidate?       Description         Image: Provide the section of th					I		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	e—if more than one, C	Complete Section I	3. Addendum)	Office Sought			□ Supported □ Opposed
Purpose of Expenditure (by code)	Expenditure Nur (if applicable)	mber		with Referendum? es □ No	Amo	unt Obliga	ted
Name of Creditor						Date Oblig	ated
Street Address		City			Stat	ie Zi	p Code
Independent Expenditure on behalf of more than one candidate?       Description         Image: Provide the section of th						·	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	e—if more than one, (	Complete Section I	B. Addendum)	Office Sought			□ Supported □ Opposed
Purpose of Expenditure (by code)	Expenditure Nut (if applicable)	mber		with Referendum? Yes □ No	Amo	unt Obliga	ted
Name of Creditor						Date Oblig	ated
Street Address		City			Stat	e Zi	p Code
Independent Expenditure on behalf of more than one candidate?       Description         Image: Provide the section of th							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	e—if more than one, C	Complete Section I	3. Addendum)	Office Sought			□ Supported □ Opposed
Purpose of Expenditure (by code)	Expenditure Nui (if applicable)	mber		with Referendum? Yes □ No	Amo	unt Obliga	ted
	SUBTO	TAL Sect	ion B T	This Page			

Section C.	<b>ADDITIONAL PAGE</b>	of
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NAME OF PERSON MAKI	NG INDEPENDENT EXPENDITURE (As rep	orted on Page 1, Line 1)	TYPE OF REP	ORT		
C. Itemization of Reimbursements						
Name of Individual Reimbursed						
Name of Vendor, Person or Entity Paic	l by Individual					
Street Address of Vendor, Person or En	ntity	City			State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)			Expe (if app	enditure Numl licable)	ber
Description					Amo	unt
Name of Individual Reimbursed						
Name of Vendor, Person or Entity Paid	l by Individual					
Street Address of Vendor, Person or En	ntity	City			State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)			Expe (if app	enditure Numl licable)	ber
Description					Amo	unt
Name of Individual Reimbursed						
Name of Vendor, Person or Entity Paid by Individual						
Street Address of Vendor, Person or En	ntity	City			State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)	I		Expe (if app	enditure Numl licable)	ber
Description				<u> </u>	Amo	unt
SUBTOTAL Section C This Page						

#### Section D. ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE	OF REP	ORT		
D. Covered Transfers in Excess of \$5,000				
Source of Covered Transfer—Name of Person Making Covered Transfer				
Address of Person Making Covered Transfer—City		State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amount		
Source of Covered Transfer—Name of Person Making Covered Transfer				
Address of Person Making Covered Transfer—City		State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		 Amo	l unt	
Source of Covered Transfer—Name of Person Making Covered Transfer	1			
Address of Person Making Covered Transfer—City		State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount			
Source of Covered Transfer—Name of Person Making Covered Transfer	1			
Address of Person Making Covered Transfer—City		State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Amount			
Source of Covered Transfer—Name of Person Making Covered Transfer				
Address of Person Making Covered Transfer—City		State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer Am			unt	
Source of Covered Transfer—Name of Person Making Covered Transfer				
Address of Person Making Covered Transfer—City		State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPO	ORT			
E. Five Largest Covered Transfers Disclosed in Communication					
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ıre Number Number	
Address of Person Making Covered Transfer—City		State	1	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		1	Amou	int	
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ıre Number Number	
Address of Person Making Covered Transfer—City		State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		•	Amou	int	
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ıre Number Number	
Address of Person Making Covered Transfer—City		State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			Amou	int	
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ıre Number Number	
Address of Person Making Covered Transfer—City		State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		•	Amou	int	
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ıre Number Number	
Address of Person Making Covered Transfer—City		State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		•	Amou	int	
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ire Number Number	
Address of Person Making Covered Transfer—City		State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			Amou	int	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPO	RT			
F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed in Communication					
Name of Person Making Covered Transfer to Person Reported in Section E.					
Address of Person Making Covered Transfer—City (if known)		State	Zip Code		
Name of Person Receiving Covered Transfer as Reported in Section E.	·	Expenditure N	umber		
Name of Person Making Covered Transfer to Person Reported in Section E.					
Address of Person Making Covered Transfer—City (if known)	5	State	Zip Code		
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	Expenditure Number		
Name of Person Making Covered Transfer to Person Reported in Section E.					
Address of Person Making Covered Transfer—City (if known)		State	Zip Code		
Name of Person Receiving Covered Transfer as Reported in Section E.			Expenditure Number		
Name of Person Making Covered Transfer to Person Reported in Section E.					
Address of Person Making Covered Transfer—City (if known)		State	Zip Code		
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Number			
Name of Person Making Covered Transfer to Person Reported in Section E.					
Address of Person Making Covered Transfer-City (if known)		State	Zip Code		
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	umber		
Name of Person Making Covered Transfer to Person Reported in Section E.					
Address of Person Making Covered Transfer—City (if known)		State	Zip Code		
Name of Person Receiving Covered Transfer as Reported in Section E.	I	Expenditure N	umber		

#### Section A. ADDENDUM PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			TYPE OF REPO	TYPE OF REPORT		
	A. Independent Exp	enditures Made by Perso	n <i>Addendum</i>			
Expenditure Number as reported in Section A Total Amount of the Expenditure			Purpose of Expenditure <i>(by c</i>	ise of Expenditure (by code)		
Description			I			
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		

#### Section B. ADDENDUM PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)			) TYPE OF REPO	TYPE OF REPORT		
B. Indepen	dent Expenditures Incu	urred by Person this Perio	od but Not Paid A	ddendum		
Expenditure Number as reported in Section A Total Amount of the Expenditure			Purpose of Expenditure (by	ise of Expenditure (by code)		
Description	1		1			
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate		

#### Section C. ADDENDUM PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF PERSON MAKING IN	DEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPORT		
C. Itemization of Reimbursements Addendum				
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)		
Description				
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)		
Description	I			
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)		
Description				
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)		
Description				
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)		
Description				
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)		
Description				
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure (by code)		
Description				