

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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

Revised August 2014

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

THIS FORM IS ONLY TO BE USED AFTER A SEEC FORM 26—LONG FORM HAS BEEN FILED.

* "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 TELEPHONE NUMBER:

MAIN NUMBER: 860-256-2940

TOLL FREE WITHIN CT: 866-SEEC-INFO

SEEC WEBSITE ADDRESS: <u>www.ct.gov/seec</u>

SEEC FORM 26—SHORT FORM Independent Expenditure Statement for Persons

Revised August 2014



□ Original □ Amendment

Official Use Only

| | | | | Onicial Ose Only | Page 1 of 8 |
|---------------------|-----------------------------------|------------------|------------------------|--|-------------|
| 1. NAME OF PER | SON MAKING INDEPEN | DENT EXPEN | DITURE | | |
| | | | | | |
| | | | | | |
| 2. NAME OF IND | IVIDUAL FILING INDEP | ENDENT EXP | PENDITURE STA | ATEMENT | |
| First Name | | MI | Last Name | | Suffix |
| | | | | | |
| Title | | | | | -1 |
| | | | | | |
| | & EMAIL ADDRESS OF I | - | FILING INDEPE | NDENT EXPENDITURE STATEMENT | |
| (Include Area Code) | | Email Address | | | |
| 4. DATE (Check On | e Box) | | | | |
| | | | | | |
| Primary | | \Box Election | | □ Referendum | |
| 5. TYPE OF REPO | ORT (Check One Box) | | | | |
| ☐ January 10 | □ 7th day preceding prin | nary | □ 7th day | □ 24 hour Independent Expenditure Statement for Prima | ry |
| □ April 10 | □ 30 days following prir | nary | preceding referendum | □ 24 hour Independent Expenditure Statement for Electi | on |
| □ July 10 | □ 7th day preceding elect | tion | | □ 24 hour Independent Expenditure Statement for Specia | al Election |
| □ October 10 | □ 7th day preceding spec | rial election | □ 90 days following | | |
| | | | referendum | Amendment to (Type of Report) | |
| | \Box 45 days following spectrum | cial election | | | |
| | | | | | |
| 6. PERIOD COVE | CRED | | | | |
| | | | | | |
| | В | eginning Date | | Ending Date | |
| | | | 41- 11- 11- 11- | L. | |
| | | | throug | n | |
| 7. CERTIFICATI | ON OF INDIVIDUAL FIL | ING THE IND | DEPENDENT EX | PENDITURE STATEMENT | |
| | | | | accepted my appointment as the individual authorized to | |
| | | | | certify and state, under the penalties of false statement, the curate and complete itemization of expenditures made of the statement of the st | |
| to be made by the | he person, for the period co | vered, and that | these expenditur | es and obligations were made independent of any other i | ndividual, |
| politica | l committee, party commit | tee, or candidat | e committee, or a | gent thereof, and that the person has not been reimburse | 1 . |
| | | | | | |
| | | | | | |
| | | | | | |
| SIGNATURE | | | PRINT NAMI | C OF SIGNER DATE (m | nm/dd/yyyy) |
| 1 | | | | | |

INDEPENDENT EXPENDITURES

| NAME OF PERSON MAKING THE INDEPENDENT EXP | ENDITURE (As reported on Page 1, Line 1) | TYPE OF REPORT |
|---|---|-----------------------|
| | | |
| | SUMMARY | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 8. Expenditures Made by a Person (Section A - Page 3) | | |
| 9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4) | | |
| 10. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4) | | |

SEEC FORM 26—SHORT FORM Revised August 2014 INDEPENDENT EXPENDITURES

| NAME OF PERSON MAKING INDEPENDENT EXPENDI | TURE (As rep | orted on Pag | e 1, Line 1) | TYPE OF | REPORT | | |
|---|--------------------------------------|------------------|---------------------------|------------------|--------|---------|-------------|
| | | | | | | | |
| A. Indepen | dent Exper | nditures N | Iade by l | Person | | | |
| Name of Payee | - | | | | | Date of | Expenditure |
| | | | | | | | |
| Street Address | | City | | | S | tate | Zip 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 | te—if more than one, | Complete Section | A. Addendum) | Office Sought | | | □ Supported |
| | | | | | | | Opposed |
| Purpose of Expenditure (by code) | Expenditure Nu (if applicable) | umber | Associated w | ith Referendum? | | Amoun | t |
| | | | | es 🗌 No | | | |
| Name of Payee | | | I | | | Date of | Expenditure |
| | | | | | | | |
| Street Address | | City | | | S | tate | Zip Code |
| | | | | | | | |
| Independent Expenditure on behalf of more than one candidate? Description | | 1 | | | I | | |
| □ 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 | | | □ Supported |
| | | | | | | | Deposed |
| Purpose of Expenditure (by code) | Expenditure Nu (if applicable) | umber | Associated w | vith Referendum? | | Amoun | t |
| | (i) applicable) | | □ Y | es 🗌 No | | | |
| Name of Payee | | | | | | Date of | Expenditure |
| | | | | | | | |
| Street Address | | City | | | S | tate | 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 candidat | e—if more than one, | Complete Section | A. Addendum) | Office Sought | | | □ Supported |
| | | | | | | | Opposed |
| Purpose of Expenditure | Expenditure Nu | ımber | Associated w | ith Referendum? | | Amoun | t |
| (b) Cute) | by code) (if applicable) Yes D No | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | GUDEO | | | | | | |
| | SUBTO | TAL Sect | ion A TI | his Page | | | |
| | TOTAL of | addition | Section 4 | A. Pages | | | |
| | 10111201 | | | | | | |
| TOTAL OF ALL INDEPENDENT EXPENDITUR | ES MADE | | ON THIS total on Colur | | | | |
| | | (Enter | iona on Couli | ин Л, Line 0) | | | |

| NAME OF PERSON MAKING INDEPENDENT EXPE | NDITURE (As rep | oorted on Pag | e 1, Line 1) | TYPE OF | REPORT | | | |
|--|-----------------------------------|------------------|-----------------------------|----------------|----------|----------|----------|--------------------------|
| | | | | | | | | |
| B. Independent Expen | ditures Obliga | ted by Pe | erson this | Period but | Not Paid | | | |
| Name of Creditor | | | | | | Dat | e Obliga | nted |
| | | | | | | | | |
| Street Address | | City | | | | State | Zip | o Code |
| | | | | | | | | |
| Independent Expenditure on behalf of more than one candidate? Description | 1 | | | | | | | |
| Yes No If yes, complete Section B. Addendum Name of Candidate (only complete if Independent Expenditure is on behalf of ONE ca | udidata if mana than and | Complete Section | P. Addandum) |) | | | | |
| Ivanie of Cancidate (only complete if maepenaem Expenditure is on benai) of OVE ca | nataate—y more than one, | Complete Section | D. Auuenuum) | Office Sought | | | | □ Supported □ Opposed |
| Purpose of Expenditure (by code) | Expenditure Nu (if applicable) | ımber | Associated with | th Referendum? | A | amount (| Obligat | ed |
| | | | □ Yes | s 🗖 No | | | | |
| Name of Creditor | I | | I | | | Dat | e Obliga | nted |
| | | | | | | | | |
| Street Address | | City | | | | State | Zip | o Code |
| | | | | | | | | |
| Independent Expenditure on behalf of more than one candidate? Description | 1 | | | | | | | |
| Yes No If yes, complete Section B. Addendum | | | | | | | | |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE ca | ndidate—if more than one, | Complete Section | B. Addendum) | Office Sought | | | | □ Supported □ Opposed |
| Purpose of Expenditure (by code) | Expenditure Nu (if applicable) | ımber | Associated with | th Referendum? | A | Amount (| Obligat | ted |
| | (9 | | □ Yes | s 🗖 No | | | | |
| Name of Creditor | | | | | | Dat | e Obliga | nted |
| | | | | | | | | |
| Street Address | | City | | | | State | Zip | o Code |
| | | | | | | | | |
| Independent Expenditure on behalf of more than one candidate? Description | 1 | | | | | | | |
| □ Yes □ No If yes, complete Section B. Addendum | | | | | | | | Γ |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE ca | ndidate—if more than one, | Complete Section | B. Addendum) | Office Sought | | | | □ Supported □ Opposed |
| Purpose of Expenditure | Expenditure Nu | umber | Associated wit | th Referendum? | A | Amount (| Dhligat | ed |
| (by code) | (if applicable) | | | s 🗆 No | - | | Juigut | |
| | | | | | | | | |
| | SUBTO | DTAL Sect | ion B Th | nis Page | | | | |
| | TOTAL o | fadditiona | l Section B | B. Pages | | | | |
| TOTAL OF ALL INDEPENDENT EXP DURING THIS PERIOD BUT NOT PA | | | ED BY PE total on Colum | | | | | |
| Previous Reported Independent | Expenditures U | npaid and | Still Outst | anding | | | | |
| TOTAL OF ALL INDEPENDENT EXPE | NDITURES OF | | D BUT NO total on Column | | | | | |
| | | ,, | | · · · · · | | | | |

SEEC FORM 26—SHORT FORM Revised August 2014 INDEPENDENT EXPENDITURES

| NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE OF 2 | | | | REPORT | | | |
|---|-------------------------------------|-------------------------|--------|-----------------|----------|--|--|
| | C Itamization o | of Reimbursements | | | | | |
| Name of Individual Reimbursed | | n Kennbul sements | | | | | |
| | | | | | | | |
| 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 | Expenditure Num | ber | | |
| Description | | | | Amo | unt | | |
| Name of Individual Reimbursed | | | | | | | |
| Name of Vendor, Person or Entity Pai | d by Individual | | | | | | |
| Street Address of Vendor, Person or E | Cntity | City | | State | Zip Code | | |
| Date of Payment to Vendor, Person or Entity | Purpose of Expenditure (by code) | 1 | H (| Expenditure Num | ber | | |
| Description | 1 | | | Amo | unt | | |
| 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) | 1 | H (| Expenditure Num | ber | | |
| Description | | | | Amo | unt | | |
| | SUBTO | TAL Section C This | Page | | | | |
| | TOTAL of | additional Section C. P | ages | | | | |
| | TOTAL OF | FALL REIMBURSEM | ENTS | | | | |

INDEPENDENT EXPENDITURES

| 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 at during the twelve month period prior to the applicable primary or election that are five thous aggregate. | ny "covered transfe | 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 Iden | tification 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 | Amo | 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 | Amount | | | | | | |
| Source of Covered Transfer—Name of Person Making Covered Transfer | I | | | | | | |
| 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 | Amount | | | | | | |

□ See Additional Page(s)

| NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) | TYPE OF REPO | YPE OF REPORT | | | | | |
|---|--------------|---------------|----------------------|---------------------|--|--|--|
| | | | | | | | |
| E. Five Largest Covered Transfers Disclosed in Communication | | | | | | | |
| If the independent expenditure reported in this form was for a communication made or of 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 | he fiv | e larges | st aggregate | | | |
| Source of Covered Transfer—Name of Person Making Covered Transfer | | | Expenditu Section | re 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 | | <u> </u> | Amou | int | | | |
| Source of Covered Transfer—Name of Person Making Covered Transfer | I | | Expenditu Section | re 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 | | Amount | | | | | |
| Source of Covered Transfer—Name of Person Making Covered Transfer | | | Expenditu Section | re 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 | re 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 | · | | Expenditu Section | re Number Number | | | |
| Address of Person Making Covered Transfer—City | | State | <u> </u> | Zip Code | | | |
| Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer | | I | Amou | int | | | |

INDEPENDENT EXPENDITURES

| NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) | TYPE OF REPO | DRT | | | | | |
|--|--------------|--------------------|---------------|----------|--|--|--|
| | | | | | | | |
| F. Nesting Dolls Provision for Top 5 Covered Transfers Disclos | ed in Comm | ur | ication | | | | |
| Name of Person Making Covered Transfer to Person Reported in Section E. | | | | | | | |
| 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 N | l 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. | I | | Expenditure N | lumber | | | |
| Name of Person Making Covered Transfer to Person Reported in Section E. | | | | | | | |
| 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. | | | | | | | |
| 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 (<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—SHORT) (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 repo | orted on Page | e 1, Line 1) | TYPE OF | REPORT | | |
|---|------------------------|------------------|--------------|-----------------------|--------|--------|--------------------------|
| | | | | | | | |
| A. Indepen | dent Expen | ditures N | Iade by] | Person | | | |
| Name of Payee | | | | | | Date o | of Expenditure |
| | | | | | | | |
| Street Address | | City | | | S | tate | Zip Code |
| | | | | | | | |
| Independent Expenditure on behalf of more than one candidate? Description | | | | | I | | <u> </u> |
| □ Yes □ No If yes, complete Section A. Addendum | | | | | | | |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidat | te—if more than one, (| Complete Section | A. Addendum) | Office Sought | | | □ Supported |
| | | | | | | | Opposed |
| Purpose of Expenditure (by code) | Expenditure Nu | mber | Associated w | vith Referendum? | | Amou | nt |
| (b) coue) | (if applicable) | | □ Ye | es 🔲 No | | | |
| Name of Payee | | | | | | Date o | of Expenditure |
| | | | | | | | |
| Street Address | | City | | | S | tate | 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 | te—if more than one, (| Complete Section | A. Addendum) | Office Sought | | | |
| | | | | | | | □ Supported □ Opposed |
| Purpose of Expenditure | Expenditure Nu | mber | Associated w | / vith Referendum? | | Amou | nt |
| (by code) | (if applicable) | | | es 🔲 No | | | |
| Name of Payee | | | | | | Date o | of Expenditure |
| | | | | | | | r |
| Street Address | | City | | | S | tate | Zip Code |
| | | - | | | | | |
| Independent Expenditure on behalf of more than one candidate? Description | | | | | | | <u> </u> |
| □ Yes □ No If yes, complete Section A. Addendum | | | | | | | |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidat | te—if more than one, (| Complete Section | 4. Addendum) | Office Sought | | | |
| | | | | | | | □ Supported □ Opposed |
| Purpose of Expenditure | Expenditure Nur | mber | Associated w | /ith Referendum? | | Amour | |
| (if applicable) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | SUBTO | TAL Sect | on A T | his Page | | | |
| | | | | | | | |

| Section B. | ADDITIONAL PAGE | 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 | | <u> </u> | | | I | | |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum) Office Sought | | | | | | | □ Supported □ Opposed |
| Purpose of Expenditure $(by code)$ Expenditure Number $(if applicable)$ Associated with Referendum?And And | | | | | 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, (| Complete Section 1 | 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, (| 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 |
| SUBTOTAL Section B This Page | | | | | | | |

| Section C. | ADDITIONAL PAGE | of |
|------------|------------------------|----|
|------------|------------------------|----|

| NAME OF PERSON MAKI | NG INDEPENDENT EXPENDITURE (As rep | orted on Page 1, Line 1) | TYPE OF REP | PORT | | |
|---|-------------------------------------|--------------------------|-------------|-----------------|---------------------------|----------|
| | | | | | | |
| C. Itemization of Reimbursements | | | | | | |
| Name of Individual Reimbursed | | | | | | |
| | | | | | | |
| Name of Vendor, Person or Entity Paid | l by Individual | | | | | |
| | | L | | | | |
| 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 Numb licable) | per |
| | | | | | | |
| Description | | | | | Amou | int |
| | | | | | | |
| 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 Numb licable) | per |
| of Entry | | | | | | |
| Description | | | Amount | | | |
| | | | | | | |
| 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 | Purpose of Expenditure | | | Expe | enditure Numb | ber |
| or Entity | (by code) | | | (ij app | licable) | |
| Description | | | | | Amou | ınt |
| | | | | | | |
| | | | | | | |
| | SUBTO | TAL Section C This P | age | | | |

Section D. ADDITIONAL PAGE _____ of _____

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

| NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) | TYPE OF REP | ORT | | | |
|---|-------------|-------|--------------------------------------|----------------------|--|
| | | | | | |
| E. Five Largest Covered Transfers Disclosed in Communication | | | | | |
| Source of Covered Transfer—Name of Person Making Covered Transfer | | | Expenditure Number Section 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 | | | | Zip Code | |
| Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer | | | Amou | ınt | |
| 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 | | | Amo | unt | |
| 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 | unt | |
| 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 | ınt | |

| 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 | ed in Comm | unication | | |
| 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 | Jumber | |
| | | | | |
| Name of Person Making Covered Transfer to Person Reported in Section E. | | | | |
| Address of Person Making Covered Transfer—City (<i>if known</i>) St | | | Zip Code | |
| Name of Person Receiving Covered Transfer as Reported in Section E. | | Expenditure | l Number | |
| Name of Person Making Covered Transfer to Person Reported in Section E. | | | | |
| Address of Person Making Covered Transfer—City (<i>if known</i>) | | State | Zip Code | |
| Name of Person Receiving Covered Transfer as Reported in Section E. | I | Expenditure | Number | |
| Name of Person Making Covered Transfer to Person Reported in Section E. | | | | |
| Address of Person Making Covered Transfer—City (<i>if known</i>) | | State | Zip Code | |
| Name of Person Receiving Covered Transfer as Reported in Section E. | | Expenditure | l Number | |
| Name of Person Making Covered Transfer to Person Reported in Section E. | | | | |
| Address of Person Making Covered Transfer—City (<i>if known</i>) | | 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 (<i>if known</i>) | | State | Zip Code | |
| Name of Person Receiving Covered Transfer as Reported in Section E. | | Expenditure N | Jumber | |

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 Person | n Addendum | | | |
| Expenditure Number as reported in Section A Total Amount of the Expenditure | | | Purpose of Expenditure (by | ise of Expenditure (by code) | | |
| Description | | | | | | |
| 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 IN | NEPENDENT EXPENDITI | PF (As reported on Page 1 Line 1) | TVDE OF | FREPORT | |
|---|------------------------|--|------------------|--|--|
| NAME OF TERSON MARING IN | DEI ENDENT EXTENDITO | KE (As reported on 1 uge 1, Line 1) | | KEFOKI | |
| D Indonon | dant Expanditures Incu | uned by Donson this Donio | d but Not D | aid Addandum | |
| | _ | rred by Person this Perio | | | |
| Expenditure Number as reported in Section A Total Amount of the Expenditure | | Purpose of I | | of Expenditure (by code) | |
| Description | | | | | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppo | Amount Allocated to Candidate ported posed | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppc | Amount Allocated to Candidate osed | |
| Name of Candidate | | Office Sought (if applicable) | □ Supp □ Oppc | Amount Allocated to Candidate osed | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppo | Amount Allocated to Candidate osed | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppo | Amount Allocated to Candidate osed | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppo | Amount Allocated to Candidate osed | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppo | Amount Allocated to Candidate osed | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppo | Amount Allocated to Candidate posed | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppo | Amount Allocated to Candidate osed | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppo | Amount Allocated to Candidate bosed | |
| Name of Candidate | | Office Sought (if applicable) | Supp Oppo | 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 | 1 | | | |
| Expenditure Number as reported in Section A. | Total Amount of the Expenditure | Purpos | e of Expenditure (by code) | | |
| Description | 1 | | | | |
| Expenditure Number as reported in Section A. | Total Amount of the Expenditure | Purpos | e of Expenditure (by code) | | |
| Description | | | | | |
| Expenditure Number as reported in Section A. | Total Amount of the Expenditure | Purpos | e of Expenditure (by code) | | |
| Description | | • | | | |
| Expenditure Number as reported in Section A. | Total Amount of the Expenditure | Purpos | se of Expenditure (by code) | | |
| Description | 1 | I | | | |
| Expenditure Number as reported in Section A. | Total Amount of the Expenditure | Purpose of Expenditure (by code) | | | |
| Description | | | | | |