

SEEC FORM 20

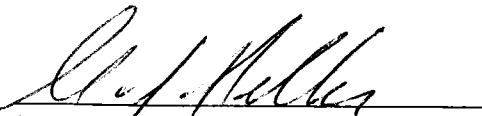
Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/11

FILED SEEC

2011 OCT 11 P 1:35 112403

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE				
Bridgewater Democratic Town Committee				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
MRS.	Maria	J.	Heller (Hoffman)	
3. TREASURER ADDRESS				
Street Address		City	State	Zip Code
116 HARLEM AVENUE		Bpt	CT	06606
4. ELECTION/REFERENDUM DATE		5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER
(mm/dd/yyyy)				<i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT <i>(Check One Box)</i>				
<input type="checkbox"/> January 10 filing <input type="checkbox"/> 7th day preceding primary <input type="checkbox"/> 7th day preceding referendum <input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> <input type="checkbox"/> April 10 filing <input type="checkbox"/> 30 days following primary <input type="checkbox"/> 45 days following referendum <input type="checkbox"/> Amendment to <input type="checkbox"/> July 10 filing <input type="checkbox"/> 7th day preceding election <input type="checkbox"/> Deficit Type of Report: _____ <input checked="" type="checkbox"/> October 10 filing <input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i> <input type="checkbox"/> Termination <input type="checkbox"/> Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election <input type="checkbox"/> 45 days following election not held in November				
9. PERIOD COVERED				
Beginning Date		Ending Date		
8-31-2011		thru 9-30-11		
10. 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.				
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Maria J. Heller (Hoffman) PRINT NAME OF SIGNER		10-17-11 DATE (mm/dd/yyyy)

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/11

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. 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		
12. Balance on hand at the beginning of Reporting Period	11,260.68	
13. Contributions received from Individuals (Sections A and B)	10,400.00	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D-K)	0	
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	0	
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	0	
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	250.00	
17. Total Monetary Receipts (add totals for lines 13-16c)	10,650.00	
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	21,910.68	
19. Expenses Paid by Committee (Section P)	13,026.68	
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	8,884.00	
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O)		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE BOTC	TYPE OF REPORT October Quarterly
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	
SUBTOTAL SECTION A	\$

B. Itemized Contributions from Individuals

Last Name Houston	First Donald	MI	Principal Occupation Attorney
Residential Street Address 1057 Broad St	City Bpt	State CT	Zip Code 06604
Name of Employer Durant, Nichols Houston etc			Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/11	

Last Name Phillips	First Alan	MI	Principal Occupation
Residential Street Address	City	State	Zip Code
Name of Employer			Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/11	

Last Name Ricci	First John	MI	Principal Occupation Airport Manager
Residential Street Address 2676 Park Ave Unit A	City Bpt	State CT	Zip Code 06604
Name of Employer City of Bpt			Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/11	

Last Name Epstein	First Juda	MI	Principal Occupation Attorney
Residential Street Address 245 Wilson St	City Fairfield	State CT	Zip Code 06432
Name of Employer Self-Employed			Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/14/11	

SUBTOTAL Section B-This Page	2,900.00
TOTAL of additional Section B Pages	7,500.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)	10,400.00

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE BDTC	FILING DUE DATE Oct - Quarterly
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B. Itemized Contributions from Individuals

Last Name Maley	First Edwin	MI	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 4 Shawnee Ct	City Crawell	State CT	Zip Code 06416	Name of Employer State of CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/21/11	Aggregate contributions 50000	

Last Name Bohannon	First John	MI	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 1261 Post Rd	City Fairfield	State CT	Zip Code 06824	Name of Employer Self Employed
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/18/11	Aggregate contributions 1,000.00	

Last Name Simpson	First Cathleen	MI A	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 115 Balm's Arch St	City Bpt	State CT	Zip Code 06605	Name of Employer State of CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/18/11	Aggregate contributions 1,000.00	

Last Name Digennaro	First Philip	MI L	Principal Occupation	Amount of Contribution
Residential Street Address 5620 Park Ave St Apt 1	City Dumbell	State CT	Zip Code 06611	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/11	Aggregate contributions 1,000.00	

Last Name D. Zio	First Raymond	MI	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 1 Post Rd	City Fairfield	State CT	Zip Code 06824	Name of Employer Self-Employed
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/11	Aggregate contributions 1,000.00	

SUBTOTAL Section B-This Page **4,500.00**

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE BOYC	FILING DUE DATE Oct - Quarterly
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B. Itemized Contributions from Individuals

Last Name Berchem	First Robert	MI	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 75 Broad St	City Milford	State CT	Zip Code 06460	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NIA		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9-28-11	Aggregate contributions 1,000.00	

Last Name Berchem	First Jonathan	MI D	Principal Occupation	Amount of Contribution
Residential Street Address 216 Centennial Drive	City Milford	State CT	Zip Code 06461	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NIA		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/26/11	Aggregate contributions 1,000.00	

Last Name MEYER	First Christopher	MI	Principal Occupation Attorney	Amount of Contribution
Residential Street Address 3223 Main St	City Bpt	State CT	Zip Code 06606	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NIA		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9-23-11	Aggregate contributions 1,000.00	

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions	

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions	

SUBTOTAL Section B-This Page **3,000.00**

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE BOTC	TYPE OF REPORT Oct Quarterly
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C1. Contributions from Other Committees

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No				Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer			
Address			Date Received				Amount of Receipt
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input type="checkbox"/> Payment for goods and services Distribution				
Name of Committee				Name of Treasurer			
Address			Date Received				Amount of Receipt
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input type="checkbox"/> Payment for goods and services Distribution				

SUBTOTAL Section C-This Page

TOTAL of additional Section C Pages

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE BOTC	TYPE OF REPORT Oct - Quarterly
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D. Loans Received this Period

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			
Street Address	City	State	Zip Code	Date of Receipt			

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			
Street Address	City	State	Zip Code	Date of Receipt			

TOTAL SECTION D

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				Date Received		Amount Received
Street Address		City	State	Zip Code	Aggregate Contributions	

Name of Entity				Date Received		Amount Received
Street Address		City	State	Zip Code	Aggregate Contributions	

Name of Entity				Date Received		Amount Received
Street Address		City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
_____	_____	_____	_____	
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, list Event # _____		
Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, list Event # _____		

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
_____	_____	_____	_____	

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
_____	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Amount		Amount		
_____		_____		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE BOTC	TYPE OF REPORT Oct - Quarterly
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I. Anonymous Contributions

Date Received	Amount	Date Received	Amount	Total Amount Received
\$1 bills _____	\$5 bills _____	\$1 bills _____	\$5 bills _____	
\$10 bill _____	coins _____	\$10 bill _____	coins _____	

J. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	Zip Code	City	

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	
Description		
Name	Date of Transaction	Amount Received
Street Address	City	
Description		

TOTAL SECTION K

Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+
Total Amount Transferred from Affiliated Business Treasury (Section F)	+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+
Total Amount of Anonymous Contributions (Section I)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	-
Total of Other Monetary Receipts (Add Sections D-K) (Enter total on Line 15 of Summary Page)	

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE BOTC	TYPE OF REPORT Oct-Quarterly
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L1. Fundraiser Event Information

Fundraising Event # <small>Date of Fundraiser Letter</small>	Description	Location: Street Address	City	State	Zip Code
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Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 **In-kind Donations not Considered Contributions** and complete required information.)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.**)
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book** and complete required information.)
 No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter **Total Receipts from small purchases** here.) \$
 No

Fundraising Event # <small>Date of Fundraiser Letter</small>	Description	Location: Street Address	City	State	Zip Code
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Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 **In-kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.)
 No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 **In-kind Donations not Considered Contributions** and complete required information.)
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 **Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.**)
 No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book** and complete required information.)
 No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter **Total Receipts from small purchases** here.) \$
 No

SUBTOTAL Section L1—6a ESDU 3 (Town Committees ONLY) Total Receipts from Small Purchases-This Page	
TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)	

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE BOTC	TYPE OF REPORT Oct-Quarterly
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L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Last Name	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						

SUBTOTAL Section L2-This Page	
TOTAL of additional Section L2 Pages	
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER DALES OF DONATED ITEMS <i>(Enter total on Line 16b of Summary Page)</i>	

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE BOYC	TYPE OF REPORT Oct - Quarterly
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L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser Durant, Nichols, Houston, Hodgson	Business Entity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Received 9-23-11	Aggregate Purchases for All Events	Amount of Purchase 250.00
Street Address 1057 Broad St	City Bpt	State CA	Zip Code 06604	Event # 10-19-2010

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

Name of Purchaser	Business Entity <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Event #

SUBTOTAL Section L3-This Page				
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TOTAL of additional Section L3 Pages				
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TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)				250.00
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IV. Ex PENSITURES

NAME OF COMMITTEE BDTC	TYPE OF REPORT Oct - Quarterly
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P. Expenses Paid by Committee

Name of Payee MARtha SANTIAGO		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1191 <input type="checkbox"/> Debit Card
Street Address 410 Kent St		City Bpt	State CT Zip Code 06610
Purpose of Expenditure (by code) Food	Description Food For Primary	Event #	Amount 2400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed

Name of Payee Dennis Scinto		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1187 <input type="checkbox"/> Debit Card
Street Address 2641 Madison Ave		City Bpt	State CT Zip Code 06606
Purpose of Expenditure (by code) Food	Description Food For Primary	Event #	Amount 2400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed

Name of Payee Lydia Martinez		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1190 <input type="checkbox"/> Debit Card
Street Address 85 William St		City Bpt	State CT Zip Code 06608
Purpose of Expenditure (by code) FOOD	Description Food For Primary	Event #	Amount 400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed

Name of Payee Ralph Ford		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1192 <input type="checkbox"/> Debit Card
Street Address Mill Hill Ave		City Bpt	State CT Zip Code 06610
Purpose of Expenditure (by code) Food	Description Food For Primary	Event #	Amount 400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed

Name of Payee Danny Roach		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1183 <input type="checkbox"/> Debit Card
Street Address Midland Ave		City Bpt	State CT Zip Code 06605
Purpose of Expenditure (by code) Food	Description Food For Primary	Event #	Amount 2400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed

SUBTOTAL Section P-This Page	2,000.00
TOTAL of additional Section P Pages	11,026.68
TOTAL OF ALL Ex PENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)	13,026.68

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE BOTC	TYPE OF REPORT Oct - Quarterly
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P. Expenses Paid by Committee

Name of Payee WALTER BLUNT		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1188 <input type="checkbox"/> Debit Card
Street Address Nauticus Rd		State CT	Zip Code 06606
Purpose of Expenditure (by code) FOOD	Description Food For Primary	Event #	Amount 400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Bpt	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Dottie Guman		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1189 <input type="checkbox"/> Debit Card
Street Address Hickory Street		State CT	Zip Code 06608
Purpose of Expenditure (by code) FOOD	Description Food For Primary	Event #	Amount 400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Bpt	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Mitch Robles		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1184 <input type="checkbox"/> Debit Card
Street Address 993 State St		State CT	Zip Code 06601
Purpose of Expenditure (by code) FOOD	Description Food For Primary	Event #	Amount 400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Bpt	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Michael Fredano		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1185 <input type="checkbox"/> Debit Card
Street Address 31 Rustling Place		State CT	Zip Code 06606
Purpose of Expenditure (by code) FOOD	Description Food For Primary	Event #	Amount 400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Bpt	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Maria J. Hoffman		Date of Payment 9-27-11	Method of Payment <input checked="" type="checkbox"/> Check # 1186 <input type="checkbox"/> Debit Card
Street Address 16 Harlem Ave		State CT	Zip Code 06606
Purpose of Expenditure (by code) FOOD	Description Food For Primary	Event #	Amount 400.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Bpt	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

SUBTOTAL Section P-This Page

2,000.00

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE BOTC	TYPE OF REPORT Oct - Quarterly
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P. Expenses Paid by Committee

Name of Payee Mission Central, Inc		Date of Payment 9-23-11	Method of Payment <input checked="" type="checkbox"/> Check # 1182 <input type="checkbox"/> Debit Card
Street Address 114 A Mansfield Hollow Rd		City Mansfield CTR	State CT Zip Code 06250
Purpose of Expenditure (by code) PRNT	Description Printing Palm Cards	Event #	Amount 51,529.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Total Graphic		Date of Payment 9-23-11	Method of Payment <input checked="" type="checkbox"/> Check # 1181 <input type="checkbox"/> Debit Card
Street Address 111 Brookside Rd		City New Britain	State CT Zip Code 06052
Purpose of Expenditure (by code) PRNT	Description Printing Palm Cards / Post / mailing fee	Event #	Amount 7,497.68
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee		Date of Payment	Method of Payment
Street Address		City	State Zip Code <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code)	Description	Event #	Amount
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee		Date of Payment	Method of Payment
Street Address		City	State Zip Code <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code)	Description	Event #	Amount
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee		Date of Payment	Method of Payment
Street Address		City	State Zip Code <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code)	Description	Event #	Amount
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) ○ A ○ B ○ C ○ D ○ E	Candidate(s) Name (if applicable) Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

SUBTOTAL Section P-This Page

19,026.68