

SEEC FORM 26

Independent Expenditure Statement for an Entity
(NOT Individuals or Committees)

Rev. 8/10



121856

Original
 Amendment

Page 1 of 6

Official Use Only

FILED SEEO NMS

1. NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)		2. TAX EXEMPT STATUS	
Great New England Public Schools Alliance		501(c) <input type="checkbox"/> 527 <input type="checkbox"/> N/A	
3. MAILING ADDRESS OF ENTITY			
Street Address	City	State	Zip Code
151 New Park Avenue	Hartford	CT	06106
4. PRINCIPAL BUSINESS ADDRESS OF ENTITY			
Street Address	City	State	Zip Code
151 New Park Avenue	Hartford	CT	06106
5. CEO OR FUNCTIONAL EQUIVALENT OF ENTITY			
First Name	MI	Last Name	Suffix
Dmitri		Mehlhorn	
Title			
Chairman			
6. TELEPHONE & EMAIL ADDRESS OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY			
(Include Area Code)	Email Address		
(916) 287-9204	compliance@gnepsa.org		
7. NAME OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS			
First Name	MI	Last Name	Suffix
Angelia		Dickens	
Title			
General Counsel			
8. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO FILE			
(Include Area Code)	Email Address		
(916) 287-9204	compliance@gnepsa.org		
9. AGENT FOR SERVICE OF PROCESS IN CONNECTICUT			
Dmitri Mehlhorn			
10. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT			
Street Address	City	State	Zip Code
151 New Park Avenue	Hartford	CT	06106
11. TELEPHONE & EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT			
(Include Area Code)	Email Address		
(916) 287-9204	compliance@gnepsa.org		
12. DATE		13. BRIEF DESCRIPTION OF REFERENDUM QUESTION (If applicable)	
<input checked="" type="checkbox"/> Primary 10/2/12 <input type="checkbox"/> Election _____ <input type="checkbox"/> Referendum _____			
		14. POSITION (If applicable)	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
15. STATE OR POLITICAL SUBDIVISION			
<input type="checkbox"/> State <input type="checkbox"/> Political Subdivision(s): (Please list)			

INSTRUCTIONS

Name of Entity: Provide full name of the business entity, organization, association or other legal entity making the independent Expenditure.

16. Type of Report: Check the appropriate box to indicate what type of report is being filed. If filing an amendment to a previously filed report, check the Amendment box and indicate on the line below the Report Type being amended.

17. Period Covered: The Beginning Date must be the first day not included on the last filed Independent Expenditure statement. For an original filing (i.e. not an amendment), this date may not overlap dates, including the Ending Date, covered in a previously filed report. For an amendment, these dates should be the same as the dates specified in the original filed report being amended. If this is the first report filed by an entity, the Beginning Date should be the date that the entity made its first expenditure. The Ending Date should include all transactions as of midnight of that day.

18. Certification of CEO or Functional Equivalent of Entity: This form must be signed by the CEO or functional equivalent authorized to designate an agent to file Independent Expenditure Statements. This certification statement must be complete and accurate. Penalties can be imposed for missing or inaccurate information.

19. Certification of Individual Authorized to File Independent Expenditure Statements: This form must be signed by the individual authorized to file Independent Expenditure Statements. This certification statement must be complete and accurate. Penalties can be imposed for missing or inaccurate information.

Summary Totals this Period is the total for each section for the period covered as designated on Line 17.

Summary Totals Aggregate refers to the total amount expended.

Line 20 — 22: Enter the total of each section as per the directions on the bottom of each corresponding page of the statement.

SEEC FORM 26

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(NOT Individuals or Committees)
Rev. 8/10

INDEPENDENT EXPENDITURES

NAME OF ENTITY: (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)

Great New England Public Schools Alliance

16. TYPE OF REPORT: (Check One Box)

- January 10 7th day preceding primary 7th day preceding referendum 48/24 hour Independent Expenditure Statement for Primary
- April 10 30 days following primary 48/24 hour Independent Expenditure Statement for Election
- July 10 7th day preceding election 48/24 hour Independent Expenditure Statement for Special Election
- October 10 7th day preceding special election 45 days following referendum Amendment to (Type of Report)
- 45 days following special election

17. PERIOD COVERED

Beginning Date Ending Date
9/25/12 through 9/26/12

18. CERTIFICATION OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this Independent Expenditure Statement are true, accurate and complete to the best of my knowledge and belief, and further that any individual designated herein to file Independent Expenditure Statements on behalf of the Entity has indicated to me his/her acceptance of my appointment of them to that position.


SIGNATURE

Dmitri Mehlhorn
PRINT NAME OF SIGNER

9/26/12
DATE (mm/dd/yyyy)

19. CERTIFICATION OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file Independent Expenditure Statements on behalf of the Entity. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the Entity, for the period covered, and that these expenditures and obligations were made independent of any other individual, entity, candidate, committee or their agents, and that the entity has not been reimbursed nor does it have an expectation of reimbursement for these expenditures from any such source; and that I understand that the acceptance of any such reimbursement at any time in the future may constitute a serious and punishable violation of Connecticut's Campaign Finance Laws.


SIGNATURE

Angelia Dickens
PRINT NAME OF SIGNER

9/26/12
DATE (mm/dd/yyyy)

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
20. Expenditures Made by Entity (A - Page 3)	\$31,977.51	\$31,977.51
21. Expenditures Obligated by Entity During this Period but Not Paid (B - Page 4)	\$0	
22. Total Outstanding Expenditures Obligated by Entity still Unpaid (B - Page 4)	\$0	

INSTRUCTIONS

Please Note: At the top of every page that follows, report the **Name of Entity**, the **Document Type**, and the **Type of Report** in the appropriate boxes.

Name of Entity: Provide the complete name of Business Entity, Organization, Association or Other Legal Entity for reference.

Type of Report: Enter what type of report is being filed as indicated on Page 2, Line 16, such as "July 10."

Document Type: Check the type of filing that the current document refers to, either **Original** or **Amendment**

SECTION A. INDEPENDENT EXPENDITURES MADE BY ENTITY

Name of Payee, Street Address, City, State, and Zip Code: Enter the name and address of the vendor or individual that the entity paid directly OR the entity's name if its prior asset was used.

***Please Note:** An expenditure is made by an entity when it uses *anything of value* for the purpose of influencing the nomination for election, or election, of any person or for the purpose of aiding or promoting the success or defeat of any referendum question or promoting a political party. General Statutes § 9-601b (a)(1). This includes the entity's use of its monetary *and non-monetary* assets. If this is a nonmonetary asset (i.e. a brochure designed and printed in-house), report the entity as payee.

Amount: Record the amount of the expenditure OR fair market value of the asset provided. If this is a nonmonetary asset, report the fair market value of services and goods produced in-house.

Date of Expenditure: Record the date that the expenditure was made by the entity.

Purpose of Expenditure: Note the purpose of the expenditure using the Expenditure Code Addendum attached to this form. If the expense is a *reimbursement* to an individual, the entity must also report each vendor paid by the individual in Section C, "Itemization of Reimbursements to Individuals."

Description: Provide a brief description of the expenditure. Certain expenditure codes require a description as set forth in the Expenditure Code Addendum attached to this form.

Associated with Referendum? Indicate if the independent expenditure is being made in association with a Referendum by checking **Yes** or **No**. *If yes, be sure you have completed Lines 13 -- 15 on Page 1.*

If this is an independent expenditure benefiting a candidate committee, complete the following three questions:

Candidate Name; Office Sought: If applicable, enter the first candidate's name and office sought for whom the independent expenditure was made. Check the appropriate box, *Supported* or *Opposed*, to indicate whether the candidate was supported or opposed by the expenditure.

Candidate Name; Office Sought: If applicable, enter the second candidate's name and office sought for whom the independent expenditure was made. Check the appropriate box, *Supported* or *Opposed*, to indicate whether the candidate was supported or opposed by the expenditure.

Associated with or benefiting more than 2 candidates?: If applicable, check the appropriate *Yes* or *No* box. If *Yes*, complete the Section A Addendum to indicate the name and office sought for each additional candidate for whom the independent expenditure was made. Check the appropriate box, *Supported* or *Opposed*, to indicate whether the candidate was supported or opposed by the expenditure.

SUBTOTAL Section A -- This Page: Add together each expenditure made by the entity reported on page 3 in Section A and record the total.

TOTAL of additional Section A Pages: Total and record the amount of all additional Section A pages (*if applicable*).

TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY ENTITY THIS PERIOD: Add together all of the amounts reported in all Section A pages of this filing. Record the amount on this line and on Line 20 of Page 2.

SEEC FORM 26

Independent Expenditure Statement for an Entity
(NOT Individuals or Committees)
Rev. 8/10

INDEPENDENT EXPENDITURES

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)			
Great New England Public Schools Alliance			
TYPE OF REPORT		DOCUMENT TYPE (Check One Box)	
48/24 hour Independent Expenditure Statement for Primary		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
A. Independent Expenditures Made by Entity			
Name of Payee			Amount
Switchboard Communications			\$2,341.71
Street Address		City	State Zip Code
888 16th Street NW, Suite 650		Washington	DC 20066
Date of Expenditure	Purpose of Expenditure (By Code)	Description	Associated with Referendum?
9/25/12	A-PH-BNK		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed Independent Expenditure on behalf of more than 2 Candidates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A, Addendum
Brandon McGee		HD 5	
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Payee			Amount
Civic Census Group			\$29,635.80
Street Address		City	State Zip Code
888 16th Street NW, Suite 650		Washington	DC 20066
Date of Expenditure	Purpose of Expenditure (By Code)	Description	Associated with Referendum?
9/25/12	Misc	Canvassing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed Independent Expenditure on behalf of more than 2 Candidates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A, Addendum
Brandon McGee		HD 5	
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Payee			Amount
Street Address		City	State Zip Code
Date of Expenditure	Purpose of Expenditure (By Code)	Description	Associated with Referendum?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Independent Expenditure on behalf of more than 2 Candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section A, Addendum
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
SUBTOTAL Section A - This Page			\$31,977.51
TOTAL of additional Section A Pages			\$0
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY THE ENTITY THIS PERIOD <small>(Enter total on Line 20)</small>			\$31,977.51

SECTION B. INDEPENDENT EXPENDITURES OBLIGATED TO BE MADE BUT NOT PAID BY ENTITY DURING THIS PERIOD

In Section B, separately report each expense incurred but not paid as of the close of the reporting period covered by this statement. When uncertain of the exact amount of the expense, the individual authorized to file independent expenditure statements should make a good faith estimate of the amount incurred. An individual to whom the entity owes a reimbursement or payment for services rendered should also be reported in this section.

Name of Creditor, Street Address, City, State, and Zip Code: Enter the creditor's name and address.

Amount Incurred: Record the amount of the expense incurred.

Date Incurred: Record the date that the expense was incurred by the entity.

Purpose of Expenditure: Note the purpose of the expenditure using the Expenditure Code Addendum attached to this form.

Description: Provide a brief description of the expenditure. Certain expenditure codes require a description as set forth in the Expenditure Code Addendum attached to this form.

Associated with Referendum? Indicate if the independent expenditure is being made in associate with a Referendum, Check Yes or No. If yes, complete Lines 13 — 15 on Page 1.

If this is an independent expenditure benefiting a candidate committee, complete the following three questions:

Candidate Name; Office Sought: If applicable, enter the first candidate's name and office sought for whom the independent expenditure was made. Check the appropriate box, *Supported* or *Opposed*, to indicate whether the candidate was supported or opposed by the expenditure.

Candidate Name; Office Sought: If applicable, enter the second candidate's name and office sought for whom the independent expenditure was made. Check the appropriate box, *Supported* or *Opposed*, to indicate whether the candidate was supported or opposed by the expenditure.

Associated with or benefiting more than 2 candidates?: If applicable, check the appropriate *Yes* or *No* box. If *Yes*, complete the Section B Addendum to indicate the name and office sought for each additional candidate for whom the independent expenditure was made. Check the appropriate box, *Supported* or *Opposed*, to indicate whether the candidate was supported or opposed by the expenditure.

SUBTOTAL Section B — This Page: Add together each expense incurred but not paid by the entity reported on page 4 in Section B and record the total.

TOTAL of additional Section B Pages: Total and record the amount of all additional Section B pages (if applicable).

TOTAL OF ALL EXPENSES INCURRED BY ENTITY BUT NOT PAID DURING THIS PERIOD: Add together all of the amounts reported in all Section B pages of this filing. Record the amount on this line and on Line 21 of Page 2.

Previously reported Expenses Unpaid and Still Outstanding: Record the amount of previously reported unpaid expenses that remain unpaid at the close of this reporting period.

TOTAL OF ALL EXPENSES INCURRED BY ENTITY BUT NOT PAID: Add the total of expenses incurred by the entity but not paid during this period (Section B of current filing) to the previously reported unpaid expenses that remain unpaid. Record the total on this line and on Line 22 of Page 2.

SEEC FORM 26

Independent Expenditure Statement for an Entity
(NOT Individuals or Committees)
Rev. 3/10

INDEPENDENT EXPENDITURES

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)			
TYPE OF REPORT		DOCUMENT TYPE (Check One Box)	
		<input type="checkbox"/> Original <input type="checkbox"/> Amendment	
B. Independent Expenditures Obligated to be Made but Not Paid by the Entity During this Period			
Name of Creditor			Amount Incurred
Street Address		City	State Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Independent Expenditure on behalf of more than 2 Candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed If yes, complete Section B, Addendum
Name of Creditor			Amount Incurred
Street Address		City	State Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Independent Expenditure on behalf of more than 2 Candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed If yes, complete Section B, Addendum
Name of Creditor			Amount Incurred
Street Address		City	State Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Independent Expenditure on behalf of more than 2 Candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed If yes, complete Section B, Addendum
SUBTOTAL Section B - This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED TO BE MADE BUT NOT PAID BY THE ENTITY THIS PERIOD (Enter total on Line 21)			
Previous Reported Expenditures Unpaid and Still Outstanding			
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED TO BE MADE BUT NOT PAID (Enter total on Line 22)			

SECTION C. ITEMIZATION OF REIMBURSEMENTS TO ENTITY AGENTS

In Section C, report each instance in which an individual makes an expenditure to a vendor on behalf of the entity related to the independent expenditure. Whether the entity writes a single check to reimburse an individual for combined expenses, or multiple checks to reimburse the individual for each expense, the entity must report each vendor paid by the individual in this section.

Report the reimbursement to the individual in Section A "Expenditures Made by Entity."

Name of Individual Reimbursed: Enter the name of the individual being reimbursed.

Name of Vendor Paid by Individual, Street Address of Vendor, City, State, and Zip Code: Enter the name and address of the vendor that was paid by the individual.

Description: Provide a brief description of the item purchased from the vendor by the individual. Certain expenditure codes require a description as set forth in the Expenditure Code Addendum attached to this form.

Date of Payment to the Vendor: Report the date that the individual paid the vendor.

Purpose of Expenditure: Note the purpose of the expenditure made by the individual by using the Expenditure Code Addendum attached to this form.

Amount: Record the amount of the expenditure that the individual paid to the vendor.

SUBTOTAL Section C – This Page: Add together each reimbursement paid by the entity reported on page 5 in Section C and record the total.

TOTAL of additional Section C Pages: Total and record the amount of all additional Section C pages *(if applicable)*.

TOTAL OF ALL REIMBURSEMENTS THIS PERIOD: Add together all of the amounts reported in all Section C pages of this filing. Record the amount on this line.

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Independent Expenditure Statement for an Entity
(NOT Individuals or Committees)
Rev. 8/10

INDEPENDENT EXPENDITURES

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)				
TYPE OF REPORT			DOCUMENT TYPE (Check One Box)	
			<input type="checkbox"/> Original <input type="checkbox"/> Amendment	
C. Itemization of Reimbursements				
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount	
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount	
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount	
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount	
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount	
Name of Individual Reimbursed		Name of Vendor Paid by Individual		
Street Address of Vendor		City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure (by code)	Amount	
SUBTOTAL Section C - This Page				
TOTAL of additional Section C Pages				
TOTAL OF ALL REIMBURSEMENTS				

SECTION D. TOP FIVE CONTRIBUTORS

Reporting entities that are exempt from federal taxes under §§ 501(c) or 527 of the Internal Revenue Code must also identify the top-five funders that have provided the largest amounts to the entity in the 12-month period preceding an expenditure made or incurred for any written, typed or other printed communication or any web-based, written communication covered in this report. For the purposes of this requirement, the phrase "Top Five Contributors" refers to the top five providers of capital assets (monetary and non-monetary) to the not-for-profit group in the 12 months preceding the communication.

For-profit entities do not need to complete this portion of the form.

In Section D, report the "Top Five Contributors" that donated to the non-profit entity in the 12-months preceding the date of the communication that triggered this report. If more than five contributors have donated an equal amount of resources to the not-for-profit group during that period, attach additional sheets to this report to identify all of those donors. The "Top Five Contributors" should be listed in order from largest to smallest. For those donors who have donated equal amounts, the entity may list them in alphabetical order.

Name of Contributor: Identify the funder that provided capital assets to the not-for-profit group. For individuals, enter the first name, middle initial and last name. For businesses, organizations, or other entities, enter the name of the entity that provided the capital assets as it appears on the instrument that resulted in the transfer of assets. A contributor may be an entity, individual or a person as defined in General Statutes § 9-601 (10).

Street Address of Contributor, City, State, Zip Code: Provide the complete physical address of any donor included on the "Top Five Contributors" attribution. For individuals, this should be the individual's home address, not a post office box. For entities, the address would be the principal business address of the entity, not a post office box.

Attach additional sheets if necessary.

NAME OF ENTITY <i>(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)</i>			
Great New England Public Schools Alliance			
TYPE OF REPORT		DOCUMENT TYPE <i>(Check One Box)</i>	
48/24 hour Independent Expenditure Statement for Primary		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment	
D. Top Five Contributors			
If the Entity has IRC §§ 501(c) or 527 tax exempt status and has made or obligated to make independent expenditures during this filing period for any written, typed or other printed communication or any web-based, written communication covered in this report. Please identify the name(s) of the five contributors making the largest contributions to the entity during this filing period.			
Name of Contributor			
StudentsFirst			
Street Address of Contributor		City	State Zip Code
N/A		Sacramento	CA 95814
Telephone Number (Include Area Code)		Email Address	
N/A		N/A	
Name of Contributor			
ConnAD			
Street Address of Contributor		City	State Zip Code
N/A		Stamford	CT 06901
Telephone Number (Include Area Code)		Email Address	
N/A		N/A	
Name of Contributor			
Michael R. Bloomberg			
Street Address of Contributor		City	State Zip Code
N/A		New York	NY 10075
Telephone Number (Include Area Code)		Email Address	
N/A		N/A	
Name of Contributor			
Nick Beim			
Street Address of Contributor		City	State Zip Code
N/A		New York	NY 10014
Telephone Number (Include Area Code)		Email Address	
N/A		N/A	
Name of Contributor			
Dr. Steve Perry			
Street Address of Contributor		City	State Zip Code
N/A		Hartford	CT 06103
Telephone Number (Include Area Code)		Email Address	
N/A		N/A	
Name of Contributor			
Street Address of Contributor		City	State Zip Code
Telephone Number (Include Area Code)		Email Address	

See Additional Page(s)