SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

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COVER PAGE

1. NAME OF COMMITTEE

THE HAT PAC

2. TREASURER NAME

First	MI	Last	Suffix
HELENA		ABRANTES	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
12 FANTON ROAD	DANBURY	CT	06810

4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER
(mm/dd/yyyy)		*(if applicable)*

7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

First	MI	Last	Suffix

8. TYPE OF REPORT *(Check One Box)*

- ☐ January 10 filing
- ☐ April 10 filing
- ☑ July 10 filing
- ☐ October 10 filing
- ☐ 24 Hour Independent Expenditure
  - O Primary O Election
- ☐ 7th day preceding primary
- ☐ 30 days following primary
- ☐ 7th day preceding election
- ☐ 12th day preceding election *(State Central Committees Only)*
- ☐ 45 days following election not held in November
- ☐ 7th day preceding referendum
- ☐ 45 days following referendum
- ☐ Deficit
- ☐ Termination
- ☐ Initial Contribution or Disbursement *(PACs ONLY)*
- ☐ Amendment to

Type of Report: _____

9. PERIOD COVERED

Beginning Date		Ending Date
04/01/2015	thru	06/30/2015

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)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
	HELENA ABRANTES	07/10/2015

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING 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	1,825.00	
13. Contributions Received from Individuals (Sections A and B)	760.00	
14. Receipts from Other Committees (Sections C1 and C2)	-	
15. Other Monetary Receipts (Sections D through K)	-	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	-	
16b. *Per Public Act 11-48, effective January 1, 2012 Section L2. removed*		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	-	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	760.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2,585.00	
19. Expenses Paid by Committee (Section P)	199.00	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2,386.00	
21. In-Kind Donations not Considered Contributions Received (Section L4)	-	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	-	
23. In-Kind Contributions Received (Section M)	-	
24. Refundable Deposit to Telephone Company (Section N)	-	
25. 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 *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING REPORT

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A** $ 760.00

B. Itemized Contributions from Individuals

Last Name	First	MI
DeBENIGNO	PETER	

Residential Street Address	City	State	Zip Code
CLAYTON ROAD	DANBURY	CT	06811

Principal Occupation	Name of Employer
SALES OPERATION	MOBILE AIR, INC.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No *If yes*, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Amount of Contribution 50.00

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
5/7/2015	50.00

Last Name	First	MI
FREIRE	ROSCETTA	

Residential Street Address	City	State	Zip Code
48 KELLOGG STREET	BROOKFIELD	CT	06804

Principal Occupation	Name of Employer
STUDENT	–

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No *If yes*, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Amount of Contribution 100.00

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
3/12/2015	100.00

Last Name	First	MI
FREIRE	ROSA	

Residential Street Address	City	State	Zip Code
48 KELLOGG STREET	BROOKFIELD	CT	06804

Principal Occupation	Name of Employer
PROMOTIONS CONSULTANT	SELF

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No *If yes*, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Amount of Contribution 100.00

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
3/12/2015	100.00

SUBTOTAL Section B — This Page	250.00
TOTAL of additional Section B Pages	510.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	760.00

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Section B ADDITIONAL PAGE 1 of 3

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE	JULY 10, 2015 FILING REPORT

A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor) **SUBTOTAL SECTION A** $ 760.00

B. Itemized Contributions from Individuals

Last Name	First	MI
DINTO	B.	T.

Residential Street Address	City	State	Zip Code
178	DANBURY	CT	06810

Principal Occupation	Name of Employer
RETIRED	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 3/12/2015 | Aggregate Contributions: 10.00

Amount of Contribution: 10.00

Last Name	First	MI
ABRANTES	HELENA	

Residential Street Address	City	State	Zip Code
12 FANTON ROAD	DANBURY	CT	06811

Principal Occupation	Name of Employer
PARALEGAL	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 3/12/2015 | Aggregate Contributions:

Amount of Contribution: 50.00

Last Name	First	MI
GUCKER	KENNETH	

Residential Street Address	City	State	Zip Code
89 PATANARAM ROAD	DANBURY	CT	06811

Principal Occupation	Name of Employer
AUTO RESTORATION	SELF

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: | Aggregate Contributions:

Amount of Contribution: 50.00

SUBTOTAL Section B — This Page	110.00
TOTAL of additional Section B Pages	510.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	760.00

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Section B ADDITIONAL PAGE 2 of 3

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING REPORT

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A** $ 768.00

B. Itemized Contributions from Individuals

Last Name	First	MI
GODFREY	ROBERT	D.

Residential Street Address	City	State	Zip Code
13 STILLMAN AVENUE	DANBURY	CT	06810

Principal Occupation	Name of Employer
STATE REPRESENTATIVE	STATE OF CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No *If yes*, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 6/1/2015 | Aggregate Contributions: 100.00 | **Amount of Contribution:** 100.00

Last Name	First	MI
GONCALVES	GARY	M.

Residential Street Address	City	State	Zip Code
50 SAWMILL RD, UNIT 3211	DANBURY	CT	06810

Principal Occupation	Name of Employer
RETIRED	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No *If yes*, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 5/14/2015 | Aggregate Contributions: 100.00 | **Amount of Contribution:** 100.00

Last Name	First	MI
OLSEN	KARL	A.

Residential Street Address	City	State	Zip Code
27 CROWS NEST LANE, UNIT 7F	DANBURY	CT	06810

Principal Occupation	Name of Employer
RETIRED	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No *If yes*, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: | Aggregate Contributions: | **Amount of Contribution:** 50.00

SUBTOTAL Section B — This Page	250.00
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	

SEEC FORM 20
Revised January 2015

Section B ADDITIONAL PAGE 3 of 3

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING REPORT

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A** $ 760.00

B. Itemized Contributions from Individuals

Last Name	First	MI
BARRY	KEVIN	N.

Residential Street Address	City	State	Zip Code
31 HOUSMAN STREET	DANBURY	CT	06810

Principal Occupation	Name of Employer
PUBLIC SAFETY DIRECTOR	DANBURY HOUSING AUTHORITY

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☐ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 3/12/2015

Aggregate Contributions:

Amount of Contribution: 50.00

Last Name	First	MI
TOTTEN	WILLIAM	T.

Residential Street Address	City	State	Zip Code
3010 GRAND BAY BLVD, UNIT 452	LONGBOAT KEY	FLA	34228

Principal Occupation	Name of Employer
RETIRED	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No *If yes*, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received: 3/10/2015

Aggregate Contributions: 100.00

Amount of Contribution: 100.00

Last Name	First	MI

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☐ No

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received:

Aggregate Contributions:

Amount of Contribution:

SUBTOTAL Section B — This Page	150.00
TOTAL of additional Section B Pages	510.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13, Column A of Summary Page Totals)*	760.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING RPT

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer

Address	City	State	Zip Code

Date Received	Expenditure # *(if applicable)*	Payment Type ☐ Reimbursement for shared expense ☐ Surplus Distribution	**Amount of Receipt**
Description			

Name of Committee	Name of Treasurer

Address	City	State	Zip Code

Date Received	Expenditure # *(if applicable)*	Payment Type ☐ Reimbursement for shared expense ☐ Surplus Distribution	**Amount of Receipt**
Description			

SUBTOTAL Section C — This Page	—
TOTAL of additional Section C Pages	—
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) ***(Enter total on Line 14, Column A of Summary Page Totals)***	—

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING RPT

D. Loans Received this Period

Name of Lender	Source of Loan: ☐ Bank ☐ Candidate ☐ Individual ☐ Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor *(if applicable)*				**Amount Received**
Street Address	City	State	Zip Code	

Name of Lender	Source of Loan: ☐ Bank ☐ Candidate ☐ Individual ☐ Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor *(if applicable)*				**Amount Received**
Street Address	City	State	Zip Code	

Name of Lender	Source of Loan: ☐ Bank ☐ Candidate ☐ Individual ☐ Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor *(if applicable)*				**Amount Received**
Street Address	City	State	Zip Code	

TOTAL SECTION D	—

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

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

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

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

TOTAL SECTION E	—

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING RA

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

Date of Receipt	Is this transaction associated with an event reported in Section L1?	☐ Yes ☐ No *If yes*, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	☐ Yes ☐ No *If yes*, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	☐ Yes ☐ No *If yes*, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	☐ Yes ☐ No *If yes*, list Event #	Amount
		TOTAL SECTION F	—

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

Date of Receipt	Date of Receipt	Date of Receipt
Amount	**Amount**	**Amount**
	TOTAL SECTION G	—

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

Date of Receipt	Method of payment:	Amount
	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	
Date of Receipt	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Amount
Date of Receipt	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Amount
Date of Receipt	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Amount
	TOTAL SECTION H	—

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING RPT

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J	—

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				

TOTAL SECTION K	—

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through 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 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 through K)** ***(Enter total on Line 15, Column A of Summary Page Totals)***		—

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING RPT

L1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event?
	N/A	☐ Yes ☐ No

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? ☐ Yes (*If yes*, go to Section L5 **In-Kind Donations not Considered Contributions Associated with a House Party** and complete required information for any purchases made by host(s) for food, beverage and invitations.) ☐ No

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? ☐ 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 $100? ☐ Yes (*If yes*, enter **Total Receipts** here.) → $ ☐ No

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? ☐ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** 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 with this fundraiser? ☐ Yes (*If yes*, enter **Total Receipts** here.) → $ ☐ No

Event # / Date of Event / Letter	Description	Was this a fundraising event?
		☐ Yes ☐ No

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? ☐ Yes (*If yes*, go to Section L5 **In-Kind Donations not Considered Contributions Associated with a House Party** and complete required information for any purchases made by host(s) for food, beverage and invitations) ☐ No

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? ☐ 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 $100? ☐ Yes (*If yes*, enter **Total Receipts** here.) → $ ☐ No

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? ☐ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** 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 with this fundraiser? ☐ Yes (*If yes*, enter **Total Receipts** here.) → $ ☐ No

SUBTOTAL Section L1—Subpart 1 (*All Committees*) Total Receipts from Sale of Donated Items — This Page	—
SUBTOTAL Section L1—Subpart 3 (*Town Committees ONLY*) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES *(Enter total on Line 16a, Column A of Summary Page Totals)*	—

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT	

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By: ☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship
N/A	

Street Address	City	State	Zip Code
29 BENEDICT ROAD	BETHEL	CT	06801

Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser	Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser	Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser	Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser	Purchase Made By: ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN ***(Enter total on Line 16c, Column A of Summary Page Totals)***	—

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING REPORT

L4. In-Kind Donations Not Considered Contributions

Name of Donor: N/A

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate value for this Event	

SUBTOTAL Section L4 — This Page	
TOTAL of additional Section L4 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ***(Enter total on Line 21, Column A of Summary Page Totals)***	—

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING

L5. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host			Is this event supporting more than one candidate or committee? ☐ Yes ☐ No *If yes*, complete **Itemization in Addendum L5**	
N/A				
Street Address	City		State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		

Name of Host			Is this event supporting more than one candidate or committee? ☐ Yes ☐ No *If yes*, complete **Itemization in Addendum L5**	
Street Address	City		State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		

Name of Host			Is this event supporting more than one candidate or committee? ☐ Yes ☐ No *If yes*, complete **Itemization in Addendum L5**	
Street Address	City		State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		

Name of Host			Is this event supporting more than one candidate or committee? ☐ Yes ☐ No *If yes*, complete **Itemization in Addendum L5**	
Street Address	City		State	Zip Code
Description of Donation			**Fair Market Value of Donation**	
Event #	Aggregate Value of this Event—*all hosts*	Aggregate Value of all Events—*this host/candidate*		

SUBTOTAL Section L5 — This Page	
TOTAL of additional Section L5 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY ***(Enter total on Line 22, Column A of Summary Page Totals)***	—

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE AAT PAC	JULY 10, 2015 FILING RPT

M. In-Kind Contributions

Name: N/A

Street Address | City | State | Zip Code

Type of contributor: ☐ Committee ☐ Individual / Sole Proprietorship ☐ Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☐ No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Name

Street Address | City | State | Zip Code

Type of contributor: ☐ Committee ☐ Individual / Sole Proprietorship ☐ Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☐ No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Name

Street Address | City | State | Zip Code

Type of contributor: ☐ Committee ☐ Individual / Sole Proprietorship ☐ Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate 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? ☐ Yes ☐ No

Fair Market Value of this Contribution

Is this contribution associated with an event reported listed in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

SUBTOTAL Section M — This Page	
TOTAL of additional Section M Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 23, Column A of Summary Page Totals)*	—

N. Refundable Deposit to Telephone Company

Last Name of Individual: N/A | First | MI | Date Deposit Made

Residential Street Address | City | State | Zip Code

Amount of Deposit

Name of Telephone Company

Street Address | City | State | Zip Code

TOTAL SECTION N *(Enter total on Line 24, Column A of Summary Page Totals)*	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): THE HAT PAC

TYPE OF REPORT: JULY 10, 2015 FILING RPT.

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	Description	Event #	Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
BARRY CONNELL	4/13/2015	☒ Check # 101 ☐ Debit Card ☐ EFT	29 BENEDICT ROAD	BETHEL	CT	06801	MISC	STATIONARY	N/A		☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Independent ☐ Organization: o A o B o C o D	34.00
THE WOLVERINE FOUNDATION	5/7/2015	☐ Check # 102 ☐ Debit Card ☐ EFT	E. HAYESTOWN ROAD	DANBURY	CT	06811	A-OTH	SCHOOL AD			☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Independent ☐ Organization: o A o B o C o D	65.00
DANBURY DEMOCRATIC TOWN COMMITTEE	5/7/2015	☒ Check # 104 ☐ Debit Card ☐ EFT	P.O. BOX 164	DANBURY	CT	06813	A-OTH	AD FOR FTB DINNER			☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Independent ☐ Organization: o A o B o C o D	50.00
CDLC	5/7/2015	☒ Check # 106 ☐ Debit Card ☐ EFT	HAYESTOWN ROAD	DANBURY	CT	06811	PRNT				☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Independent ☐ Organization: o A o B o C o D	50.00

SUBTOTAL Section P — This Page	199.00
TOTAL of additional Section P Pages	—
TOTAL OF ALL EXPENSES PAID BY COMMITTEE *(Enter total on Line 19, Column A of Summary Page Totals)*	199.00

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING RPT

Q. Campaign Expenses Paid by Candidate

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
N/A			
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

Name of Payee (*Name of Vendor, Person or Entity who candidate paid directly*)		Date of Payment	Is reimbursement claimed? ☐ Yes ☐ No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**

SUBTOTAL Section Q — This Page	—
TOTAL of additional Section Q Pages	—
TOTAL OF ALL EXPENSES PAID BY CANDIDATE *(Enter total on Line 26, Column A of Summary Page Totals)*	—

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING RPT

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
N/A	☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other:

Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum R Required unless "None of the below" is checked)*** ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D			

Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum R Required unless "None of the below" is checked)*** ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D			

Name of Vendor, Person or Entity			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum R Required unless "None of the below" is checked)*** ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D			

SUBTOTAL Section R — This Page	
TOTAL of additional Section R Pages	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD ***(Enter total on Line 27, Column A of Summary Page Totals)***	—

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING RPT

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
N/A				
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)*** ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Independent ☐ Organization: o A o B o C o D			

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)*** ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Independent ☐ Organization: o A o B o C o D			

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure ***(Itemization in Addendum S Required unless "None of the below" is checked)*** ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Independent ☐ Organization: o A o B o C o D			

SUBTOTAL Section S-This Page	
TOTAL of additional Section S Pages	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID ***(Enter total on Line 28, Column A of Summary Page Totals)***	
Previously reported Expenses Unpaid and still Outstanding	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID ***(Enter total on Line 28a, Column A of Summary Page Totals)***	—

NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT
THE HAT PAC	JULY 10, 2015 FILING RPT

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
N/A			

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: ☐ Check #_____ ☐ Debit Card ☐ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum T Required unless "None of the below" is checked)***

☐ None of the below
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent
☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: ☐ Check #_____ ☐ Debit Card ☐ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum T Required unless "None of the below" is checked)***

☐ None of the below
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent
☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: ☐ Check #_____ ☐ Debit Card ☐ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Expenditure # *(if applicable)*

Type of Expenditure ***(Itemization in Addendum T Required unless "None of the below" is checked)***

☐ None of the below
☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent
☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D

SUBTOTAL Section T — This Page	
TOTAL of additional Section T Pages	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	—