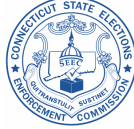


SEEC FORM 30

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



Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
				<input type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First			MI	Last			Suffix
4. TREASURER ADDRESS							
Street Address				City		State	Zip Code
5. ELECTION DATE		6. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>				7. DISTRICT NUMBER	
(mm/dd/yyyy)						<i>(if applicable)</i>	
8. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>							
First			MI	Last			Suffix
9. TYPE OF REPORT <i>(Check One Box)</i>							
<input type="checkbox"/> January 10 filing		<input type="checkbox"/> 7th day preceding primary		<input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant		<input type="checkbox"/> Supplemental Statement <i>(Specify Type)</i> ○ Primary ○ Election	<input type="checkbox"/> Deficit
<input type="checkbox"/> April 10 filing		<input type="checkbox"/> 30 days following primary		<input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant		<input type="checkbox"/> Declaration of Excess Expenditures <i>(Specify Type)</i> ○ Primary ○ Election	<input type="checkbox"/> Termination
<input type="checkbox"/> July 10 filing		<input type="checkbox"/> 7th day preceding election		<input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant			<input type="checkbox"/> Amendment to Type of Report: _____
<input type="checkbox"/> October 10 filing		<input type="checkbox"/> 7th day preceding special election					
10. PERIOD COVERED							
Beginning Date				Ending Date			
_____				_____			
thru				_____			
11. CERTIFICATION							
<p>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.</p>							
_____			_____			_____	
TREASURER OR DEPUTY TREASURER (SIGNATURE)			PRINT NAME OF SIGNER			DATE (mm/dd/yyyy)	

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.

SEEC FORM 30

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period		
14. Contributions Received from Individuals (Sections A and B)		
15. Receipts from Other Committees (Sections C1 and C2)		
16. Other Monetary Receipts (Sections D through I)		
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)		
18. Total Monetary Receipts (add totals for Lines 14 through 17)		
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)		
20. Expenses Paid by Committee (Section N)		
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)		
22. In-Kind Donations not Considered Contributions Received (Section J3)		
23. In-Kind Donations not Considered Contributions – House Party (Section J4)		
24. In-Kind Contributions Received (Section K)		
25. Refundable Deposit to Telephone Company (Section L)		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan		
26c. - Payments on Loan		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)		
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)		
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)		

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY						<i>For Nonparticipating Candidates ONLY</i>	
						\$	
B. Itemized Contributions from Individuals							
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	Aggregate Contributions		
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	Aggregate Contributions		
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	Aggregate Contributions		
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	Aggregate Contributions		
SUBTOTAL Section B — This Page							
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS <i>(Sections A + B) (Enter total on Line 14, Column A of Summary Page Totals)</i>							

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
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C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
-------------------	-------------------

Address	Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	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 J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	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 J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Amount of Contribution
City	State	Zip Code
Date Received	Aggregate Contributions	

C2. Reimbursements or Surplus Distribution from other Committees

Name of Committee	Name of Treasurer
-------------------	-------------------

Address	City	State	Zip Code
---------	------	-------	----------

Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus distribution from exploratory committee	Amount of Receipt
Description			

Name of Committee	Name of Treasurer
-------------------	-------------------

Address	City	State	Zip Code
---------	------	-------	----------

Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus distribution from exploratory committee	Amount of Receipt
Description			

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SUBTOTAL Section C — This Page	
TOTAL of additional Section C Pages	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 15, Column A of Summary Page Totals)</i>	

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT		
D. Loans Received this Period						
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received	
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received	
Street Address		City		State	Zip Code	
TOTAL SECTION D						
E. Personal Funds of the Candidate Received this Period <i>(Candidate Committees ONLY)</i>						
Date of Receipt	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card				Amount	
Date of Receipt	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card				Amount	
Date of Receipt	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card				Amount	
TOTAL SECTION E						
F. Anonymous Contributions						
Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> 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.						
G. 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 G						

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>			TYPE OF REPORT	
H. Public Grant Funds Received from the Citizens' Election Fund				
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount	
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount	
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount	
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount	
TOTAL SECTION H				
I. 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				
TOTAL SECTION I				
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through I)				
Total Loans Received this Period (Section D)			+	
Total Amount of Personal Funds of the Candidate Received this Period (Section E)			+	
Total Amount of Interest from Deposits in Authorized Accounts (Section G)			+	
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)			+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)			+	
TOTAL OF OTHER MONETARY RECEIPTS NOT CONSIDERED CONTRIBUTIONS				
<i>(Add Sections D through I) (Enter total on Line 16, Column A of Summary Page Totals)</i>				

II. EVENT ACTIVITY (Sections J1 — J4)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>		TYPE OF REPORT	
J1. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <i>If yes, go to Section J4 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.</i> <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <i>If yes, enter Total Receipts here.</i> <input style="width: 100px;" type="text" value="\$"/> <input type="checkbox"/> No	
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <i>If yes, go to Section J4 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.</i> <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <i>If yes, enter Total Receipts here.</i> <input style="width: 100px;" type="text" value="\$"/> <input type="checkbox"/> No	
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <i>If yes, go to Section J4 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.</i> <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="checkbox"/> No	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <i>If yes, enter Total Receipts here.</i> <input style="width: 100px;" type="text" value="\$"/> <input type="checkbox"/> No	
SUBTOTAL Section J1—Subpart 1 Total Receipts from Sale of Donated Items — This Page			
TOTAL of additional Section J1 Pages			
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALE OF DONATED ITEMS <i>(Enter total on Line 17, Column A of Summary Page Totals)</i>			

II. EVENT ACTIVITY (Sections J1 — J4)

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 J2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT

J3. In-Kind Donations Not Considered Contributions

Name of Donor			
Street Address	City	State	Zip Code
Donation Given By: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	

Name of Donor			
Street Address	City	State	Zip Code
Donation Given By: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	

Name of Donor			
Street Address	City	State	Zip Code
Donation Given By: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	

Name of Donor			
Street Address	City	State	Zip Code
Donation Given By: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	

SUBTOTAL Section J3 — This Page	
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TOTAL of additional Section J3 Pages	
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TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>	
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II. EVENT ACTIVITY (Sections J1 — J4)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>			TYPE OF REPORT	
J4. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum J4</i>	
Street Address		City		State
Street Address		City		Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum J4</i>	
Street Address		City		State
Street Address		City		Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum J4</i>	
Street Address		City		State
Street Address		City		Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum J4</i>	
Street Address		City		State
Street Address		City		Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
SUBTOTAL Section J4 — This Page				
TOTAL of additional Section J4 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY				
<i>(Enter total on Line 23, Column A of Summary Page Totals)</i>				

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
K. In-Kind Contributions					
Name					
Street Address			City		State Zip Code
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Fair Market Value of this Contribution
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	Aggregate Contributions		
Name					
Street Address			City		State Zip Code
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #: _____</i>		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Fair Market Value of this Contribution
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	Aggregate Contributions		
Name					
Street Address			City		State Zip Code
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #: _____</i>		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Fair Market Value of this Contribution
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	Aggregate Contributions		
Name					
Street Address			City		State Zip Code
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #: _____</i>		Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Fair Market Value of this Contribution
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	Aggregate Contributions		
SUBTOTAL Section K — This Page					
TOTAL of additional Section K Pages					
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 24 of Summary Page Totals)					
L. Refundable Deposit to Telephone Company					
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address		City		State	Zip Code
Name of Telephone Company					Amount of Deposit
Street Address		City		State Zip Code	
TOTAL SECTION L (Enter total on Line 25, Column A of Summary Page Totals)					

IV. EXPENDITURES (Sections N — S)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from a Legislative Leadership, Legislative Caucus or Party Committees. *Section M. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
--	----------------

N. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>	Event #	
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>	Event #	
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>	Event #	
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>	Event #	

SUBTOTAL Section N — This Page

TOTAL of additional Section N Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE
(Enter total on Line 20, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
O. Expenses Paid by Candidate					
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure <i>(by code)</i>	Description		Event #		
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure <i>(by code)</i>	Description		Event #		
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure <i>(by code)</i>	Description		Event #		
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure <i>(by code)</i>	Description		Event #		
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure <i>(by code)</i>	Description		Event #		
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure <i>(by code)</i>	Description		Event #		
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure <i>(by code)</i>	Description		Event #		
SUBTOTAL Section O — This Page					
TOTAL of additional Section O Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution					Type of Credit Card:		
					<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____		
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P							
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P							
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P							
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P							
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No				Expenditure # <i>(if applicable)</i>		Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P							
SUBTOTAL Section P — This Page							
TOTAL of additional Section P Pages							
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD							
<i>(Enter total on Line 28, Column A of Summary Page Totals)</i>							

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
Q. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum Q					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum Q					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum Q					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			Amount Incurred <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum Q					
SUBTOTAL Section Q – This Page					
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 29, Column A of Summary Page Totals)</i>					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 29a, Column A of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
R. Itemization of Reimbursements and Secondary Payees						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #		
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #		
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #		
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # <i>(if applicable)</i>	Event #		
SUBTOTAL Section R — This Page						
TOTAL of additional Section R Pages						
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS						

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Name of Recipient				
SUBTOTAL Section S — This Page				
TOTAL of additional Section S Pages				
TOTAL OF ALL SURPLUS DISTRIBUTION OF EQUIPMENT AND FURNITURE				