

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement For Independent Expenditure Political Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised September 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
8. 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		
9. Balance on hand at the beginning of Reporting Period		
10. Monetary Receipts (Sections A and B)		
11. Loans (Section C)		
12. Total Monetary Receipts (add totals for Lines 10 through 11)		
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)		
14. Expenses Paid by Committee (Section G)		
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)		
16. In-Kind Contributions Received (Section D)		
17. Refundable Deposit to Telephone Company (Section E)		
18. Beginning Loan Balance		
18a. + Loans Received (Section C)		
18b. + Interest and Penalties on Loan		
18c. - Payments on Loan		
18d. Total Outstanding Loan Amount		
19. Expenses Incurred on Committee Credit Card (Section H)		
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)		
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)		

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
A. Total Contributions from Small Individual Contributors—Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i>		\$	
SUBTOTAL SECTION A			
B. Itemized Monetary Receipts			
Name			
Street Address		City	State
		Zip Code	
Principal Occupation <i>(if applicable)</i>		Name of Employer <i>(if applicable)</i>	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <i>If yes, list Event # _____</i>		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount Received
Description <i>(if applicable)</i>		Date Received	
Name			
Street Address		City	State
		Zip Code	
Principal Occupation <i>(if applicable)</i>		Name of Employer <i>(if applicable)</i>	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <i>If yes, list Event # _____</i>		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Amount Received
Description <i>(if applicable)</i>		Date Received	
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL RECEIPTS (Sections A + B) <i>(Enter total on Line 10, Column A of Summary Page Totals)</i>			

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
C. Loans Received this Period					
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City		State	Zip Code	
SUBTOTAL Section C — This Page					
TOTAL of additional Section C Pages					
TOTAL OF ALL LOANS <i>(Enter total on Line 11 and Line 18, Column A of Summary Page Totals)</i>					

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
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D. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Date Received	Aggregate Receipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <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
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>	Description of In-Kind Contribution		

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Date Received	Aggregate Receipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <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
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>	Description of In-Kind Contribution		

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Date Received	Aggregate Receipts
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <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
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>	Description of In-Kind Contribution		

SUBTOTAL Section D — This Page	
TOTAL of additional Section D Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 16, Column A of Summary Page Totals)</i>	

E. Refundable Deposit to Telephone Company

Last Name of Individual		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 E <i>(Enter total on Line 17, Column A of Summary Page Totals)</i>

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
F. 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
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
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
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
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
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
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
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

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT			
G. 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
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section G. Addendum)</i>				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section : Number G	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the expenditure number of the expense previously incurred?		Expenditure Number Section : Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
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
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section G. Addendum)</i>				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section : Number G	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the expenditure number of the expense previously incurred?		Expenditure Number Section : Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
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
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section G. Addendum)</i>				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section : Number G	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the expenditure number of the expense previously incurred?		Expenditure Number Section : Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
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
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section G. Addendum)</i>				Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section : Number G	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the expenditure number of the expense previously incurred?		Expenditure Number Section : Number I	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		
SUBTOTAL Section G— This Page							
TOTAL of additional Section G Pages							
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 14, Column A of Summary Page Totals)</i>							

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>					TYPE OF REPORT	
H. 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, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section Number</small> H	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section Number</small> H	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section Number</small> H	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Name of Vendor, Person or Entity					Date of Transaction	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section H. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section Number</small> H	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
SUBTOTAL Section H — This Page						
TOTAL of additional Section H Pages						
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>						

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>					TYPE OF REPORT	
I. Expenses Incurred by Committee but Not Paid During this Period						
Name of Creditor					Date Incurred	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section I. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section I Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Name of Creditor					Date Incurred	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section I. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section I Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Name of Creditor					Date Incurred	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section I. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section I Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Name of Creditor					Date Incurred	
Street Address			City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section I. Addendum)</i>			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Independent Expenditure have more than one expenditure code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number Section I Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
SUBTOTAL Section I-This Page						
TOTAL of additional Section I Pages						
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 20, 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 20a, Column A of Summary Page Totals)</i>						

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>					TYPE OF REPORT				
J. Itemization of Reimbursements and Secondary Payees									
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 G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City			State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>					Event #		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>						Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section J Number</small>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
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 G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City			State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>					Event #		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>						Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section J Number</small>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
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 G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City			State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>					Event #		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>						Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section J Number</small>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
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 G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City			State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description <i>(only complete if Independent Expenditure has ONE Expenditure Code—if more than one, Complete Section J. Addendum)</i>					Event #		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>						Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Independent Expenditure have more than one expenditure code? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Purpose of Expenditure by Code <i>(only complete if Independent Expenditure has ONE Expenditure Code)</i>		Expenditure Number <small>Section J Number</small>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
SUBTOTAL Section J — This Page									
TOTAL of additional Section J Pages									
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS									

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
K. Five Largest Contributions Disclosed in Communication			
<p>If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety days immediately prior to the applicable primary or election, please report the five largest aggregate contributions in excess of \$5,000 received during the twelve month period prior to the applicable primary or election.</p>			
Source of Contribution—Name of Person Making Contribution		Expenditure Number <i>Section Number</i>	
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amount	

See Additional Page(s)

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
L. “Nesting Dolls” Provision for Top 5 Contributions Disclosed in Communication			
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section Number</i>	
		⋮	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code

See Additional Page(s)