CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

SEEC FORM 26—SHORT FORM
INDEPENDENT EXPENDITURE STATEMENT FOR PERSONS
(Other than Connecticut Political Committees)

Revised 2024

For use by

PERSONS*

making, or obligating to make, an independent expenditure or expenditures in excess of $1,000 that:

- promotes the success or defeat of any candidate's campaign for election or nomination at a primary

or

- promotes the success or defeat of a referendum question

THIS FORM IS ONLY TO BE USED AFTER A SEEC FORM 26—LONG FORM HAS BEEN FILED.

** "Person" includes an individual, non-Connecticut committee, firm, partnership, organization, association, syndicate, company trust, corporation, limited liability company or any other legal entity of any kind but does not mean the state or any political or administrative subdivision of the state.*

SEEC TELEPHONE NUMBER:

MAIN NUMBER:	860-256-2940
TOLL FREE WITHIN CT:	866-SEEC-INFO
SEEC WEBSITE ADDRESS:	www.ct.gov/seec

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SEEC FORM 26—SHORT FORM
Independent Expenditure Statement for Persons

Revised 2024

Official Use Only

☐ Original
☐ Amendment

1. NAME OF PERSON MAKING INDEPENDENT EXPENDITURE

2. NAME OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT

First Name	MI	Last Name	Suffix

Title

3. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL FILING INDEPENDENT EXPENDITURE STATEMENT

(Include Area Code)	*Email Address*

4. DATE *(Check One Box)*

☐ Primary _____ ☐ Election _____ ☐ Referendum _____

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

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

_____

6. PERIOD COVERED

Beginning Date _____ through Ending Date _____

7. CERTIFICATION OF INDIVIDUAL FILING THE INDEPENDENT EXPENDITURE STATEMENT

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, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof. Furthermore, no contribution or covered transfer disclosed herein was solicited, accepted, or received from a foreign national.

SIGNATURE _____ PRINT NAME OF SIGNER _____ DATE (mm/dd/yyyy) _____

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING THE INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person (Section A - Page 3)		
9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)		
10. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4)		

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

A. Independent Expenditures Made by Person

Name of Payee | Date of Expenditure

Street Address | City | State | Zip Code

Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section A. Addendum* | Description

Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number *(if applicable)* | Associated with Referendum? ☐ Yes ☐ No | **Amount**

Name of Payee | Date of Expenditure

Street Address | City | State | Zip Code

Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section A. Addendum* | Description

Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number *(if applicable)* | Associated with Referendum? ☐ Yes ☐ No | **Amount**

Name of Payee | Date of Expenditure

Street Address | City | State | Zip Code

Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section A. Addendum* | Description

Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number *(if applicable)* | Associated with Referendum? ☐ Yes ☐ No | **Amount**

SUBTOTAL Section A. - This Page	
TOTAL of additional Section A. Pages	
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD ***(Enter total on Column A, Line 8)***	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

B. Independent Expenditures Obligated by Person this Period but Not Paid

Name of Creditor			Date Obligated
Street Address	City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section B. Addendum*	Description		
Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number *(if applicable)*	Associated with Referendum? ☐ Yes ☐ No	**Amount Obligated**

Name of Creditor			Date Obligated
Street Address	City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section B. Addendum*	Description		
Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number *(if applicable)*	Associated with Referendum? ☐ Yes ☐ No	**Amount Obligated**

Name of Creditor			Date Obligated
Street Address	City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section B. Addendum*	Description		
Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number *(if applicable)*	Associated with Referendum? ☐ Yes ☐ No	**Amount Obligated**

SUBTOTAL Section B. - This Page	
TOTAL of additional Section B. Pages	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BY PERSON DURING THIS PERIOD BUT NOT PAID ***(Enter total on Column A, Line 9)***	
Previous Reported Independent Expenditures Unpaid and Still Outstanding	
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID ***(Enter total on Column A, Line 10)***	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

C. Itemization of Reimbursements

Name of Individual Reimbursed

Name of Vendor, Person or Entity Paid by Individual

Street Address of Vendor, Person or Entity	City	State	Zip Code

Date of Payment to Vendor, Person or Entity	Purpose of Expenditure *(by code)*	Expenditure Number *(if applicable)*

Description	**Amount**

Name of Individual Reimbursed

Name of Vendor, Person or Entity Paid by Individual

Street Address of Vendor, Person or Entity	City	State	Zip Code

Date of Payment to Vendor, Person or Entity	Purpose of Expenditure *(by code)*	Expenditure Number *(if applicable)*

Description	**Amount**

Name of Individual Reimbursed

Name of Vendor, Person or Entity Paid by Individual

Street Address of Vendor, Person or Entity	City	State	Zip Code

Date of Payment to Vendor, Person or Entity	Purpose of Expenditure *(by code)*	Expenditure Number *(if applicable)*

Description	**Amount**

SUBTOTAL Section C. - This Page	
TOTAL of additional Section C. Pages	
TOTAL OF ALL REIMBURSEMENTS	

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

D. Covered Transfers in Excess of $5,000

If the independent expenditures reported in this form were made or obligated to be made on or after the date that is one hundred and eighty (180) days prior to the applicable primary or election, you must report any "covered transfers" received during the twelve month period prior to the applicable primary or election that are five thousand dollars or more in the aggregate.

☐ **One or more of the pertinent covered transfers have been reported to the Federal Election Commission (FEC) or Internal Revenue Service (IRS) and the person filing this form has submitted a copy of that previously filed report in lieu of reporting such covered transfers here.**

If this box is checked please list the applicable FEC Filer ID Number or IRS Employer Identification Number here:

FEC Filer ID or IRS EIN # _____

Note: Any covered transfers occurring within the relevant time period and not reported on the attached FEC or IRS filings must be reported below.

Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**	

Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**	

Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**	

Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**	

☐ **See Additional Page(s)**

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

E. Five Largest Covered Transfers Disclosed in Communication

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 (90) days immediately prior to the applicable primary or election, please report the five largest aggregate "covered transfers" received during the received during the twelve month period prior to the applicable primary or election.

Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		**Amount**

☐ **See Additional Page(s)**

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed in Communication

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

☐ **See Additional Page(s)**

CODED PURPOSES FOR EXPENDITURES
(For use with SEEC Form 26—SHORT)

(**Note**: **Asterisk *** adjacent to the left of an Expenditure Code indicates that **Description Field** is **Mandatory**)

Advertising: Each expenditure code beginning with **"A-"** is to be used to identify the delivery method for paid advertising, which includes advertising to solicit funds. Include the costs for ***both*** the **development *and*** the **delivery** of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below. If a single advertising message is developed for several of the delivery mechanisms listed below, report all applicable codes for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used.

A-DM-expenditure to **advertise** through **direct mail.**

A-MAG: expenditure to **advertise** through a **magazine**.

A-NEWS: expenditure to **advertise** through a **newspaper.**

A-ATM: expenditure to advertise using an **automated telephone/fax message**, or an **automated telemarketing message.**

A-PH-BNK: expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

A-RAD: expenditure to **advertise** on **radio.**

A-SIGN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard **signs** visible from any street or highway.

A-TV: expenditure to **advertise** on **television.**

A-WEB: expenditure to advertise on the **World Wide Web**. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. *See* **WEB** *for other web related expenditures.*

A-OTH: any expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, *etc*. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins, or (e) ad books for fundraising events held by other committees.

OFFICE: expenditures for **office supplies** such as paper, pens, printer cartridges, etc.

POLLS: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from **A-PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report.

POST: expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT: expenditures associated with the costs of **printing,** photocopying or reproducing literature, stationery, invitations and the like.

RMB: expenditures to **Reimburse Individuals**. This is when the cost of payment for something needed by the person is advanced by the individual and reimbursement is sought and obtained from the person who authorized the payment. After making payment to the individual in Section A., report the **name of each Vendor** paid by the individual in Section C., "Itemization of Reimbursements."

WEB: Expenditures for accessing and having a presence on the **WEB.** This includes payments to develop or maintain: (a) a website and homepage; (b) an internet provider; (c) a domain name on the internet; and (d) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web. *See* **A-WEB** *above*.

***MISC**: expenditures of **Miscellaneous** items that are not listed above. The text box of the **Description Field**, which is mandatory, must explain in narrative form, with sufficient clarity, the purpose of this expenditure. *If more than one of the above codes applies to an expenditure, **do not** use* **MISC** *and instead report all applicable codes.*

If additional pages are needed to complete all information required in each section of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the section.

For Sections A., B. and C., reproduce the "Addendum Page" for the appropriate section if a transaction is associated with or benefiting more than two candidates.

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Revised 2024

Section A. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

A. Independent Expenditures Made by Person

Name of Payee | Date of Expenditure

Street Address | City | State | Zip Code

Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section A. Addendum* | Description

Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number *(if applicable)* | Associated with Referendum? ☐ Yes ☐ No | **Amount**

Name of Payee | Date of Expenditure

Street Address | City | State | Zip Code

Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section A. Addendum* | Description

Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number *(if applicable)* | Associated with Referendum? ☐ Yes ☐ No | **Amount**

Name of Payee | Date of Expenditure

Street Address | City | State | Zip Code

Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section A. Addendum* | Description

Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number *(if applicable)* | Associated with Referendum? ☐ Yes ☐ No | **Amount**

SUBTOTAL Section A. - This Page	

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Revised 2024

Section B. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

B. Independent Expenditures Obligated by Person this Period but Not Paid

Name of Creditor | Date Obligated

Street Address | City | State | Zip Code

Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section B. Addendum* | Description

Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number *(if applicable)* | Associated with Referendum? ☐ Yes ☐ No | **Amount Obligated**

Name of Creditor | Date Obligated

Street Address | City | State | Zip Code

Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section B. Addendum* | Description

Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number *(if applicable)* | Associated with Referendum? ☐ Yes ☐ No | **Amount Obligated**

Name of Creditor | Date Obligated

Street Address | City | State | Zip Code

Independent Expenditure on behalf of more than one candidate? ☐ Yes ☐ No ***If yes**, complete Section B. Addendum* | Description

Name of Candidate (*only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number *(if applicable)* | Associated with Referendum? ☐ Yes ☐ No | **Amount Obligated**

SUBTOTAL Section B. - This Page	

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Section C. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

C. Itemization of Reimbursements

Name of Individual Reimbursed

Name of Vendor, Person or Entity Paid by Individual

Street Address of Vendor, Person or Entity	City	State	Zip Code

Date of Payment to Vendor, Person or Entity	Purpose of Expenditure *(by code)*	Expenditure Number *(if applicable)*

Description	**Amount**

Name of Individual Reimbursed

Name of Vendor, Person or Entity Paid by Individual

Street Address of Vendor, Person or Entity	City	State	Zip Code

Date of Payment to Vendor, Person or Entity	Purpose of Expenditure *(by code)*	Expenditure Number *(if applicable)*

Description	**Amount**

Name of Individual Reimbursed

Name of Vendor, Person or Entity Paid by Individual

Street Address of Vendor, Person or Entity	City	State	Zip Code

Date of Payment to Vendor, Person or Entity	Purpose of Expenditure *(by code)*	Expenditure Number *(if applicable)*

Description	**Amount**

SUBTOTAL Section C. - This Page	

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Section D. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

D. Covered Transfers in Excess of $5,000

Source of Covered Transfer—Name of Person Making Covered Transfer

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer

Address of Person Making Covered Transfer—City	State	Zip Code

Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	**Amount**

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Section E. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

E. Five Largest Covered Transfers Disclosed in Communication

Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			**Amount**

Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditure Number *Section* / *Number*
Address of Person Making Covered Transfer—City	State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			**Amount**

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Section F. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed in Communication

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

Name of Person Making Covered Transfer to Person Reported in Section E.

Address of Person Making Covered Transfer—City (*if known)*	State	Zip Code

Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number

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Section A. ADDENDUM PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

A. Independent Expenditures Made by Person *Addendum*

Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure *(by code)*

Description

Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate

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Section B. ADDENDUM PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

B. Independent Expenditures Incurred by Person this Period but Not Paid *Addendum*

Expenditure Number as reported in Section A	Total Amount of the Expenditure	Purpose of Expenditure *(by code)*

Description

Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	Office Sought *(if applicable)*	☐ Supported ☐ Opposed	Amount Allocated to Candidate

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Section C. ADDENDUM PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE *(As reported on Page 1, Line 1)*	TYPE OF REPORT

C. Itemization of Reimbursements *Addendum*

Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure *(by code)*
Description		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure *(by code)*
Description		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure *(by code)*
Description		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure *(by code)*
Description		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure *(by code)*
Description		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure *(by code)*
Description		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpose of Expenditure *(by code)*
Description		