



CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

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

Revised August 2014

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

** 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 MAILING ADDRESS:

STATE ELECTIONS ENFORCEMENT COMMISSION
CAMPAIGN FINANCE DISCLOSURE UNIT—3RD FLOOR
20 TRINITY STREET
HARTFORD, CONNECTICUT 06106-1628

SEEC TELEPHONE NUMBER:

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

THIS PAGE INTENTIONALLY LEFT BLANK

SEEC FORM 26 — LONG FORM
Independent Expenditure Statement for Persons
(Other than Connecticut Political Committees)



Official Use Only

<input type="checkbox"/> Original
<input type="checkbox"/> Amendment

Revised August 2014

1. NAME OF PERSON MAKING INDEPENDENT EXPENDITURE		1a. ACRONYM		2. TAX EXEMPT STATUS	
				<input type="checkbox"/> 501(c) <input type="checkbox"/> 527 <input type="checkbox"/> Other _____	
3. MAILING ADDRESS OF PERSON					
Street Address			City		State Zip Code
4. PRINCIPAL BUSINESS ADDRESS OF PERSON (if applicable)					
Street Address			City		State Zip Code
5. CEO OR FUNCTIONAL EQUIVALENT OF PERSON (referenda independent expenditures only)					
First Name		MI	Last Name		Suffix
Title					
6. TELEPHONE & EMAIL ADDRESS OF CEO OR FUNCTIONAL EQUIVALENT OF PERSON (referenda independent expenditures only)					
(Telephone with Area Code)			Email Address		
7. NAME OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS (for persons other than individuals)					
First Name		MI	Last Name		Suffix
Title					
8. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO FILE (for persons other than individuals)					
(Telephone with Area Code)			Email Address		
9. NAME OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT					
10. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT					
Street Address			City		State Zip Code
11. TELEPHONE & EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT					
(Telephone with Area Code)			Email Address		
12. BRIEF DESCRIPTION OF REFERENDUM QUESTION (referenda independent expenditures only)					13. POSITION
					<i>(referenda independent expenditures only)</i> <input type="checkbox"/> Support <input type="checkbox"/> Oppose
14. STATE OR POLITICAL SUBDIVISION (referenda independent expenditures only)					
<input type="checkbox"/> State <input type="checkbox"/> Political Subdivision(s): <i>(Please report the town or towns in which the question is being voted on)</i>					

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

15. DATE *(Check One Box)*

Primary _____ Election _____ Referendum _____

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

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

17. PERIOD COVERED

Beginning Date _____ Ending Date _____
 _____ through _____

18. CERTIFICATION OF INDIVIDUAL FILING THE INDEPENDENT EXPENDITURE STATEMENT

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file the Independent Expenditure Statement on behalf of the person. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the person, for the period covered, and that these expenditures and obligations were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof, and that the person has not been reimbursed.

SIGNATURE

PRINT NAME OF SIGNER

DATE (mm/dd/yyyy)

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
19. Expenditures Made by Person (Section A. - Page 3)		
20. Expenditures Obligated by Person This Period but Not Paid (Section B. - Page 4)		
21. Total Outstanding Expenditures Obligated by Person still Unpaid (Section B. - Page 4)		

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>				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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Name of Payee				Date of Expenditure	
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Name of Payee				Date of Expenditure	
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Name of Payee				Date of Expenditure	
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
SUBTOTAL Section A. - This Page					
TOTAL of additional Section A. Pages					
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY PERSON THIS PERIOD <i>(Enter total on Column A, Line 19)</i>					

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>				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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
Name of Creditor					Date Obligated
Street Address			City		State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
Name of Creditor					Date Obligated
Street Address			City		State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Obligated	
Name of Creditor					Date Obligated
Street Address			City		State Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>(Enter total on Column A, Line 20)</i>					
Previous Reported Independent Expenditures Unpaid and Still Outstanding					
TOTAL OF ALL INDEPENDENT EXPENDITURES OBLIGATED BUT NOT PAID <i>(Enter total on Column A, Line 21)</i>					

INDEPENDENT EXPENDITURES

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>			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 <i>(by code)</i>			Expenditure Number <i>(if applicable)</i>	
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 <i>(by code)</i>			Expenditure Number <i>(if applicable)</i>	
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 <i>(by code)</i>			Expenditure Number <i>(if applicable)</i>	
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 <i>(by code)</i>			Expenditure Number <i>(if applicable)</i>	
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 <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT	
D. Covered Transfers in Excess of \$5,000		
<p>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.</p> <p><input type="checkbox"/> 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.</p> <p>If this box is checked please list the applicable FEC Filer ID Number or IRS Employer Identification Number here:</p> <p>FEC Filer ID or IRS EIN # _____</p> <p>Note: Any covered transfers occurring within the relevant time period and not reported on the attached FEC or IRS filings must be reported below.</p>		
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 <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
E. Five Largest Covered Transfers 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 (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.</p>			
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditure Number <i>Section Number</i>	
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 <i>Section Number</i>	
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 <i>Section Number</i>	
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 <i>Section Number</i>	
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 <i>Section Number</i>	
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 <i>Section Number</i>	
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 <i>(As reported on Page 1, Line 1)</i>	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 <i>(if known)</i>	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 <i>(if known)</i>	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 <i>(if known)</i>	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 <i>(if known)</i>	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 <i>(if known)</i>	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 <i>(if known)</i>	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 <i>(if known)</i>	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.	Expenditure Number	

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

(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.

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>			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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Name of Payee			Date of Expenditure	
Street Address		City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Name of Payee			Date of Expenditure	
Street Address		City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Name of Payee			Date of Expenditure	
Street Address		City	State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>		Description		
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section A. Addendum)</i>			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
SUBTOTAL Section A. - This Page				

THIS PAGE INTENTIONALLY LEFT BLANK

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>				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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Obligated	
Name of Creditor				Date Obligated	
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Obligated	
Name of Creditor				Date Obligated	
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>		Description			
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section B. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Obligated	
SUBTOTAL Section B. - This Page					

THIS PAGE INTENTIONALLY LEFT BLANK

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		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 <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
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 <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
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 <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
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 <i>(by code)</i>	Expenditure Number <i>(if applicable)</i>	
Description			Amount
SUBTOTAL Section C. - This Page			

THIS PAGE INTENTIONALLY LEFT BLANK

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>		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	
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	

THIS PAGE INTENTIONALLY LEFT BLANK

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
---	-----------------------

--	--

E. Five Largest Covered Transfers Disclosed in Communication

Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditure Number <i>Section</i> <i>Number</i>
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 <i>Section</i> <i>Number</i>
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 <i>Section</i> <i>Number</i>
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 <i>Section</i> <i>Number</i>
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 <i>Section</i> <i>Number</i>
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 <i>Section</i> <i>Number</i>
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 <i>Section</i> <i>Number</i>
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	

THIS PAGE INTENTIONALLY LEFT BLANK

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	

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

