

**SEEC FORM 20**

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



Electronic Filing

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Page 1 of 16

**COVER PAGE**

1. NAME OF COMMITTEE			
<b>Rovette PAC</b>			
2. TREASURER NAME			
First	MI	Last	Suffix
<b>Robert</b>	<b>H</b>	<b>Ficeto</b>	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
<b>13 Diamond Rock Rd</b>	<b>Wolcott</b>	<b>CT</b>	<b>06716</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
<b>July 10 Filing - Original</b>			
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	<b>04/01/2016</b>	thru <b>06/30/2016</b>	
10. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Robert Ficeto</b>	<b>07/07/2016 10:26:03PM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p>			

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Rovette PAC</b>	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		<b>\$9,215.00</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$10,045.00</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$700.00</b>	<b>\$1,530.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$250.00</b>	<b>\$250.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$0.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$950.00</b>	<b>\$1,780.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$10,995.00</b>	<b>\$10,995.00</b>
19. Expenses Paid by Committee (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$10,995.00</b>	<b>\$10,995.00</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

**A. Total Contributions from Small Contributors-Received this Period ONLY***(See instructions for definition of Small Contributor)***Subtotal Section A****\$0.00****B. Itemized Contributions from Individuals**

Last Name Ford		First Name John		MI P
Residential Street Address 9 Meeting House Sq		City Middletown	State MA	Zip Code 01949
Principal Occupation		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/20/2016	\$200.00 \$200.00	

Last Name Voghel		First Name M		MI
Residential Street Address 378 Upper Whittemore Rd		City Middlebury	State CT	Zip Code 06762
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/20/2016	\$50.00 \$50.00	

Last Name Aiello		First Name Lena		MI L
Residential Street Address 25 Textbook Ave		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/20/2016	\$50.00 \$50.00	

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Rovette PAC

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Griffin		First Name Gina		MI MI	
Residential Street Address 34 Michael Ter		City Wolcott		State CT	Zip Code 06716
Principal Occupation Teacher			Name of Employer Waterbury Public Schools		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/20/2016	Aggregate Contributions \$100.00	\$100.00
Last Name Matthews		First Name Thomas		MI F	
Residential Street Address 30 Pine Ridge Drive Ext		City Oakville		State CT	Zip Code 06779
Principal Occupation Owner			Name of Employer Eagle Oil		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 04/20/2016	Aggregate Contributions \$100.00	\$100.00
Last Name Kinney		First Name Stephen		MI R	
Residential Street Address 20 Cromwell Pl		City Old Saybrook		State CT	Zip Code 06475
Principal Occupation Lobbyist			Name of Employer Gaffney Bennett		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 06/06/2016	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Malcynsky		First Name Jay		MI	
Residential Street Address 25 Parkers Pt		City Chester	State CT	Zip Code 06412	
Principal Occupation Lobbyist		Name of Employer Gaffney Bennett & Assoc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/14/2016	Aggregate Contributions \$100.00		
				<b>Total of Section B</b>	<b>\$700.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)					<b>\$700.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

**C1. Contributions from Other Committees**

Name of Committee Drew Pac		Name of Treasurer Joseph Samolis			
Address 84 Bretton Rd		Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
City Middletown	State CT	Zip Code 06457-5452	Date Received 04/20/2016		
				Aggregate Contributions \$250.00	\$250.00
				<b>Total of Section C1</b>	<b>\$250.00</b>

### I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

### C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Payment Type		
		Reimbursement for shared expense Surplus Distribution			
Expenditure # (if applicable)	Description				
<b>Total of Section C2</b>					

### I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

### D. Loans Received this Period

Name of Lender		Source of Loan:				Date of Receipt
		Bank	Candidate	Individual	Other	
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?		
				Yes      No		
Name of Cosigner/Guarantor (if applicable)					<b>Amount Received</b>	
Street Address	City	State	Zip Code			
<b>Total of Section D</b>						

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Rovette PAC			July 10 Filing - Original	
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>				
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
<b>Total of Section E</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Rovette PAC			July 10 Filing - Original	
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>				
Date of Receipt	Is this transaction associated with an event reported in Section L1?			Amount
	Yes	No	If yes, list Event #	
<b>Total of Section F</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Rovette PAC			July 10 Filing - Original	
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>				
Date of Receipt	Amount			
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>		
NAME OF COMMITTEE	TYPE OF REPORT	
Rovette PAC	July 10 Filing - Original	
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of Payment	Amount
	Cash                      Personal Check                      Credit/Debit Card	
<b>Total of Section H</b>		

<b>I. Monetary Receipts (Section A-K)</b>				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Rovette PAC			July 10 Filing - Original	
<b>J. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
<b>Total of Section J</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Rovette PAC			July 10 Filing - Original	
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
<b>Total of Section K</b>				

**II. EVENT ACTIVITY (Sections L1 - L5)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Rovette PAC		July 10 Filing - Original	
<b>L1. Event Information</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes      No
Location: Street Address		City	State      Zip Code
<i>Subpart 1: (All Committees)</i>			
Was this event hosted at a personal residence?		Yes      No	(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes      No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes      No	(If yes, enter Total Receipts here.)
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes      No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
<i>Subpart 3: (Town Committees ONLY)</i>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes      No	(If yes, enter Total Receipts here.)
<b>Total of Section L1</b>			

**II. EVENT ACTIVITY (Sections L1 - L5)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Rovette PAC		July 10 Filing - Original	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>			
Name of Purchaser		Purchase Made By: Business Entity      Other Individual/Sole Proprietorship	
Street Address		City	State      Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase      Amount of Sign Purchase
<b>Total of Section L3</b>			

**II. EVENT ACTIVITY (Sections L1 - L5)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

**L4. In-Kind Donations Not Considered Contributions**

Name of the Donor			
Street Address		City	State   Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Business Entity	Date Received	Event #	
Individual	Aggregate value for this event		
Sole Proprietorship			

**Total of Section L4**

**II. EVENT ACTIVITY (Sections L1 - L5)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

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

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

**Total of Section L5**

**III. NONMONETARY RECEIPTS (Sections M - O)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

**M. In-Kind Contributions**

Name				
Street Address		City		State
				Zip Code
Type of Contributor:	Committee	Date Received	Aggregate contributions	Description of In-Kind Contribution
	Individual / Sole Proprietorship			
	Other			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?		Fair Market Value of this Contribution
	No			
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of state contractor or prospective state contractor?		
	No			
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:		
		Executive      Legislative		

**Total of Section M**

**III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

**N. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	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 of Section N**

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee		Date of Payment	Method of Payment Check # Debit Card      EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)			
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent	Organization    A    B    C    D	

**Total of Section P**

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
	July 10 Filing - Original

**Q. Campaign Expenses Paid By Candidate**

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

**Total of Section Q**

IV. EXPENDITURES					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Rovette PAC				July 10 Filing - Original	
R. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa      Master Card      Discover      American Express Other		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address			City		State      Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)				
	None of the below				
	Coordinated with reimbursement sought (joint expenditure)		Independent		
	Coordinated without reimbursement sought (in-kind contribution)		Organization      A      B      C      D		
<b>Total of Section R</b>					

IV. EXPENDITURES					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Rovette PAC				July 10 Filing - Original	
S. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State      Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred (Estimate or Actual)
Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	None of the below				
	Coordinated with reimbursement sought (joint expenditure)		Independent		
	Coordinated without reimbursement sought (in-kind contribution)		Organization :      A      B      C      D		
<b>Total of Section S</b>					

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rovette PAC	July 10 Filing - Original

**T. 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 P
	Check #                      Debit Card                      EFT

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

Purpose of Expenditure (by code)	Description	Event #	Amount
----------------------------------	-------------	---------	--------

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	
	None of the below Coordinated with reimbursement sought (joint expenditure)                      Independent Coordinated without reimbursement sought (in-kind contribution)                      Organization:                      A                      B                      C                      D	

<b>Total of Section T</b>	
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**Section L5. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

**L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum**

<b>Event #</b>	
Name of Candidate or Committee	

**Section P. ADDENDUM**

NAME OF COMMITTEE		TYPE OF REPORT
<b>P. Expenses Paid By Committee - Addendum</b>		
<b>Expenditure #</b>	<b>Supported</b> <b>Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

**Section R. ADDENDUM**

NAME OF COMMITTEE		TYPE OF REPORT
<b>R. Expenses Incurred on Committee Credit Card - Addendum</b>		
<b>Expenditure #</b>	<b>Supported</b> <b>Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

**Section S. ADDENDUM**

NAME OF COMMITTEE		TYPE OF REPORT
<b>S. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>		
<b>Expenditure #</b>	<b>Supported</b> <b>Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

<b>Section T. ADDENDUM</b>				
NAME OF COMMITTEE	TYPE OF REPORT			
<b>T. Itemization of Reimbursements and Secondary Payees - Addendum</b>				
<b>Expenditure #</b>	<b>Supported</b>	<b>Opposed</b>		<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)			Cost Allocated to Candidate or Committee