

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2024



Electronic Filing

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**COVER PAGE**

|  |  |                              |   |
|--|--|------------------------------|---|
| 1. NAME OF COMMITTEE   |  |                              |   |
| <b>AFSCME Council 4 OPC</b>  |  |                              |   |
| 2. TREASURER NAME  |  |                              |   |
| First<br><b>Jody</b>   | MI   | Last<br><b>Barr</b>          | Suffix                                    |
| 3. TREASURER ADDRESS   |  |                              |   |
| Street Address<br><b>21 Heritage Dr</b>  | City<br><b>Marlborough</b>                                     | State<br><b>CT</b>           | Zip Code<br><b>06447</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>7th Day Preceding General Election - Original</b>   |  |                              |   |
| 9. PERIOD COVERED  |  |                              |   |
| Beginning Date   |  | Ending Date                  |   |
| <b>10/01/2025</b>  |  | thru <b>10/26/2025</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>Jody Barr</b>   | <b>10/27/2025 10:56:29AM</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 2024

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  | TYPE OF REPORT                                       |                              |
|---|--|------------------------------|
| <b>AFSCME Council 4 OPC</b>   | <b>7th Day Preceding General Election - Original</b> |                              |
|   | <b>COLUMN A</b><br>This Period                       | <b>COLUMN B</b><br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR<br>Balance on hand from day Committee was formed for all other Committees |  | <b>\$997.64</b>              |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$897.64</b>                                      |                              |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$0.00</b>  | <b>\$0.00</b>                |
| 14. Receipts from Other Committees (Sections C1 and C2)   | <b>\$0.00</b>  | <b>\$7,500.00</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>\$0.00</b>  | <b>\$7,500.00</b>            |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$897.64</b>                                      | <b>\$8,497.64</b>            |
| 19. Expenses Paid by Committee (Section P)  | <b>\$553.10</b>                                      | <b>\$8,153.10</b>            |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$344.54</b>                                      | <b>\$344.54</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                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - Original |

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

|   |           |   |                         |  |
|---|-----------|---|-------------------------|--|
| Last Name   |           | First Name  |                         | MI   |
| Residential Street Address  |           | City  | State                   | Zip Code   |
| Principal Occupation  |           | Name of Employer  |                         |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>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? |                         | Amount of Contribution                                     |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                     | Yes<br>No | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br>Executive      Legislative  |                         |  |
| Method of Contribution<br>Cash      Personal Check      Credit/Debit Card      Payroll Deduction      Money Order |           | Date Received   | Aggregate Contributions |  |
| <b>Total of Section B</b>   |           |   |                         |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>  |           |   |                         | (Sections A & B) <i>(Total on Line 13 of Summary Page)</i> |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - Original |

**C1. Contributions from Other Committees**

|                            |       |   |               |                         |
|----------------------------|-------|---|---------------|-------------------------|
| Name of Committee          |       | Name of Treasurer   |               |                         |
| Address                    |       | Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # |               | Amount of Contribution  |
| City                       | State | Zip Code  | Date Received |                         |
|                            |       |   |               | Aggregate Contributions |
| <b>Total of Section C1</b> |       |   |               |                         |

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

|                      |   |
|----------------------|---|
| NAME OF COMMITTEE    | TYPE OF REPORT                                |
| AFSCME Council 4 OPC | 7th Day Preceding General Election - 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<br>Reimbursement for shared expense<br>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                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - Original |

**D. Loans Received this Period**

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

| I. MONETARY RECEIPTS (Section A-K)   |       |          |   |                 |
|--|-------|----------|---|-----------------|
| NAME OF COMMITTEE  |       |          | TYPE OF REPORT                                |                 |
| AFSCME Council 4 OPC   |       |          | 7th Day Preceding General Election - Original |                 |
| E. Receipts from Entities other than Individuals or Other Committees ( <i>Referendum Committees ONLY</i> ) |       |          |   |                 |
| Name of Entity   |       |          |   |                 |
| Street Address   |       |          | Date Received                                 | Amount Received |
| City   | State | Zip Code | Aggregate Contributions                       |                 |
| <b>Total of Section E</b>  |       |          |   |                 |

| I. MONETARY RECEIPTS (Section A-K)   |  |    |   |        |
|--|--|----|---|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                     |  |    | TYPE OF REPORT                                |        |
| AFSCME Council 4 OPC   |  |    | 7th Day Preceding General Election - Original |        |
| F. Amount Transferred from Affiliated Business Treasury ( <i>Business Entity Committees ONLY</i> ) |  |    |   |        |
| 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>  |  |    |   |        |

| I. MONETARY RECEIPTS (Section A-K)   |        |  |   |  |
|--|--------|--|---|--|
| NAME OF COMMITTEE  |        |  | TYPE OF REPORT                                |  |
| AFSCME Council 4 OPC   |        |  | 7th Day Preceding General Election - Original |  |
| G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury ( <i>Organization Committees ONLY</i> ) |        |  |   |  |
| Date of Receipt  | Amount |  |   |  |
| <b>Total of Section G</b>  |        |  |   |  |

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

|                      |   |
|----------------------|---|
| NAME OF COMMITTEE    | TYPE OF REPORT                                |
| AFSCME Council 4 OPC | 7th Day Preceding General Election - Original |

**H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

|                 |   |        |
|-----------------|---|--------|
| Date of Receipt | Method of Payment   | Amount |
|                 | Cash                      Personal Check                      Credit/Debit Card |        |

**Total of Section H****I. Monetary Receipts (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - Original |

**J. Interest from Deposits in Authorized Accounts**

|                     |               |          |
|---------------------|---------------|----------|
| Name of Institution | Date Received | Amount   |
| Street Address      | City          | State    |
|                     |               | Zip Code |

**Total of Section J****I. MONETARY RECEIPTS (Section A-K)**

|                      |   |
|----------------------|---|
| NAME OF COMMITTEE    | TYPE OF REPORT                                |
| AFSCME Council 4 OPC | 7th Day Preceding General Election - Original |

**K. Miscellaneous Monetary Receipts not Considered Contributions**

|                |                     |                 |
|----------------|---------------------|-----------------|
| Name           | Date of Transaction | Amount Received |
| Street Address | City                | State           |
|                |                     | Zip Code        |
| Description    |                     |                 |

**Total of Section K**

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - Original |

### L1. Event Information

|   |        |             |  |          |
|---|--------|-------------|--|----------|
| Event #<br>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<br>No   | <i>(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.)</i> |          |
| 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<br>No   | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>  |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |        | Yes<br>No   | <i>(If yes, enter Total Receipts here.)</i>  |          |
| <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<br>No   | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>   |          |
| <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<br>No   | <i>(If yes, enter Total Receipts here.)</i>  |          |

**Total of Section L1**

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - Original |

### L3. Purchases of Advertising in a Program Book or on a Sign

|                   |         |                                       |                               |                         |
|-------------------|---------|---------------------------------------|-------------------------------|-------------------------|
| Name of Purchaser |         | Purchase Made By:                     |                               |                         |
|                   |         | <b>Business Entity</b>                | <b>Other</b>                  |                         |
|                   |         | <b>Individual/Sole Proprietorship</b> |                               |                         |
| Street Address    |         | City                                  | State                         | Zip Code                |
| Date Received     | Event # | Aggregate Purchases for All Events    | Amount of Program Ad Purchase | Amount of Sign Purchase |

**Total of Section L3**

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - 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 # | Aggregate value for this event |                               |
| Individual          |                         |         |                                |                               |
| 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                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - 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?<br>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                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - Original |

**M. In-Kind Contributions**

|   |               |  |                                     |  |
|---|---------------|--|-------------------------------------|--|
| Name  |               |  |                                     |  |
| Street Address  |               | City   | State                               | Zip Code                               |
| Type of Contributor:  | Date Received | Aggregate contributions  | Description of In-Kind Contribution |  |
| Committee<br>Individual / Sole Proprietorship      Other              |               |  |                                     |  |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>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 is associated with have a contract with said municipality valued at more than \$5000? | Yes<br>No                           | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? | Yes<br>No     | Is contributor a principal of state contractor or prospective state contractor?  | Yes<br>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                                |
| AFSCME Council 4 OPC | 7th Day Preceding General Election - Original |

**N. Refundable Deposit to Telephone Company**

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |
| Residential Street Address | City       | State | Zip Code          |
| 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                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |  |                               |   |                   |
|--|--|-------------------------------|---|-------------------|
| Name of Payee<br>Chess for Stratford       |  | Date of Payment<br>10/06/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1581<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>28 Brightwood Ave        |  | City<br>Stratford             | State<br>CT   | Zip Code<br>06614 |
| Purpose of Expenditure (by code)<br>CNTRB  | Description  |                               |   | Event #           |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount            |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$250.00          |
| Name of Payee<br>Hitchcock Printing, Co.   |  | Date of Payment<br>10/22/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1582<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>191 John Downey Dr       |  | City<br>New Britain           | State<br>CT   | Zip Code<br>06051 |
| Purpose of Expenditure (by code)<br>A-SIGN | Description  |                               |   | Event #           |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |   | Amount            |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | \$303.10          |

**Total of Section P**

**\$553.10**

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
|  | 7th Day Preceding General Election - 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?<br>Yes                      No |
|--|-----------------|--|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

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

|                           |  |  |  |
|---------------------------|--|--|--|
| <b>Total of Section Q</b> |  |  |  |
|---------------------------|--|--|--|

**IV. EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| AFSCME Council 4 OPC   | 7th Day Preceding General Election - Original |

**R. Expenses Incurred on Committee Credit Card**

|                             |  |
|-----------------------------|--|
| Name of Issuing Institution | Type of Credit Card:<br>Visa            Master Card            Discover            American Express<br>Other |
|-----------------------------|--|

|                                  |                     |
|----------------------------------|---------------------|
| Name of Vendor, Person or Entity | Date of Transaction |
|----------------------------------|---------------------|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

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

|                               |   |        |
|-------------------------------|---|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br>None of the below<br>Coordinated with reimbursement sought (joint expenditure)                      Independent<br>Coordinated without reimbursement sought (in-kind contribution)                      Organization            A            B            C            D | Amount |
|-------------------------------|---|--------|

|                           |  |  |
|---------------------------|--|--|
| <b>Total of Section R</b> |  |  |
|---------------------------|--|--|

| IV. EXPENDITURES   |   |      |   |
|--|---|------|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |      | TYPE OF REPORT                                |
| AFSCME Council 4 OPC   |   |      | 7th Day Preceding General Election - 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 #                                       |
| Expenditure# (if applicable)   | Type of Expenditure ( <i>Itemization in Addendum S Required unless "None of the below" is checked</i> )<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D |      | Amount Incurred (Estimate or Actual)          |
| <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                                |
| AFSCME Council 4 OPC   |  |   | 7th Day Preceding General Election - 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 #                                       |
| Expenditure #  | Type of Expenditure ( <i>Itemization in Addendum T Required unless "None of the below" is checked</i> )<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization:      A      B      C      D |   | Amount  |
| <b>Total of Section T</b>  |  |   |   |

| 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                |  |
|  |                               |  |
| P. Expenses Paid By Committee - Addendum |                               |  |
| Expenditure #                            | Supported                     | Opposed                                  |
|  |                               | <b>Amount of Expenditure</b>             |
| Name of Candidate or Committee           | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| Are Limits Aggregated?                   | Aggregating Committees        |  |
| <b>Yes</b> <b>No</b>                     |                               |  |

### Section R. ADDENDUM

|   |                               |  |
|---|-------------------------------|--|
| <b>Section R. ADDENDUM</b>                                      |                               |  |
| NAME OF COMMITTEE   | TYPE OF REPORT                |  |
|   |                               |  |
| <b>R. Expenses Incurred on Committee Credit Card - Addendum</b> |                               |  |
| <b>Expenditure #</b>  | <b>Supported      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

|   |                               |  |
|---|-------------------------------|--|
| <b>Section S. ADDENDUM</b>  |                               |  |
| 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      Opposed</b> | <b>Amount of Expenditure</b>             |
| Name of Candidate or Committee  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |

### Section T. ADDENDUM

|   |                               |  |
|---|-------------------------------|--|
| <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      Opposed</b> | <b>Amount of Expenditure</b>             |
| Name of Candidate or Committee  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |