

**SEEC FORM 20**

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



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**COVER PAGE**

|  |  |                             |   |
|--|--|-----------------------------|---|
| 1. NAME OF COMMITTEE   |  |                             |   |
| <b>Stonington Democratic Town Committee</b>  |  |                             |   |
| 2. TREASURER NAME  |  |                             |   |
| First<br><b>Eugene</b>   | MI<br><b>E</b>   | Last<br><b>Pfeifer</b>      | Suffix                                    |
| 3. TREASURER ADDRESS   |  |                             |   |
| Street Address<br><b>7 Island Rd</b>   | City<br><b>Stonington</b>                                      | State<br><b>CT</b>          | Zip Code<br><b>06378</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 - Amendment</b>  |  |                             |   |
| 9. PERIOD COVERED  |  |                             |   |
|  | Beginning Date   | Ending Date                 |   |
|  | <b>10/01/2024</b>  | thru <b>10/27/2024</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>Eugene Pfeifer</b>  | <b>04/03/2026 9:41:56PM</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>Stonington Democratic Town Committee</b>   | <b>7th Day Preceding General Election - Amendment</b> |                       |
|   | COLUMN A<br>This Period                               | COLUMN 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>\$3,446.91</b>     |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$7,917.05</b>                                     |                       |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$185.00</b>                                       | <b>\$9,065.00</b>     |
| 14. Receipts from Other Committees (Sections C1 and C2)   | <b>\$0.00</b>   | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)   | <b>\$0.00</b>   | <b>\$1.55</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>\$185.00</b>                                       | <b>\$9,066.55</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$8,102.05</b>                                     | <b>\$12,513.46</b>    |
| 19. Expenses Paid by Committee (Section P)  | <b>\$448.63</b>                                       | <b>\$4,860.04</b>     |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$7,653.42</b>                                     | <b>\$7,653.42</b>     |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | <b>\$0.00</b>   | <b>\$60.00</b>        |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)   | <b>\$0.00</b>   | <b>\$50.00</b>        |
| 23. In-Kind Contributions Received (Section M)  | <b>\$0.00</b>   | <b>\$418.80</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                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**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<br>Geyer  |  | First Name<br>Nancy  |                                    | MI<br>E                |
| Residential Street Address<br>324 New London Tpke   |  | City<br>Stonington   | State<br>CT                        | Zip Code<br>06378      |
| Principal Occupation<br>Retired   |  | Name of Employer<br>retired  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><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<br>10/07/2024  | Aggregate Contributions<br>\$30.00 | \$30.00                |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Stevenson  |  | First Name<br>Dave   |                                    | MI<br>E                |
| Residential Street Address<br>30 Diving St  |  | City<br>Stonington   | State<br>CT                        | Zip Code<br>06378      |
| Principal Occupation<br>Retired   |  | Name of Employer<br>retired  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><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<br>10/07/2024  | Aggregate Contributions<br>\$20.00 | \$20.00                |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Mc Kinley  |  | First Name<br>Kathryn  |                                    | MI<br>E                |
| Residential Street Address<br>182 Farmholme Rd .  |  | City<br>Stonington   | State<br>CT                        | Zip Code<br>06378      |
| Principal Occupation<br>Recruiter   |  | Name of Employer<br>RefocusGroup   |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><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<br>10/07/2024  | Aggregate Contributions<br>\$80.00 | \$80.00                |

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

|  |  |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**B. Itemized Contributions from Individuals**

|   |  |  |                                    |                   |
|---|--|--|------------------------------------|-------------------|
| Last Name<br>Lucy   |  | First Name<br>Natalie                  |                                    | MI                |
| Residential Street Address<br>175 Liberty St  |  | City<br>Pawcatuck                      | State<br>CT                        | Zip Code<br>06379 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>retired            |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                    |                   |
| Method of Contribution<br><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<br>10/15/2024            | Aggregate Contributions<br>\$30.00 | \$30.00           |
| Last Name<br>Dunn   |  | First Name<br>Nancy                    |                                    | MI                |
| Residential Street Address<br>54 William St   |  | City<br>Pawcatuck                      | State<br>CT                        | Zip Code<br>06379 |
| Principal Occupation<br>Assesor Assistant   |  | Name of Employer<br>Town of Stonington |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2024            | Aggregate Contributions<br>\$25.00 | \$25.00           |
| <b>Total of Section B</b>   |  |  | <b>\$185.00</b>                    |                   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>  |  |  | <b>\$185.00</b>                    |                   |

(Sections A &amp; B)

(Total on Line 13 of Summary Page)

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

|  |  |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**C1. Contributions from Other Committees**

|                   |       |   |               |                         |    |                        |
|-------------------|-------|---|---------------|-------------------------|----|------------------------|
| Name of Committee |       |   |               | Name of Treasurer       |    |                        |
| Address           |       | Is this contribution associated with an event reported in Section L1? |               | Yes                     | No | Amount of Contribution |
|                   |       | If yes, list Event #  |               |                         |    |                        |
| City              | State | Zip Code  | Date Received | Aggregate Contributions |    |                        |

**Total of Section C1****I. MONETARY RECEIPTS (Section A-K)**

|                                      |  |
|--------------------------------------|--|
| NAME OF COMMITTEE                    | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee | 7th Day Preceding General Election - Amendment |

**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 |          |                                  |  |                   |

**Total of Section C2**

| <b>I. MONETARY RECEIPTS (Section A-K)</b>                                      |  |                 |  |   |
|--|--|-----------------|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |                 | TYPE OF REPORT                                 |   |
| Stonington Democratic Town Committee   |  |                 | 7th Day Preceding General Election - Amendment |   |
| <b>D. Loans Received this Period</b>   |  |                 |  |   |
| 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?<br>Yes      No |
| Name of Cosigner/Guarantor (if applicable)                                     |  |                 |  | <b>Amount Received</b>  |
| Street Address   |  | City            | Zip Code                                       |   |
| <b>Total of Section D</b>  |  |                 |  |   |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |       |               |  |                 |
|--|-------|---------------|--|-----------------|
| NAME OF COMMITTEE  |       |               | TYPE OF REPORT                                 |                 |
| Stonington Democratic Town Committee   |       |               | 7th Day Preceding General Election - Amendment |                 |
| <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                                 |        |
| Stonington Democratic Town Committee   |   |  | 7th Day Preceding General Election - Amendment |        |
| <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?<br>Yes      No      If yes, list Event # |  |  | Amount |
| <b>Total of Section F</b>  |   |  |  |        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |  |
|--|--|
| NAME OF COMMITTEE  | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |
| <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   |        |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment   |        |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |  |        |
| Date of Receipt  | Method of Payment<br>Cash                      Personal Check                      Credit/Debit Card | Amount |
| <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                                 |        |
| Stonington Democratic Town Committee   |      |               | 7th Day Preceding General Election - Amendment |        |
| <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>  |      |               |  |        |

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

|                                      |  |
|--------------------------------------|--|
| NAME OF COMMITTEE                    | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee | 7th Day Preceding General Election - Amendment |

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

| Name                      | Date of Transaction |       | Amount Received |
|---------------------------|---------------------|-------|-----------------|
| Street Address            | City                | State |                 |
| 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                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**L1. Event Information**

|   |             |   |  |                   |
|---|-------------|---|--|-------------------|
| Event #<br>Date of Event<br>10/15/2024  | Letter<br>A | Description<br>Other Event  | Was this a fundraising event?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Location: Street Address<br>5 Diving St   |             | City<br>Stonington  | State<br>CT  | Zip Code<br>06378 |
| Subpart 1: (All Committees)   |             | Was this event hosted at a personal residence?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><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? |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><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?                   |             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(If yes, enter Total Receipts here.)</i>  |  | \$0.00            |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)                              |             | Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(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)   |             | Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(If yes, enter Total Receipts here.)</i>  |  | \$0.00            |
| <b>Total of Section L1</b>  |             |   |  | <b>\$0.00</b>     |

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

|  |  |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**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 |
|                   |         |                                       | <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                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**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<br><br>Individual<br><br>Sole Proprietorship | Date Received           | Event #      Aggregate value for this event |                               |
|  |                         |   | <b>Total of Section L4</b>    |

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

|  |  |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**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                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**M. In-Kind Contributions**

|   |               |  |  |
|---|---------------|--|--|
| Name  |               |  |  |
| Street Address  |               | City   | State                                  |
|   |               |  | Zip Code                               |
| Type of Contributor:  | Date Received | Aggregate contributions  | Description of In-Kind Contribution    |
| Committee   |               |  |  |
| 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                                 |
| Stonington Democratic Town Committee | 7th Day Preceding General Election - Amendment |

**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          |                   |
| <b>Total of Section N</b>  |            |       |                   |                   |

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

|  |  |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**P. Expenses Paid By Committee**

|   |   |                                      |  |                           |                          |
|---|---|--------------------------------------|--|---------------------------|--------------------------|
| Name of Payee<br><b>USPS</b>                      |   | Date of Payment<br><b>10/07/2024</b> | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                           |                          |
| Street Address<br><b>20 Broad St</b>              |   | City<br><b>Stonington</b>            |  | State<br><b>CT</b>        | Zip Code<br><b>06378</b> |
| Purpose of Expenditure (by code)<br><b>Misc *</b> | Description<br><b>Postcard stamps</b>   |                                      |  | Event #                   |                          |
| Expenditure # (if applicable)                     | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><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 |                                      |  | Amount<br><b>\$112.00</b> |                          |
| Name of Payee<br><b>USPS</b>                      |   | Date of Payment<br><b>10/07/2024</b> | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                           |                          |
| Street Address<br><b>20 Broad St</b>              |   | City<br><b>Stonington</b>            |  | State<br><b>CT</b>        | Zip Code<br><b>06378</b> |
| Purpose of Expenditure (by code)<br><b>Misc *</b> | Description<br><b>Stamps for monthly welcome letters.</b>   |                                      |  | Event #                   |                          |
| Expenditure # (if applicable)                     | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><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 |                                      |  | Amount<br><b>\$85.20</b>  |                          |
| Name of Payee<br><b>Mail Chimp</b>                |   | Date of Payment<br><b>10/15/2024</b> | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                           |                          |
| Street Address<br><b>405 N Angier Ave .</b>       |   | City<br><b>Atlanta</b>               |  | State<br><b>GA</b>        | Zip Code<br><b>30308</b> |
| Purpose of Expenditure (by code)<br><b>Misc *</b> | Description<br><b>Monthly mail service fee.</b>   |                                      |  | Event #                   |                          |
| Expenditure # (if applicable)                     | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><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 |                                      |  | Amount<br><b>\$75.75</b>  |                          |

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

|  |  |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**P. Expenses Paid By Committee**

|  |   |                               |  |                      |
|--|---|-------------------------------|--|----------------------|
| Name of Payee<br>Sara Baker-Bailey         |   | Date of Payment<br>10/15/2024 | Method of Payment<br><input checked="" type="checkbox"/> Check # 265<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>30 Rossie St             |   | City<br>Mystic                | State<br>CT  | Zip Code<br>06355    |
| Purpose of Expenditure (by code)<br>Misc * | Description<br>Post card writing event snacks.  |                               |  | Event #<br>10152024A |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><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 |                               |  | Amount<br>\$11.88    |
| Name of Payee<br>Sara Baker-Bailey         |   | Date of Payment<br>10/15/2024 | Method of Payment<br><input checked="" type="checkbox"/> Check # 264<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>30 Rossie St             |   | City<br>Mystic                | State<br>CT  | Zip Code<br>06355    |
| Purpose of Expenditure (by code)<br>Misc * | Description<br>Post card writing event snacks.  |                               |  | Event #<br>10152024A |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><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 |                               |  | Amount<br>\$50.50    |
| Name of Payee<br>Anedot                    |   | Date of Payment<br>10/15/2024 | Method of Payment<br><input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT        |                      |
| Street Address<br>1340 Poydras St Ste 1770 |   | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112    |
| Purpose of Expenditure (by code)<br>Misc * | Description<br>Fee for on line donation   |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><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 |                               |  | Amount<br>\$1.30     |

| IV. EXPENDITURES (Sections P - T)  |  |  |  |
|--|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  | TYPE OF REPORT                                 |  |
| Stonington Democratic Town Committee   |  | 7th Day Preceding General Election - Amendment |  |
| P. Expenses Paid By Committee  |  |  |  |
| Name of Payee<br><b>USPS</b>   |  | Date of Payment<br><b>10/15/2024</b>           | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address<br><b>66 S Broad St</b>   |  | City<br><b>Pawcatuck</b>                       | State<br><b>CT</b> Zip Code<br><b>06379</b>  |
| Purpose of Expenditure (by code)<br><b>Misc *</b>                              | Description<br><b>Post card mailing</b>  |  | 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 |  | <b>\$112.00</b>  |
| <b>Total of Section P</b>  |  |  | <b>\$448.63</b>  |

| IV. EXPENDITURES (Sections P - T)  |             |  |  |
|--|-------------|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             | TYPE OF REPORT                                 |  |
|  |             | 7th Day Preceding General Election - Amendment |  |
| 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 #  | <b>Amount</b>                            |
| <b>Total of Section Q</b>  |             |  |  |

**IV. EXPENDITURES**

|  |  |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

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

|  |   |
|--|---|
| Name of Issuing Institution<br><b>Chelsea-Groton</b> | Type of Credit Card:<br><input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |
|--|---|

|   |  |
|---|--|
| Name of Vendor, Person or Entity<br><b>USPS</b> | Date of Transaction<br><b>10/07/2024</b> |
|---|--|

|                                      |                           |                    |                          |
|--------------------------------------|---------------------------|--------------------|--------------------------|
| Street Address<br><b>20-Broad-St</b> | City<br><b>Stonington</b> | State<br><b>CT</b> | Zip Code<br><b>06378</b> |
|--------------------------------------|---------------------------|--------------------|--------------------------|

|   |   |                             |
|---|---|-----------------------------|
| Purpose of Expenditure (by code)<br><b>POST</b> | Description<br><b>Post-card-stamps-</b> | Event #<br><b>10152024A</b> |
|---|---|-----------------------------|

|                               |  |                                       |
|-------------------------------|--|---------------------------------------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><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 checked="" type="checkbox"/> D | Amount<br><b><del>\$112.00-</del></b> |
|-------------------------------|--|---------------------------------------|

|  |   |
|--|---|
| Name of Issuing Institution<br><b>Chelsea-Groton</b> | Type of Credit Card:<br><input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |
|--|---|

|   |  |
|---|--|
| Name of Vendor, Person or Entity<br><b>USPS</b> | Date of Transaction<br><b>10/15/2024</b> |
|---|--|

|  |                          |                    |                          |
|--|--------------------------|--------------------|--------------------------|
| Street Address<br><b>66-S-Broad-St</b> | City<br><b>Pawcatuck</b> | State<br><b>CT</b> | Zip Code<br><b>06379</b> |
|--|--------------------------|--------------------|--------------------------|

|  |   |                             |
|--|---|-----------------------------|
| Purpose of Expenditure (by code)<br><b>Misc*</b> | Description<br><b>Post-card-stamps-</b> | Event #<br><b>10152024A</b> |
|--|---|-----------------------------|

|                               |  |                                       |
|-------------------------------|--|---------------------------------------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><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 checked="" type="checkbox"/> D | Amount<br><b><del>\$112.00-</del></b> |
|-------------------------------|--|---------------------------------------|

### IV. EXPENDITURES

|  |  |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

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

|  |  |
|--|--|
| Name of Issuing Institution<br><b>Chelsea-Groton</b> | Type of Credit Card:<br><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |
|--|--|

|   |  |
|---|--|
| Name of Vendor, Person or Entity<br><b>USPS</b> | Date of Transaction<br><b>10/15/2024</b> |
|---|--|

|                                      |                           |                    |                          |
|--------------------------------------|---------------------------|--------------------|--------------------------|
| Street Address<br><b>20 Broad St</b> | City<br><b>Stonington</b> | State<br><b>CT</b> | Zip Code<br><b>06378</b> |
|--------------------------------------|---------------------------|--------------------|--------------------------|

|  |  |                             |
|--|--|-----------------------------|
| Purpose of Expenditure (by code)<br><b>Misc*</b> | Description<br><b>Stamps for monthly welcome mailing to new Democrats and for post card event.</b> | Event #<br><b>10152024A</b> |
|--|--|-----------------------------|

|                               |  |                           |
|-------------------------------|--|---------------------------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><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 checked="" type="checkbox"/> D | Amount<br><b>\$85.20-</b> |
|-------------------------------|--|---------------------------|

|  |   |
|--|---|
| Name of Issuing Institution<br><b>Chelsea-Groton</b> | Type of Credit Card:<br><input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |
|--|---|

|   |  |
|---|--|
| Name of Vendor, Person or Entity<br><b>Mail-Chimp</b> | Date of Transaction<br><b>10/15/2024</b> |
|---|--|

|  |                        |                    |                          |
|--|------------------------|--------------------|--------------------------|
| Street Address<br><b>405 N Angier Ave NE</b> | City<br><b>Atlanta</b> | State<br><b>GA</b> | Zip Code<br><b>30308</b> |
|--|------------------------|--------------------|--------------------------|

|  |   |         |
|--|---|---------|
| Purpose of Expenditure (by code)<br><b>Misc*</b> | Description<br><b>Marketing and mail company monthly expense.</b> | Event # |
|--|---|---------|

|                               |  |                           |
|-------------------------------|--|---------------------------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><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 checked="" type="checkbox"/> D | Amount<br><b>\$75.75-</b> |
|-------------------------------|--|---------------------------|

|                           |               |
|---------------------------|---------------|
| <b>Total of Section R</b> | <b>\$0.00</b> |
|---------------------------|---------------|



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

|  |  |
|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                 |
| Stonington Democratic Town Committee   | 7th Day Preceding General Election - Amendment |

**T. Itemization of Reimbursements and Secondary Payees**

|                                |       |    |   |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Baker-Bailey                   | Sara  |    | 10/15/2024                                  |

|  |  |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P  |
| The Ditty Bag  | <input checked="" type="checkbox"/> Check # 265 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

|  |        |       |          |
|--|--------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City   | State | Zip Code |
| 7 Roosevelt Ave  | Mystic | CT    | 06355    |

|                                  |  |           |
|----------------------------------|--|-----------|
| Purpose of Expenditure (by code) | Description  | Event #   |
| Misc *                           | Snacks for people writing postcards to get out the vote. | 10152024A |

|               |   |         |
|---------------|---|---------|
| Expenditure # | Type of Expenditure ( Itemization in Addendum T 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 | \$11.88 |

|                                |       |    |   |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Baker-Bailey                   | Sara  |    | 10/15/2024                                  |

|  |  |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P  |
| Big Y  | <input checked="" type="checkbox"/> Check # 264 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

|  |        |       |          |
|--|--------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City   | State | Zip Code |
| 7 Roosevelt AVE79 Stonington Rd .  | Mystic | CT    | 06355    |

|                                  |  |           |
|----------------------------------|--|-----------|
| Purpose of Expenditure (by code) | Description  | Event #   |
| Misc *                           | Snacks for people writing postcards to get out the vote. | 10152024A |

|               |   |         |
|---------------|---|---------|
| Expenditure # | Type of Expenditure ( Itemization in Addendum T 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 | \$50.50 |

|                           |  |                |
|---------------------------|--|----------------|
| <b>Total of Section T</b> |  | <b>\$62.38</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                                  | Amount of Expenditure |
| 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                                      |                               |  |                       |
|--|-------------------------------|--|-----------------------|
| NAME OF COMMITTEE  | TYPE OF REPORT                |  |                       |
|  |                               |  |                       |
| R. Expenses Incurred on Committee Credit Card - Addendum |                               |  |                       |
| Expenditure #  | Supported                     | Opposed                                  | Amount of Expenditure |
| Name of Candidate or Committee                           | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |                       |

| <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> |                               |  |
| Expenditure #   | Supported                     | Opposed                                  |
|   |                               |  |
| 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> |                               |  |
| Expenditure #   | Supported                     | Opposed                                  |
|   |                               |  |
| Name of Candidate or Committee  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |