

**SEEC FORM 20**

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

**COVER PAGE**

|  |   |                             |  |
|--|---|-----------------------------|--|
| <b>1. NAME OF COMMITTEE</b>  |   |                             |  |
| <b>Connecticut State Council Of Machinists PAC</b>   |   |                             |  |
| <b>2. TREASURER NAME</b>   |   |                             |  |
| First<br><b>Stephen</b>  | MI  | Last<br><b>Smith</b>        | Suffix   |
| <b>3. TREASURER ADDRESS</b>  |   |                             |  |
| Street Address<br><b>70 Karen Dr</b>   | City<br><b>Manchester</b>   | State<br><b>CT</b>          | Zip Code<br><b>06042</b>                         |
| <b>4. ELECTION/REFERENDUM DATE</b>   | <b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> |                             | <b>6. DISTRICT NUMBER</b> <i>(if applicable)</i> |
|  |   |                             |  |
| <b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>  |   |                             |  |
| First  | MI  | Last                        | Suffix   |
|  |   |                             |  |
| <b>8. TYPE OF REPORT</b>   |   |                             |  |
| <b>April 10 Filing - Original</b>  |   |                             |  |
| <b>9. PERIOD COVERED</b>   |   |                             |  |
|  | Beginning Date  | thru                        | Ending Date                                      |
|  | <b>01/01/2026</b>   |                             | <b>03/31/2026</b>                                |
| <b>10. CERTIFICATION</b>   |   |                             |  |
| <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>Stephen Smith</b>  | <b>04/08/2026 1:08:01PM</b> |  |
| SIGNATURE  | PRINT NAME OF THE SIGNER  | DATE CERTIFIED              |  |
| <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>   |   |                             |  |

**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>Connecticut State Council Of Machinists PAC</b>  | <b>April 10 Filing - Original</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>\$10,869.68</b>    |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$10,869.68</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>\$0.00</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>\$0.00</b>         |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$10,869.68</b>                | <b>\$10,869.68</b>    |
| 19. Expenses Paid by Committee (Section P)  | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$10,869.68</b>                | <b>\$10,869.68</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             |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - 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             |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - 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 |                        |
| <b>Total of Section C1</b> |       |   |               |                        |

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

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE                           | TYPE OF REPORT             |
| Connecticut State Council Of Machinists PAC | April 10 Filing - Original |

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

|                               |             |          |  |  |                   |
|-------------------------------|-------------|----------|--|--|-------------------|
| Name of Committee             |             |          | Name of Treasurer  |  |                   |
| Address                       |             |          | Date Received  |  | Amount of Receipt |
| City                          | State       | Zip Code | Payment Type<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             |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - 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>                  |   |       |          |   |                 |

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

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

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

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

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

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

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - 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             |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - 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             |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - Original |

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

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

**Total of Section L4**

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - Original |

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

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

**Total of Section L5**

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - 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             |
| Connecticut State Council Of Machinists PAC | April 10 Filing - Original |

**N. Refundable Deposit to Telephone Company**

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |
| Residential Street Address | City       | State | Zip Code          |
| 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                                      |
| Connecticut State Council Of Machinists PAC                                    |   |                 | April 10 Filing - Original                          |
| P. Expenses Paid By Committee  |   |                 |   |
| Name of Payee  |   | Date of Payment | Method of Payment<br>Check #<br>Debit Card      EFT |
| Street Address   |   | City            | State      Zip Code                                 |
| Purpose of Expenditure (by code)   | Description   |                 | Event #   |
| Expenditure # (if applicable)  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<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 P</b>  |   |                 |   |

| IV. EXPENDITURES (Sections P - T)  |             |                 |  |
|--|-------------|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             |                 | TYPE OF REPORT                           |
|  |             |                 | April 10 Filing - Original               |
| Q. Campaign Expenses Paid By Candidate   |             |                 |  |
| Name of Payee (Name of vendor, Person or Entity who candidate paid directly)   |             | Date of Payment | Is Reimbursement Claimed?<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

|  |  |
|--|--|
| <b>IV. EXPENDITURES</b>  |  |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT   |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - Original   |
| <b>R. Expenses Incurred on Committee Credit Card</b>                           |  |
| Name of Issuing Institution  | Type of Credit Card:<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American Express</span> </div> 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)   |
|  | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           None of the below<br/><br/>           Coordinated with reimbursement sought (joint expenditure)<br/><br/>           Coordinated without reimbursement sought (in-kind contribution)         </div> <div style="width: 45%;">           Independent<br/><br/>           Organization    A    B    C    D         </div> </div> |
|  | Amount   |
| <b>Total of Section R</b>  |  |

### IV. EXPENDITURES

|  |  |
|--|--|
| <b>IV. EXPENDITURES</b>  |  |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT   |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - Original   |
| <b>S. Expenses Incurred By Committee but Not Paid During this Period</b>       |  |
| Name of Creditor   | Date Incurred  |
| Street Address   | City   |
|  | State  |
|  | Zip Code   |
| Purpose of Expenditure (by code)   | Description  |
|  | Event #  |
| Expenditure# (if applicable)   | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)   |
|  | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           None of the below<br/><br/>           Coordinated with reimbursement sought (joint expenditure)<br/><br/>           Coordinated without reimbursement sought (in-kind contribution)         </div> <div style="width: 45%;">           Independent<br/><br/>           Organization :    A    B    C    D         </div> </div> |
|  | 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             |
| Connecticut State Council Of Machinists PAC                                    | April 10 Filing - Original |

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

|                                |       |    |   |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
|--------------------------------|-------|----|---|

|  |   |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
|  | Check #                      Debit Card                      EFT          |

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

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

|               |   |        |
|---------------|---|--------|
| Expenditure # | Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)   | Amount |
|               | 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 |        |

|                           |  |
|---------------------------|--|
| <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**

|                                |  |
|--------------------------------|--|
| Event #                        |  |
| Name of Candidate or Committee |  |

### Section P. ADDENDUM

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

### Section R. ADDENDUM

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

| <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 |