

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

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE			
Clinton Democratic Town Committee			
2. TREASURER NAME			
First Michael	MI J	Last Rossi	Suffix
3. TREASURER ADDRESS			
Street Address 3 Kings Grant Rd	City Clinton	State CT	Zip Code 06413
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
8. TYPE OF REPORT			
April 10 Filing - Amendment			
9. PERIOD COVERED			
Beginning Date 01/01/2025			
Ending Date 03/31/2025			
thru			
10. CERTIFICATION			
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing SIGNATURE	Michael Rossi PRINT NAME OF THE SIGNER	08/05/2026 2:15:29PM DATE CERTIFIED	
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.			

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	
Clinton Democratic Town Committee	April 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$1,867.65
12. Balance on hand at the beginning of Reporting Period	\$1,867.65	
13. Contributions received from Individuals (Section A and B)	\$50.00	\$50.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$50.00	\$50.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$1,917.65	\$1,917.65
19. Expenses Paid by Committee (Section P)	\$814.84	\$814.84
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$1,102.81	\$1,102.81
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - 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 Hussaini		First Name John		MI	
Residential Street Address 138 Liberty St		City Clinton		State CT	Zip Code 06413
Principal Occupation Hussaini Brothers (food services)		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ 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? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 03/16/2025	Aggregate Contributions \$50.00		
					\$50.00
Total of Section B					\$50.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 13 of Summary Page)</i>					\$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee		Name of Treasurer			
Address		Is this contribution associated with an event reported in Section L1? If yes, list Event #		Yes No	
City		State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - 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**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - Amendment

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE

TYPE OF REPORT

Clinton Democratic Town Committee

April 10 Filing - Amendment

E. Receipts from Entities other than Individuals or Other Committees (*Referendum Committees ONLY*)

Name of Entity

Street Address

Date Received

Amount Received

City

State

Zip Code

Aggregate Contributions

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

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

TYPE OF REPORT

Clinton Democratic Town Committee

April 10 Filing - Amendment

F. Amount Transferred from Affiliated Business Treasury (*Business Entity Committees ONLY*)

Date of Receipt

Is this transaction associated with an event
reported in Section L1?

Yes

No

If yes, list Event #

Amount

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

NAME OF COMMITTEE

TYPE OF REPORT

Clinton Democratic Town Committee

April 10 Filing - Amendment

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (*Organization Committees ONLY*)

Date of Receipt

Amount

Total of Section G

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Clinton Democratic Town Committee		April 10 Filing - Amendment	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section H			

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Clinton Democratic Town Committee		April 10 Filing - Amendment	
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	
Street Address	City	State	Zip Code
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Clinton Democratic Town Committee		April 10 Filing - Amendment	
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	
Street Address	City	State	Zip Code
Description			Amount Received
Total of Section K			

II. EVENT ACTIVITY (Sections L1 - L5)

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

II. EVENT ACTIVITY (Sections L1 - L5)

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

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - Amendment

L4. In-Kind Donations Not Considered Contributions

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

Total of Section L4**II.EVENT ACTIVITY (Sections L1 - L5)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - 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
Clinton Democratic Town Committee	April 10 Filing - Amendment

M. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of Contributor:	Committee	Date Received	Aggregate contributions
Individual / Sole Proprietorship	Other		Description of In-Kind Contribution
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes 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 No
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative
		Fair Market Value of this Contribution	

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

NAME OF COMMITTEE	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - Amendment

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
Amount of Deposit			

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Clinton Democratic Town Committee

April 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Squarespace		Date of Payment 01/08/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 225 Varick St # 12th F		City New York	State NY	Zip Code 10014
Purpose of Expenditure (by code) WEB	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$293.53

Name of Payee USPS		Date of Payment 01/13/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 2 W Main St .		City Clinton	State CT	Zip Code 06413
Purpose of Expenditure (by code) POST	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$146.00

Name of Payee Technique Printers		Date of Payment 01/13/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 360 Old Post Rd .		City Clinton	State CT	Zip Code 06413
Purpose of Expenditure (by code) A-DM	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$248.31

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - Amendment
P. Expenses Paid By Committee	

Name of Payee The Event		Date of Payment 03/14/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1020 McCourtney Rd		City Grass Valley	State CA	Zip Code 95949
Purpose of Expenditure (by code) Misc *	Description Insurance for Clinton Advocacy Fair			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$127.00
Total of Section P				\$814.84

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Clinton Democratic Town Committee	April 10 Filing - 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? Yes No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Total of Section Q				

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - Amendment

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other	
Name of Vendor, Person or Entity Squarespace			Date of Transaction 01/08/2025
Street Address 225 Varick St # 12th F		City New York	State NY
Zip Code 10014			
Purpose of Expenditure (by code) WEB	Description		Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D		Amount \$293.53

Name of Issuing Institution Webster Bank		Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other	
Name of Vendor, Person or Entity Squarespace			Date of Transaction 01/08/2025
Street Address 225 Varick St # 12th F		City New York	State NY
Zip Code 10014			
Purpose of Expenditure (by code) WEB	Description		Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D		Amount \$293.53

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton Democratic Town Committee	April 10 Filing - Amendment

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other	
Name of Vendor, Person or Entity Teh Event			Date of Transaction 01/08/2025
Street Address 1020 McCourtney Rd		City Grass Valley	State CA Zip Code 95949
Purpose of Expenditure (by code) Misc *	Description Insurance for Clinton Advocacy Fair		Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D		Amount \$127.00-

Name of Issuing Institution Webster Bank		Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other	
Name of Vendor, Person or Entity US Postal Service			Date of Transaction 01/13/2025
Street Address 2 W Main St		City Clinton	State CT Zip Code 06413
Purpose of Expenditure (by code) POST	Description		Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D		Amount \$146.00-

IV. EXPENDITURES

IV. EXPENDITURES				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Clinton Democratic Town Committee			April 10 Filing - Amendment	
R. Expenses Incurred on Committee Credit Card				
Name of Issuing Institution Webster-Bank		Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor, Person or Entity Technique Printers			Date of Transaction 01/13/2025	
Street Address 360 Old Post Rd		City Clinton	State CT	Zip Code 06413
Purpose of Expenditure (by code) A-DM	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$248.31-
Name of Issuing Institution Webster-Bank		Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor, Person or Entity Teh-Event			Date of Transaction 03/14/2025	
Street Address 1020 McCourtney Rd		City Grass-Valley	State CA	Zip Code 95949
Purpose of Expenditure (by code) Misc *	Description Insurance for Clinton Advocacy Fair			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$127.00-
Total of Section R			\$0.00	

IV. EXPENDITURES

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

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Clinton Democratic Town Committee			April 10 Filing - Amendment	
T. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P Check # Debit Card EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure #	Type of Expenditure (<i>Itemization in Addendum T Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D			Amount
Total of Section T				

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

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		
Yes No			

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	

Section S. ADDENDUM

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

Section T. ADDENDUM

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