

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			
Bricklayers & Allied Craftworkers Local 1 PAC Fund			
2. TREASURER NAME			
First John	MI	Last Chandler	Suffix
3. TREASURER ADDRESS			
Street Address 117 Park Ave	City Bloomfield	State CT	Zip Code 06002
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			
January 10 Filing - Original			
9. PERIOD COVERED			
Beginning Date 10/01/2025			
Ending Date 12/31/2025			
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	Vincent Arpino PRINT NAME OF THE SIGNER	09/01/2026 3:59:14PM 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	
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$7,412.58
12. Balance on hand at the beginning of Reporting Period	\$7,912.58	
13. Contributions received from Individuals (Section A and B)	\$0.00	\$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$10,000.00	\$15,000.00
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)	\$10,000.00	\$15,000.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$17,912.58	\$22,412.58
19. Expenses Paid by Committee (Section P)	\$8,600.00	\$13,100.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$9,312.58	\$9,312.58
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	
Bricklayers & Allied Craftworkers Local 1 PAC Fund				January 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>					
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 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	Aggregate Contributions	
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (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	
Bricklayers & Allied Craftworkers Local 1 PAC Fund				January 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? If yes, list Event # Yes No			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 10 Filing - Original

D. Loans Received this Period

Name of Lender		Source of Loan: Bank Candidate Individual Other				Date of Receipt
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
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 10 Filing - Original

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	
Total of Section E			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 10 Filing - Original

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
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 10 Filing - Original

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

Date of Receipt	Amount
11/03/2025	\$10,000.00
Total of Section G	
\$10,000.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Bricklayers & Allied Craftworkers Local 1 PAC Fund		January 10 Filing - Original	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section H			

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bricklayers & Allied Craftworkers Local 1 PAC Fund		January 10 Filing - Original	
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	
Bricklayers & Allied Craftworkers Local 1 PAC Fund		January 10 Filing - Original	
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)

II. EVENT ACTIVITY (Sections L1 - L5)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bricklayers & Allied Craftworkers Local 1 PAC Fund				January 10 Filing - Original	
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
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 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
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 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
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 10 Filing - Original

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
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 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
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

Bricklayers & Allied Craftworkers Local 1 PAC Fund

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Singh for Mayor		Date of Payment 10/01/2025	Method of Payment ☒ Check # 1039 ☐ Debit Card ☐ EFT	
Street Address 297 Scotland Rd		City Norwich	State CT	Zip Code 06360
Purpose of Expenditure (by code) CNTRB	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 \$250.00

Name of Payee DSCC		Date of Payment 10/15/2025	Method of Payment ☒ Check # 1040 ☐ Debit Card ☐ EFT	
Street Address 750 Main St Ste 1108-3		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) CNTRB	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 \$4,000.00

Name of Payee Frank Tdyska		Date of Payment 10/22/2025	Method of Payment ☒ Check # 1043 ☐ Debit Card ☐ EFT	
Street Address 64 Beaver St		City Ansonia	State CT	Zip Code 06401
Purpose of Expenditure (by code) CNTRB	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 \$200.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Bricklayers & Allied Craftworkers Local 1 PAC Fund

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Unite for Progress

Date of Payment

10/22/2025

Method of Payment

☒ Check #

1042

☐ Debit Card☐ EFT

Street Address

4 Topfield Rd

City

Danbury

State

CT

Zip Code

06811

Purpose of
Expenditure (by code)

CNTRB

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

\$200.00

Name of Payee

Key Bank

Date of Payment

10/22/2025

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

1021 Boston Post Rd

City

Guilford

State

CT

Zip Code

06437

Purpose of
Expenditure (by code)

BNK

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

\$46.50

Name of Payee

TDTC

Date of Payment

10/22/2025

Method of Payment

☒ Check #

1046

☐ Debit Card☐ EFT

Street Address

50 Skating Pond Rd

City

Trumbull

State

CT

Zip Code

06611

Purpose of
Expenditure (by code)

CNTRB

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

\$200.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Bricklayers & Allied Craftworkers Local 1 PAC Fund

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Vicki for Trumbull		Date of Payment 10/22/2025	Method of Payment ☒ Check # 1041 ☐ Debit Card ☐ EFT	
Street Address 4955 Madison Ave		City Trumbull	State CT	Zip Code 06611
Purpose of Expenditure (by code) CNTRB	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 \$200.00
Name of Payee WINDAM DTC, JOSHUA EVES TREASURER		Date of Payment 10/22/2025	Method of Payment ☒ Check # 1038 ☐ Debit Card ☐ EFT	
Street Address 419 Beaverhill Rd		City North Windham	State CT	Zip Code 06256
Purpose of Expenditure (by code) CNTRB	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 \$500.00
Name of Payee Bysiewicz for Connecticut		Date of Payment 12/15/2025	Method of Payment ☒ Check # 1048 ☐ Debit Card ☐ EFT	
Street Address unknown		City Wallingford	State CT	Zip Code
Purpose of Expenditure (by code) CNTRB	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 \$3,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 10 Filing - Original
P. Expenses Paid By Committee	

Name of Payee Key Bank		Date of Payment 12/15/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1021 Boston Post Rd		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) BNK	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 \$3.50
Total of Section P				\$8,600.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 10 Filing - Original	
Q. Campaign Expenses Paid By Candidate		
Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State Zip Code
Purpose of Expenditure (by code)	Description	Event # Amount
Total of Section Q		

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bricklayers & Allied Craftworkers Local 1 PAC Fund				January 10 Filing - Original	
R. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Event #
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) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D				Amount
Total of Section R					

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bricklayers & Allied Craftworkers Local 1 PAC Fund				January 10 Filing - Original	
S. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Event #
Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent 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
Bricklayers & Allied Craftworkers Local 1 PAC Fund	January 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 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D				

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?

Yes**No**

Aggregating Committees

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