

**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**

|  |  |                             |   |
|--|--|-----------------------------|---|
| 1. NAME OF COMMITTEE   |  |                             |   |
| <b>ImPACT</b>  |  |                             |   |
| 2. TREASURER NAME  |  |                             |   |
| First<br><b>Michelle</b>   | MI   | Last<br><b>Adams</b>        | Suffix                                    |
| 3. TREASURER ADDRESS   |  |                             |   |
| Street Address<br><b>14 Lyman Ln</b>   | City<br><b>Bloomfield</b>                                      | State<br><b>CT</b>          | Zip Code<br><b>06002</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>July 10 Filing - Original</b>   |  |                             |   |
| 9. PERIOD COVERED  |  |                             |   |
|  | Beginning Date   | Ending Date                 |   |
|  | <b>04/01/2025</b>  | thru <b>06/30/2025</b>      |   |
| 10. CERTIFICATION  |  |                             |   |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |  |                             |   |
| <b>Electronic Filing</b>   | <b>Michelle Adams</b>  | <b>07/07/2025 8:29:49PM</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>IMPACT</b>   | <b>July 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>\$1,999.59</b>     |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$2,719.59</b>                |                       |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$0.00</b>                    | <b>\$720.00</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>\$720.00</b>       |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$2,719.59</b>                | <b>\$2,719.59</b>     |
| 19. Expenses Paid by Committee (Section P)  | <b>\$1,191.79</b>                | <b>\$1,191.79</b>     |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$1,527.80</b>                | <b>\$1,527.80</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            |
| ImpACT   | July 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  |                | Date Received   | Aggregate Contributions |  |
| Cash  | Personal Check | Credit/Debit Card   | Payroll Deduction       | Money Order  |
| <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            |
| ImpACT   | July 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? |               | Amount of Contribution  |
| If yes, list Event #       |       | Yes   | No            |                         |
| City                       | State | Zip Code  | Date Received | Aggregate Contributions |
| <b>Total of Section C1</b> |       |   |               |                         |

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

|                   |                           |
|-------------------|---------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT            |
| ImPACt            | July 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            |
| ImPACt   | July 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>                  |   |       |          |   |                 |

| I. MONETARY RECEIPTS (Section A-K)  |       |          |                           |                 |
|---|-------|----------|---------------------------|-----------------|
| NAME OF COMMITTEE   |       |          | TYPE OF REPORT            |                 |
| ImPACT  |       |          | July 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 | Aggregate Contributions   |                 |
| <b>Total of Section E</b>   |       |          |                           |                 |

| I. MONETARY RECEIPTS (Section A-K)  |  |    |                           |        |
|---|--|----|---------------------------|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)            |  |    | TYPE OF REPORT            |        |
| ImPACT  |  |    | July 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? |    |                           | Amount |
|   | Yes  | No | If yes, list Event #      |        |
| <b>Total of Section F</b>   |  |    |                           |        |

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

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |                   |                |                           |
|--|-------------------|----------------|---------------------------|
| NAME OF COMMITTEE  |                   |                | TYPE OF REPORT            |
| ImPACT   |                   |                | July 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            |        |
| ImPACT   |      |               | July 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            |                 |
| ImPACT   |      |                     | July 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            |  |
| ImPACT  |        | July 10 Filing - Original |  |
| <b>L1. Event Information</b>  |        |                           |  |
| Event #<br>Date of Event  | Letter | Description               | Was this a fundraising event?<br><br>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>  |
| <b>Total of Section L1</b>  |        |                           |  |

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

|  |         |   |  |
|--|---------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |         | TYPE OF REPORT  |  |
| ImPACT   |         | July 10 Filing - Original   |  |
| <b>L3. Purchases of Advertising in a Program Book or on a Sign</b>             |         |   |  |
| Name of Purchaser  |         | Purchase Made By:<br><b>Business Entity          Other</b><br><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            |
| ImPACT   | July 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     | Date Received           | Event # | Aggregate value for this event |                               |
| Individual          |                         |         |                                |                               |
| Sole Proprietorship |                         |         |                                |                               |

**Total of Section L4**

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

|  |                           |
|--|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
| ImPACT   | July 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?<br>Yes      No      If yes, complete Itemization in Addendum L5 |  |                               |
| Street Address          |   | City   |  | State   Zip Code              |
| Description of Donation |   |  |  | Fair Market Value of Donation |
| Event #                 | Aggregate value of this Event - all hosts | Aggregate value of all Events - this host/candidate  |  |                               |

**Total of Section L5**

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

|  |                           |
|--|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
| ImPACt   | July 10 Filing - Original |

**M. In-Kind Contributions**

|   |           |  |                          |  |
|---|-----------|--|--------------------------|--|
| Name  |           |  |                          |  |
| Street Address  |           | City   | State                    | Zip Code                               |
| Type of Contributor:  | Committee | Date Received  | Aggregate contributions  | Description of In-Kind Contribution    |
| 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<br>Legislative |  |

**Total of Section M**

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

|                   |                           |
|-------------------|---------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT            |
| ImPACt            | July 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            |
| ImpACT   | July 10 Filing - Original |

**P. Expenses Paid By Committee**

|  |  |                               |  |                    |
|--|--|-------------------------------|--|--------------------|
| Name of Payee<br>Signsonthecheap.com       |  | Date of Payment<br>04/01/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                    |
| Street Address<br>14 Lyman Ln              |  | City<br>Bloomfield            | State<br>CT  | Zip Code<br>06002  |
| Purpose of Expenditure (by code)<br>A-SIGN | Description<br>yard signs  |                               |  | Event #            |
| Expenditure # (if applicable)<br>589741    | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Independent<br><input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$622.28 |
| Name of Payee<br>SIGNS on the CHeap        |  | Date of Payment<br>04/03/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                    |
| Street Address<br>14 Lyman Ln              |  | City<br>Bloomfield            | State<br>CT  | Zip Code<br>06002  |
| Purpose of Expenditure (by code)<br>A-SIGN | Description<br>Signs   |                               |  | Event #            |
| Expenditure # (if applicable)<br>589742    | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Independent<br><input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br>\$569.51 |

**Total of Section P**

**\$1,191.79**

| IV. EXPENDITURES (Sections P - T)  |             |                 |  |
|--|-------------|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             |                 | TYPE OF REPORT                                       |
|  |             |                 | July 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   |   |  |                                 |
|--|---|--|---------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |  | TYPE OF REPORT                  |
| ImpACt   |   |  | July 10 Filing - Original       |
| R. Expenses Incurred on Committee Credit Card                                  |   |  |                                 |
| Name of Issuing Institution  |   | Type of Credit Card:<br>Visa                  Master Card                  Discover                  American Express<br>Other |                                 |
| Name of Vendor, Person or Entity   |   |  | Date of Transaction             |
| Street Address   |   | City   | State                  Zip Code |
| Purpose of Expenditure (by code)   | Description   |  | Event #                         |
| Expenditure # (if applicable)  | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br>None of the below<br>Coordinated with reimbursement sought (joint expenditure)                  Independent<br>Coordinated without reimbursement sought (in-kind contribution)                  Organization                  A                  B                  C                  D |  | Amount                          |
| <b>Total of Section R</b>  |   |  |                                 |

| IV. EXPENDITURES   |   |      |                                      |
|--|---|------|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |      | TYPE OF REPORT                       |
| ImpACT   |   |      | July 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 ( <i>Itemization in Addendum S Required unless "None of the below" is checked</i> )<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D |      | Amount Incurred (Estimate or Actual) |
| <b>Total of Section S</b>  |   |      |                                      |

| IV. EXPENDITURES (Sections P - T)  |  |   |   |
|--|--|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |   | TYPE OF REPORT                                      |
| ImpACT   |  |   | July 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<br><br>Check #      Debit Card      EFT |   |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |  | City  | State      Zip Code                                 |
| Purpose of Expenditure (by code)   | Description  |   | Event #   |
| Expenditure #  | Type of Expenditure ( <i>Itemization in Addendum T Required unless "None of the below" is checked</i> )<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization:      A      B      C      D |   | Amount  |
| <b>Total of Section T</b>  |  |   |   |

| Section L5. ADDENDUM   |                |
|--|----------------|
| NAME OF COMMITTEE  | TYPE OF REPORT |
|  |                |
| L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum |                |
| Event #  |                |
| Name of Candidate or Committee   |                |

| Section P. ADDENDUM                                      |  |  |
|--|--|--|
| NAME OF COMMITTEE  | TYPE OF REPORT   |  |
| ImPACT   | July 10 Filing - Original  |  |
| P. Expenses Paid By Committee - Addendum                 |  |  |
| Expenditure #  | <input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed | Amount of Expenditure                    |
| 589741   |  | \$622.28                                 |
| Name of Candidate or Committee                           | Office Sought (if applicable)  | Cost Allocated to Candidate or Committee |
| Danielle WOnG  | Mayor  | \$622.28                                 |
| Are Limits Aggregated?                                   | Aggregating Committees   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

|  |  |  |
|--|--|--|
| Expenditure #  | <input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed | Amount of Expenditure                    |
| 589742   |  | \$569.51                                 |
| Name of Candidate or Committee                           | Office Sought (if applicable)  | Cost Allocated to Candidate or Committee |
| Danielle WOnG  | Mayor  | \$569.51                                 |
| Are Limits Aggregated?                                   | Aggregating Committees   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

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