

**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 18

**COVER PAGE**

|                                                                                                                                                                                                                                                                |                                                         |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------|------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| Singh PAC                                                                                                                                                                                                                                                      |                                                         |                                        |                                    |
| 2. TREASURER NAME                                                                                                                                                                                                                                              |                                                         |                                        |                                    |
| First<br>Heather                                                                                                                                                                                                                                               | MI<br>H                                                 | Last<br>Romanski                       | Suffix                             |
| 3. TREASURER ADDRESS                                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| Street Address<br>297 Scotland Rd                                                                                                                                                                                                                              | City<br>Norwich                                         | State<br>CT                            | Zip Code<br>06360-1657             |
| 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                                                                                                                                                                                                                                              |                                                         |                                        |                                    |
| July 10 Filing - Original                                                                                                                                                                                                                                      |                                                         |                                        |                                    |
| 9. PERIOD COVERED                                                                                                                                                                                                                                              |                                                         |                                        |                                    |
| Beginning Date                      Ending Date                                                                                                                                                                                                                |                                                         |                                        |                                    |
| 04/01/2026                      thru                      06/30/2026                                                                                                                                                                                           |                                                         |                                        |                                    |
| 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. |                                                         |                                        |                                    |
| Electronic Filing<br>SIGNATURE                                                                                                                                                                                                                                 | Heather Romanski<br>PRINT NAME OF THE SIGNER            | 07/08/2026 9:38:28PM<br>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                   |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| <b>Singh PAC</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 Balance on hand from day Committee was formed for all other Committees |                                  | <b>\$1,168.12</b>     |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                 | <b>\$2,161.62</b>                |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                            | <b>\$1,311.00</b>                | <b>\$3,811.00</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>\$1,311.00</b>                | <b>\$3,811.00</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)                                                                   | <b>\$3,472.62</b>                | <b>\$4,979.12</b>     |
| 19. Expenses Paid by Committee (Section P)                                                                                                               | <b>\$1,309.93</b>                | <b>\$2,816.43</b>     |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)                                                         | <b>\$2,162.69</b>                | <b>\$2,162.69</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            |
| Singh PAC                                                                      | July 10 Filing - Original |

**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

Subtotal Section A

**\$0.00****B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                |                                       |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|-------------------|
| Last Name<br>Singh                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | First Name<br>Deep             |                                       | MI                |
| Residential Street Address<br>459 Route 22                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                    | City<br>North Salem            | State<br>NY                           | Zip Code<br>10560 |
| Principal Occupation<br>EHS Manager                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>CBRE Group |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                                       |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/03/2026    | Aggregate Contributions<br>\$1,000.00 | \$1,000.00        |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                   |                                     |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|-------------------|
| Last Name<br>Malik                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | First Name<br>Tajinderpal         |                                     | MI<br>S           |
| Residential Street Address<br>750 Hardscrabble Rd                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | City<br>Chappaqua                 | State<br>NY                         | Zip Code<br>10514 |
| Principal Occupation<br>Sales                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>Self Employed |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                   | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/05/2026       | Aggregate Contributions<br>\$101.00 | \$101.00          |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                          |                                   |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------|-------------------|
| Last Name<br>HOLTGREWE                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    | First Name<br>BURDETTE                   |                                   | MI                |
| Residential Street Address<br>27 Huntington St # 1                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | City<br>Manchester                       | State<br>CT                       | Zip Code<br>06040 |
| Principal Occupation<br>POLITICAL CONSULTANT                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>BLUE EDGE STRATEGIES |                                   |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                          | Amount of Contribution            |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |                                   |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/21/2026              | Aggregate Contributions<br>\$5.00 | \$5.00            |

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

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

Singh PAC

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                        |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------|--------------------------|
| Last Name<br><b>Rayyashi</b>                                                                                                                                                                                                          |  | First Name<br><b>Moe</b>                                                                                                                                                                                                                                                                                           |                                            | MI                     |                          |
| Residential Street Address<br><b>170 Hawthome Mead Dr</b>                                                                                                                                                                             |  | City<br><b>Glastonbury</b>                                                                                                                                                                                                                                                                                         |                                            | State<br><b>CT</b>     | Zip Code<br><b>06033</b> |
| Principal Occupation<br><b>Manager</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Self-Employed</b>                                                                                                                                                                                                                                                                           |                                            |                        |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                            | Amount of Contribution |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                        |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>04/21/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$150.00</b> |                        |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$150.00</b>        |                          |

  

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                        |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------|--------------------------|
| Last Name<br><b>HOLTGREWE</b>                                                                                                                                                                                                         |  | First Name<br><b>BURDETTE</b>                                                                                                                                                                                                                                                                                      |                                           | MI                     |                          |
| Residential Street Address<br><b>27 Huntington St # 1</b>                                                                                                                                                                             |  | City<br><b>Manchester</b>                                                                                                                                                                                                                                                                                          |                                           | State<br><b>CT</b>     | Zip Code<br><b>06040</b> |
| Principal Occupation<br><b>POLITICAL CONSULTANT</b>                                                                                                                                                                                   |  | Name of Employer<br><b>BLUE EDGE STRATEGIES</b>                                                                                                                                                                                                                                                                    |                                           |                        |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                        |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>04/24/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$10.00</b> |                        |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$5.00</b>          |                          |

  

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                        |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------|--------------------------|
| Last Name<br><b>Arora</b>                                                                                                                                                                                                             |  | First Name<br><b>Maninder</b>                                                                                                                                                                                                                                                                                      |                                           | MI                     |                          |
| Residential Street Address<br><b>302 Main St</b>                                                                                                                                                                                      |  | City<br><b>New Britain</b>                                                                                                                                                                                                                                                                                         |                                           | State<br><b>CT</b>     | Zip Code<br><b>06051</b> |
| Principal Occupation<br><b>Self-Employed</b>                                                                                                                                                                                          |  | Name of Employer<br><b>Self-Employed</b>                                                                                                                                                                                                                                                                           |                                           |                        |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                        |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/02/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$50.00</b> |                        |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$50.00</b>         |                          |

  

|                                                    |  |  |  |                   |  |
|----------------------------------------------------|--|--|--|-------------------|--|
| <b>Total of Section B</b>                          |  |  |  | <b>\$1,311.00</b> |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> |  |  |  | <b>\$1,311.00</b> |  |

(Sections A & B) (Total on Line 13 of Summary Page)

| I. MONETARY RECEIPTS (Section A-K)                                             |       |                                                                       |               |                         |                           |
|--------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------|---------------|-------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |       |                                                                       |               |                         | TYPE OF REPORT            |
| Singh PAC                                                                      |       |                                                                       |               |                         | 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    |
|                                                                                |       | <div>Yes      No</div> <div>If yes, list Event #</div>                |               |                         |                           |
| City                                                                           | State | Zip Code                                                              | Date Received | Aggregate Contributions |                           |
| Total of Section C1                                                            |       |                                                                       |               |                         |                           |

| I. MONETARY RECEIPTS (Section A-K)                                |             |          |                                                                          |                   |                           |
|-------------------------------------------------------------------|-------------|----------|--------------------------------------------------------------------------|-------------------|---------------------------|
| NAME OF COMMITTEE                                                 |             |          |                                                                          |                   | TYPE OF REPORT            |
| Singh PAC                                                         |             |          |                                                                          |                   | 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 |          |                                                                          |                   |                           |
| Total of Section C2                                               |             |          |                                                                          |                   |                           |

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

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

**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            |
|-------------------|---------------------------|
| Singh PAC         | 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 |                 |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
|--------------------------------------------------------------------------------|---------------------------|
| Singh PAC                                                                      | 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? | Yes | No | If yes, list Event # | Amount |
|-----------------|----------------------------------------------------------------------|-----|----|----------------------|--------|

**Total of Section F**

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

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

| I. Monetary Receipts (Section A-K)                                             |      |                     |                           |
|--------------------------------------------------------------------------------|------|---------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |      |                     | TYPE OF REPORT            |
| Singh PAC                                                                      |      |                     | 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 |                           |
| Total of Section J                                                             |      |                     |                           |

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

|                                                                        |      |                     |                           |                 |
|------------------------------------------------------------------------|------|---------------------|---------------------------|-----------------|
| NAME OF COMMITTEE                                                      |      |                     | TYPE OF REPORT            |                 |
| Singh PAC                                                              |      |                     | 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                                                                                                                                                                                                  |          |
| Singh PAC                                                                                                                                   |        |             | July 10 Filing - Original                                                                                                                                                                                       |          |
| <b>L1. Event Information</b>                                                                                                                |        |             |                                                                                                                                                                                                                 |          |
| Event #<br>Date of Event                                                                                                                    | Letter | Description | Was this a fundraising event?<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 No      | (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.) |          |
| 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.)                                                                                                                                                                            |          |
| <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 No      | (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)                                                                                     |          |
| <i>Subpart 3: (Town Committees ONLY)</i>                                                                                                    |        |             |                                                                                                                                                                                                                 |          |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |        | Yes No      | (If yes, enter Total Receipts here.)                                                                                                                                                                            |          |
| <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            |
|--------------------------------------------------------------------------------|---------------------------|
| Singh PAC                                                                      | July 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><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            |
|--------------------------------------------------------------------------------|---------------------------|
| Singh PAC                                                                      | 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            |                         |         |                                |                               |          |
| Individual                 | Date Received           | Event # | Aggregate value for this event |                               |          |
| Sole Proprietorship        |                         |         |                                |                               |          |
| <b>Total of Section L4</b> |                         |         |                                |                               |          |

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

|                                                                                |                           |
|--------------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
| Singh PAC                                                                      | 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? |                               |
|                         |                                           | 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            |
| Singh PAC                                                                      | July 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                                                             |               |                                                                                                                                                                                                                                          |                                        |
| 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? | Fair Market Value of this Contribution |
|                                                                       |               | Yes<br>No                                                                                                                                                                                                                                |                                        |
| 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            |
|-------------------|---------------------------|
| Singh PAC         | 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          | Amount of Deposit |
| 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

Singh PAC

July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee

Blue Edge Strategies

Date of Payment

04/08/2026

Method of Payment

☒ Check #

286

☐ Debit Card☐ EFT

Street Address

54 Robert Rd

City

Manchester

State

CT

Zip Code

06040

Purpose of  
Expenditure (by code)

A-WEB

Description

Website - Domain name

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

\$442.48

Name of Payee

EveryAction, Inc USA

Date of Payment

04/27/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

750 17th St NW

City

Washington

State

DC

Zip Code

20006

Purpose of  
Expenditure (by code)

OVHD

Description

Monthly fee for CRM system

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

\$101.00

Name of Payee

anedot inc.

Date of Payment

04/30/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

1340 Poydras St

City

New Orleans

State

LA

Zip Code

70112

Purpose of  
Expenditure (by code)

BNK

Description

Credit Card Processing Fees

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

\$46.60

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

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

TYPE OF REPORT

Singh PAC

July 10 Filing - Original

**P. Expenses Paid By Committee**

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                    |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Name of Payee<br>EveryAction, Inc USA    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>05/02/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                    |
| Street Address<br>750 17th St NW         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Washington            | State<br>DC                                                                                                                          | Zip Code<br>20006  |
| Purpose of Expenditure (by code)<br>OVHD | Description<br>Monthly Fee for CRM System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                                                      | Event #            |
| Expenditure # (if applicable)            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br>\$101.00 |

  

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                    |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Name of Payee<br>EveryAction, Inc USA    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/08/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                    |
| Street Address<br>750 17th St NW         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Washington            | State<br>DC                                                                                                                          | Zip Code<br>20006  |
| Purpose of Expenditure (by code)<br>OVHD | Description<br>Monthly Fee for CRM System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                                                      | Event #            |
| Expenditure # (if applicable)            | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br>\$101.00 |

  

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                          |                    |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Name of Payee<br>Nexus PAC                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/14/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # 287<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                    |
| Street Address<br>2 Westledge Dr # APTC107 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Norwich               | State<br>CT                                                                                                                              | Zip Code<br>06360  |
| Purpose of Expenditure (by code)<br>A-OTH  | Description<br>Ad in program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                          | Event #            |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                          | Amount<br>\$250.00 |

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

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

TYPE OF REPORT

Singh PAC

July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee

Blue Edge Strategies

Date of Payment

06/25/2026

Method of Payment

☒

Check # 288

☐

Debit Card

☐

EFT

Street Address

54 Robert Rd

City

Manchester

State

CT

Zip Code

06040

Purpose of  
Expenditure (by code)

A-OTH

Description

Business Cards

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

\$265.88

Name of Payee

EveryAction, Inc USA

Date of Payment

06/30/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

750 17th St NW

City

Washington

State

DC

Zip Code

20006

Purpose of  
Expenditure (by code)

BNK

Description

Credit Card Processing Fees

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

\$1.97

**Total of Section P****\$1,309.93**

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

|                                                                                |             |      |                 |                           |                           |
|--------------------------------------------------------------------------------|-------------|------|-----------------|---------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             |      |                 | TYPE OF REPORT            |                           |
|                                                                                |             |      |                 | July 10 Filing - Original |                           |
| <b>Q. Campaign Expenses Paid By Candidate</b>                                  |             |      |                 |                           |                           |
| 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                    |
|                                                                                |             |      |                 |                           |                           |
| <b>Total of Section Q</b>                                                      |             |      |                 |                           |                           |

**IV. EXPENDITURES**

|                                                                                |                                                                                                                                                                                                                                                                                                                     |      |                                                                    |                           |          |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------|---------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                     |      |                                                                    | TYPE OF REPORT            |          |
| Singh PAC                                                                      |                                                                                                                                                                                                                                                                                                                     |      |                                                                    | July 10 Filing - Original |          |
| <b>R. Expenses Incurred on Committee Credit Card</b>                           |                                                                                                                                                                                                                                                                                                                     |      |                                                                    |                           |          |
| Name of Issuing Institution                                                    |                                                                                                                                                                                                                                                                                                                     |      | Type of Credit Card:                                               |                           |          |
|                                                                                |                                                                                                                                                                                                                                                                                                                     |      | 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            |                                      |
| Singh PAC                                                                      |                                                                                                                                                                                                                                                                                                                                           |  |      | July 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 ( <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                              |                     |
| Singh PAC                                                                      |                                                                                                                                                                                                                                                                                                                                          |       |                                                                                                                   | July 10 Filing - Original                   |                     |
| <b>T. Itemization of Reimbursements and Secondary Payees</b>                   |                                                                                                                                                                                                                                                                                                                                          |       |                                                                                                                   |                                             |                     |
| 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 |
|                                                                                                     |                |
| <b>L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b> |                |
| <b>Event #</b>                                                                                      |                |
| 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?<br><b>Yes</b> <b>No</b>  | Aggregating Committees          |                                          |

### 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 |                              |

### Section S. ADDENDUM

|                                                                                     |                               |                                          |                              |
|-------------------------------------------------------------------------------------|-------------------------------|------------------------------------------|------------------------------|
| NAME OF COMMITTEE                                                                   |                               | TYPE OF REPORT                           |                              |
|                                                                                     |                               |                                          |                              |
| <b>S. Expenses Incurred by Committee but Not Paid During this Period - 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 |                              |

### Section T. ADDENDUM

|                                                                         |                               |                                          |                              |
|-------------------------------------------------------------------------|-------------------------------|------------------------------------------|------------------------------|
| NAME OF COMMITTEE                                                       |                               | TYPE OF REPORT                           |                              |
|                                                                         |                               |                                          |                              |
| <b>T. Itemization of Reimbursements and Secondary Payees - 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 |                              |