

**SEEC FORM 20**

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



Electronic Filing

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Page 1 of 14

**COVER PAGE**

|                                                                                                                                                                                                                                                                |                                                         |                |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------|-----------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                           |                                                         |                |                                         |
| AFSCME 269                                                                                                                                                                                                                                                     |                                                         |                |                                         |
| 2. TREASURER NAME                                                                                                                                                                                                                                              |                                                         |                |                                         |
| First<br>Niepaul                                                                                                                                                                                                                                               | MI                                                      | Last<br>Joseph | Suffix                                  |
| 3. TREASURER ADDRESS                                                                                                                                                                                                                                           |                                                         |                |                                         |
| Street Address<br>64 Jones Rd                                                                                                                                                                                                                                  | City<br>Hamden                                          | State<br>CT    | Zip Code<br>06514                       |
| 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<br>04/01/2026                                                                                                                                                                                                                                   |                                                         |                |                                         |
| Ending Date<br>06/30/2026                                                                                                                                                                                                                                      |                                                         |                |                                         |
| thru                                                                                                                                                                                                                                                           |                                                         |                |                                         |
| 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                                                                                                                                                                                                                                 | Niepaul Joseph<br>PRINT NAME OF THE SIGNER              |                | 07/09/2026 11:11:33AM<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>AFSCME 269</b>                                                                                                                                        | July 10 Filing - Original |                       |
|                                                                                                                                                          | 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>\$1,500.00</b>     |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                 | <b>\$1,500.00</b>         |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                            | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 14. Receipts from Other Committees (Sections C1 and C2)                                                                                                  | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)                                                                                                        | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)                                                                              | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed                                                                                   |                           |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)                                                                                  | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)                                                                                        | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)                                                                   | <b>\$1,500.00</b>         | <b>\$1,500.00</b>     |
| 19. Expenses Paid by Committee (Section P)                                                                                                               | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)                                                         | <b>\$1,500.00</b>         | <b>\$1,500.00</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            |
| AFSCME 269                                                                     | July 10 Filing - Original |

**A. Total Contributions from Small Contributors-Received this Period ONLY***(See instructions for definition of Small Contributor)***Subtotal Section A****B. Itemized Contributions from Individuals**

|                                                                                                               |                |                                                                                                                                                                                                                                       |                         |                        |
|---------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| Last Name                                                                                                     |                | First Name                                                                                                                                                                                                                            |                         | MI                     |
| Residential Street Address                                                                                    |                | City                                                                                                                                                                                                                                  | State                   | Zip Code               |
| Principal Occupation                                                                                          |                | Name of Employer                                                                                                                                                                                                                      |                         |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                          | Yes<br>No      | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? |                         | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                 | Yes<br>No      | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: Executive Legislative                                                |                         |                        |
| Method of Contribution                                                                                        |                | Date Received                                                                                                                                                                                                                         | Aggregate Contributions |                        |
| Cash                                                                                                          | Personal Check | Credit/Debit Card                                                                                                                                                                                                                     | Payroll Deduction       | Money Order            |
| <b>Total of Section B</b>                                                                                     |                |                                                                                                                                                                                                                                       |                         |                        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 13 of Summary Page)</i> |                |                                                                                                                                                                                                                                       |                         |                        |

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

|                                                                                |                           |
|--------------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
| AFSCME 269                                                                     | July 10 Filing - Original |

**C1. Contributions from Other Committees**

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

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

|                   |                           |
|-------------------|---------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT            |
| AFSCME 269        | July 10 Filing - Original |

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

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

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

|                                                                                |                           |
|--------------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
| AFSCME 269                                                                     | July 10 Filing - Original |

**D. Loans Received this Period**

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

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

NAME OF COMMITTEE

TYPE OF REPORT

AFSCME 269

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

AFSCME 269

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

AFSCME 269

July 10 Filing - Original

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

Date of Receipt

Amount

**Total of Section G**

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

|                                                                                            |                   |                |                           |        |
|--------------------------------------------------------------------------------------------|-------------------|----------------|---------------------------|--------|
| NAME OF COMMITTEE                                                                          |                   |                | TYPE OF REPORT            |        |
| AFSCME 269                                                                                 |                   |                | July 10 Filing - Original |        |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |                   |                |                           |        |
| Date of Receipt                                                                            | Method of Payment |                |                           | Amount |
|                                                                                            | Cash              | Personal Check | Credit/Debit Card         |        |
| <b>Total of Section H</b>                                                                  |                   |                |                           |        |

**I. Monetary Receipts (Section A-K)**

|                                                                                |      |       |               |                           |        |
|--------------------------------------------------------------------------------|------|-------|---------------|---------------------------|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |      |       |               | TYPE OF REPORT            |        |
| AFSCME 269                                                                     |      |       |               | July 10 Filing - Original |        |
| <b>J. Interest from Deposits in Authorized Accounts</b>                        |      |       |               |                           |        |
| Name of Institution                                                            |      |       | Date Received |                           | Amount |
| Street Address                                                                 | City | State | Zip Code      |                           |        |
| <b>Total of Section J</b>                                                      |      |       |               |                           |        |

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

|                                                                        |      |       |                     |                           |                 |
|------------------------------------------------------------------------|------|-------|---------------------|---------------------------|-----------------|
| NAME OF COMMITTEE                                                      |      |       |                     | TYPE OF REPORT            |                 |
| AFSCME 269                                                             |      |       |                     | 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                          |                                                                                                                                                                                                                 |
| AFSCME 269                                                                                                                                  |        | 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                                                                                                                                                                                                  |
| Subpart 1: (All Committees)                                                                                                                 |        |                                         |                                                                                                                                                                                                                 |
| 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.)                                                                                                                                                                            |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)                              |        |                                         |                                                                                                                                                                                                                 |
| 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.)                                                                                     |
| Subpart 3: (Town Committees ONLY)                                                                                                           |        |                                         |                                                                                                                                                                                                                 |
| 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                                                               |                                                       |
| AFSCME 269                                                                     |         | July 10 Filing - Original                                                    |                                                       |
| <b>L3. Purchases of Advertising in a Program Book or on a Sign</b>             |         |                                                                              |                                                       |
| Name of Purchaser                                                              |         | Purchase Made By:<br>Business Entity Other<br>Individual/Sole Proprietorship |                                                       |
| Street Address                                                                 |         | City                                                                         | State Zip Code                                        |
| Date Received                                                                  | Event # | Aggregate Purchases for All Events                                           | Amount of Program Ad Purchase Amount of Sign Purchase |
|                                                                                |         | <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            |
|--------------------------------------------------------------------------------|---------------------------|
| AFSCME 269                                                                     | 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 |                         |         |                                |                               |          |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
|--------------------------------------------------------------------------------|---------------------------|
| AFSCME 269                                                                     | 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            |
|--------------------------------------------------------------------------------|---------------------------|
| AFSCME 269                                                                     | July 10 Filing - Original |

**M. In-Kind Contributions**

|                                                                       |           |                                                                                                                                                                                                                                          |                                     |
|-----------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Name                                                                  |           |                                                                                                                                                                                                                                          |                                     |
| Street Address                                                        |           | City                                                                                                                                                                                                                                     | State<br>Zip Code                   |
| Type of Contributor:                                                  | Committee | Date Received                                                                                                                                                                                                                            | Aggregate contributions             |
| Individual / Sole Proprietorship                                      | Other     |                                                                                                                                                                                                                                          | Description of In-Kind Contribution |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? | Yes<br>No                           |
| 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            |
|                                                                       |           | Fair Market Value of this Contribution                                                                                                                                                                                                   |                                     |

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

| NAME OF COMMITTEE | TYPE OF REPORT            |
|-------------------|---------------------------|
| AFSCME 269        | July 10 Filing - Original |

**N. Refundable Deposit to Telephone Company**

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |
| Residential Street Address | City       | State | Zip Code          |
| Name of Telephone company  |            |       |                   |
| Street Address             | City       | State | Zip Code          |
| Amount of Deposit          |            |       |                   |

**Total of Section N**

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

|                                                                                |                                                                                                 |             |  |              |                 |                           |                                                   |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------|--|--------------|-----------------|---------------------------|---------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                 |             |  |              |                 | TYPE OF REPORT            |                                                   |
| AFSCME 269                                                                     |                                                                                                 |             |  |              |                 | July 10 Filing - Original |                                                   |
| <b>P. Expenses Paid By Committee</b>                                           |                                                                                                 |             |  |              |                 |                           |                                                   |
| Name of Payee                                                                  |                                                                                                 |             |  |              | Date of Payment |                           | Method of Payment<br>Check #<br>Debit Card<br>EFT |
| Street Address                                                                 |                                                                                                 |             |  | City         |                 | State                     | Zip Code                                          |
| Purpose of Expenditure (by code)                                               |                                                                                                 | Description |  |              |                 |                           | Event #                                           |
| Expenditure # (if applicable)                                                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) |             |  |              |                 |                           | Amount                                            |
|                                                                                | None of the below                                                                               |             |  |              |                 |                           |                                                   |
|                                                                                | Coordinated with reimbursement sought (joint expenditure)                                       |             |  | Independent  |                 |                           |                                                   |
|                                                                                | Coordinated without reimbursement sought (in-kind contribution)                                 |             |  | Organization | A               | B                         | C                                                 |
|                                                                                |                                                                                                 |             |  | D            |                 |                           |                                                   |
| <b>Total of Section P</b>                                                      |                                                                                                 |             |  |              |                 |                           |                                                   |

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

|                                                                                |  |             |      |  |                 |                           |                                        |
|--------------------------------------------------------------------------------|--|-------------|------|--|-----------------|---------------------------|----------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |             |      |  |                 | TYPE OF REPORT            |                                        |
|                                                                                |  |             |      |  |                 | 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?<br>Yes<br>No |
| Street Address                                                                 |  |             | City |  |                 | State                     | Zip Code                               |
| Purpose of Expenditure (by code)                                               |  | Description |      |  | Event #         |                           | Amount                                 |
| <b>Total of Section Q</b>                                                      |  |             |      |  |                 |                           |                                        |

**IV. EXPENDITURES**

|                                                                                       |                                                                                                                                                                                           |             |                                                                                                                                              |                           |          |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |                                                                                                                                                                                           |             |                                                                                                                                              | <b>TYPE OF REPORT</b>     |          |
| AFSCME 269                                                                            |                                                                                                                                                                                           |             |                                                                                                                                              | July 10 Filing - Original |          |
| <b>R. Expenses Incurred on Committee Credit Card</b>                                  |                                                                                                                                                                                           |             |                                                                                                                                              |                           |          |
| Name of Issuing Institution                                                           |                                                                                                                                                                                           |             | Type of Credit Card:<br><div> <div>Visa</div> <div>Master Card</div> <div>Discover</div> <div>American Express</div> <div>Other</div> </div> |                           |          |
| 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)                                                                                           |             |                                                                                                                                              |                           | Amount   |
|                                                                                       | <div> <div>None of the below</div> <div>Coordinated with reimbursement sought (joint expenditure)</div> <div>Coordinated without reimbursement sought (in-kind contribution)</div> </div> |             |                                                                                                                                              |                           |          |
|                                                                                       | <div> <div>Independent</div> <div>Organization</div> <div>A</div> <div>B</div> <div>C</div> <div>D</div> </div>                                                                           |             |                                                                                                                                              |                           |          |
| <b>Total of Section R</b>                                                             |                                                                                                                                                                                           |             |                                                                                                                                              |                           |          |

**IV. EXPENDITURES**

|                                                                                       |                                                                                                                                                                                           |             |      |                           |                                      |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|---------------------------|--------------------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |                                                                                                                                                                                           |             |      | <b>TYPE OF REPORT</b>     |                                      |
| AFSCME 269                                                                            |                                                                                                                                                                                           |             |      | 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 (Itemization in Addendum S Required unless "None of the below" is checked)                                                                                            |             |      |                           | Amount Incurred (Estimate or Actual) |
|                                                                                       | <div> <div>None of the below</div> <div>Coordinated with reimbursement sought (joint expenditure)</div> <div>Coordinated without reimbursement sought (in-kind contribution)</div> </div> |             |      |                           |                                      |
|                                                                                       | <div> <div>Independent</div> <div>Organization :</div> <div>A</div> <div>B</div> <div>C</div> <div>D</div> </div>                                                                         |             |      |                           |                                      |
| <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            |
|--------------------------------------------------------------------------------|---------------------------|
| AFSCME 269                                                                     | July 10 Filing - Original |

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

|                                                                                |                                                                                                                                                                                                                   |       |                                                                           |                                             |          |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------|---------------------------------------------|----------|
| Last Name of Worker/Consultant                                                 |                                                                                                                                                                                                                   | First | MI                                                                        | Date of Payment to Vendor, Person or Entity |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |                                                                                                                                                                                                                   |       | Payment to Reimburse Committee Worker/Consultant as reported in Section P |                                             |          |
|                                                                                |                                                                                                                                                                                                                   |       | Check #                                                                   | Debit Card                                  | EFT      |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |                                                                                                                                                                                                                   | City  |                                                                           | State                                       | Zip Code |
| Purpose of Expenditure (by code)                                               | Description                                                                                                                                                                                                       |       |                                                                           |                                             | Event #  |
| Expenditure #                                                                  | Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)                                                                                                                   |       |                                                                           |                                             | Amount   |
|                                                                                | None of the below<br>Coordinated with reimbursement sought (joint expenditure)      Independent<br>Coordinated without reimbursement sought (in-kind contribution)      Organization:      A      B      C      D |       |                                                                           |                                             |          |

**Total of Section T****Section L5. ADDENDUM**

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------|
|                   |                |

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

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

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