

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2015



Electronic Filing

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**COVER PAGE**

|  |  |                              |   |
|--|--|------------------------------|---|
| 1. NAME OF COMMITTEE   |  |                              |   |
| <b>Cabrera For The People</b>  |  |                              |   |
| 2. TREASURER NAME  |  |                              |   |
| First<br><b>Sean</b>   | MI   | Last<br><b>Grace</b>         | Suffix                                    |
| 3. TREASURER ADDRESS   |  |                              |   |
| Street Address<br><b>852 Wintergreen Ave</b>   | City<br><b>Hamden</b>  | State<br><b>CT</b>           | Zip Code<br><b>06514-4200</b>             |
| 4. ELECTION/REFERENDUM DATE  | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> |                              | 6. DISTRICT NUMBER <i>(if applicable)</i> |
|  |  |                              |   |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>   |  |                              |   |
| First  | MI   | Last                         | Suffix                                    |
| 8. TYPE OF REPORT  |  |                              |   |
| <b>October 10 Filing - Amendment</b>   |  |                              |   |
| 9. PERIOD COVERED  |  |                              |   |
| Beginning Date   |  | Ending Date                  |   |
| <b>07/01/2023</b>  |  | thru <b>09/30/2023</b>       |   |
| 10. CERTIFICATION  |  |                              |   |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |  |                              |   |
| <b>Electronic Filing</b>   | <b>Sean Grace</b>  | <b>05/06/2026 12:10:01PM</b> |   |
| SIGNATURE  | PRINT NAME OF THE SIGNER                                       | DATE CERTIFIED               |   |
| <p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p>  |  |                              |   |

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   | TYPE OF REPORT                       |                       |
|--|--------------------------------------|-----------------------|
| <b>Cabrera For The People</b>  | <b>October 10 Filing - Amendment</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>\$5,250.00</b>     |
| 12. Balance on hand at the beginning of Reporting Period   | <b>\$5,250.00</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>\$1,000.00</b>                    | <b>\$1,000.00</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>\$1,000.00</b>                    | <b>\$1,000.00</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)   | <b>\$6,250.00</b>                    | <b>\$6,250.00</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>\$6,250.00</b>                    | <b>\$6,250.00</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>                        |                       |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |  |   |                  |                               |          |
|--|--|---|------------------|-------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  |   |                  | TYPE OF REPORT                |          |
| Cabrera For The People   |  |   |                  | October 10 Filing - Amendment |          |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i> |  |   |                  | <b>Subtotal Section A</b>     |          |
| <b>B. Itemized Contributions from Individuals</b>  |  |   |                  |                               |          |
| 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?   |  | 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        |          |
| Yes<br>No  |  | Yes<br>No   |                  |                               |          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #  |  | 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:  |                  |                               |          |
| Yes<br>No  |  | Executive<br>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>                                    |  |   |                  |                               |          |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |           |   |                       |                               |                   |
|--|-----------|---|-----------------------|-------------------------------|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                     |           |   |                       | TYPE OF REPORT                |                   |
| Cabrera For The People   |           |   |                       | October 10 Filing - Amendment |                   |
| <b>C1. Contributions from Other Committees</b>   |           |   |                       |                               |                   |
| Name of Committee  |           |   | Name of Treasurer     |                               |                   |
| <b>International Union Of Painters &amp; Allied Trades Legislative &amp; Educational Committee</b> |           |   | <b>Jason Werthman</b> |                               |                   |
| Address  |           | Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # |                       | Amount of Contribution        |                   |
| <b>7234 Parkway Dr</b>   |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |                       |                               |                   |
| City   | State     | Zip Code  | Date Received         | Aggregate Contributions       |                   |
| <b>Hanover</b>   | <b>CT</b> |   | <b>08/30/2023</b>     | <b>\$1,000.00</b>             | <b>\$1,000.00</b> |
| <b>Total of Section C1</b>   |           |   |                       |                               | <b>\$1,000.00</b> |

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

|                        |                               |
|------------------------|-------------------------------|
| NAME OF COMMITTEE      | TYPE OF REPORT                |
| Cabrera For The People | October 10 Filing - Amendment |

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

|                               |             |          |  |  |                   |
|-------------------------------|-------------|----------|--|--|-------------------|
| Name of Committee             |             |          | Name of Treasurer  |  |                   |
| Address                       |             |          | Date Received  |  | Amount of Receipt |
| City                          | State       | Zip Code | Payment Type<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                |
| Cabrera For The People   | October 10 Filing - Amendment |

**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>                  |  |   |       |          |   |                 |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |       |          |                               |                 |
|--|-------|----------|-------------------------------|-----------------|
| NAME OF COMMITTEE  |       |          | TYPE OF REPORT                |                 |
| Cabrera For The People   |       |          | October 10 Filing - Amendment |                 |
| <b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b> |       |          |                               |                 |
| Name of Entity   |       |          |                               |                 |
| Street Address   |       |          | Date Received                 | Amount Received |
| City   | State | Zip Code | Aggregate Contributions       |                 |
| <b>Total of Section E</b>  |       |          |                               |                 |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |   |  |                               |        |
|--|---|--|-------------------------------|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                   |   |  | TYPE OF REPORT                |        |
| Cabrera For The People   |   |  | October 10 Filing - Amendment |        |
| <b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b> |   |  |                               |        |
| Date of Receipt  | Is this transaction associated with an event reported in Section L1?<br>Yes      No      If yes, list Event # |  |                               | Amount |
| <b>Total of Section F</b>  |   |  |                               |        |

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

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

| <b>I. Monetary Receipts (Section A-K)</b>                                      |      |               |                               |        |
|--|------|---------------|-------------------------------|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |      |               | TYPE OF REPORT                |        |
| Cabrera For The People   |      |               | October 10 Filing - Amendment |        |
| <b>J. Interest from Deposits in Authorized Accounts</b>                        |      |               |                               |        |
| Name of Institution  |      | Date Received |                               | Amount |
| Street Address   | City | State         | Zip Code                      |        |
| <b>Total of Section J</b>  |      |               |                               |        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>                              |      |                     |                               |                 |
|--|------|---------------------|-------------------------------|-----------------|
| NAME OF COMMITTEE  |      |                     | TYPE OF REPORT                |                 |
| Cabrera For The People   |      |                     | October 10 Filing - Amendment |                 |
| <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   |          |
| Cabrera For The People  |        |               | October 10 Filing - Amendment  |          |
| <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<br><br>No | <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |        | Yes<br><br>No | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>  |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |        | Yes<br><br>No | <i>(If yes, enter Total Receipts here.)</i>  |          |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>                       |        |               |  |          |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |        | Yes<br><br>No | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>   |          |
| <i>Subpart 3: (Town Committees ONLY)</i>  |        |               |  |          |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |        | Yes<br><br>No | <i>(If yes, enter Total Receipts here.)</i>  |          |
| <b>Total of Section L1</b>  |        |               |  |          |

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

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

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

|  |                               |
|--|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                |
| Cabrera For The People   | October 10 Filing - Amendment |

**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                |
| Cabrera For The People   | October 10 Filing - Amendment |

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

|                         |  |   |   |
|-------------------------|--|---|---|
| Name of the Host        | Is this event supporting more than one candidate or committee? |   |   |
|                         | Yes  | No  | If yes, complete Itemization in Addendum L5 |
| Street Address          | City   | State   | Zip Code                                    |
| Description of Donation |  |   | Fair Market Value of Donation               |
| Event #                 | Aggregate value of this Event - all hosts                      | Aggregate value of all Events - this host/candidate |   |

**Total of Section L5**

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

|  |                               |
|--|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                |
| Cabrera For The People   | October 10 Filing - Amendment |

**M. In-Kind Contributions**

|   |               |  |                                     |  |
|---|---------------|--|-------------------------------------|--|
| Name  |               |  |                                     |  |
| Street Address  |               | City   | State                               | Zip Code                               |
| Type of Contributor:  | Date Received | Aggregate contributions  | Description of In-Kind Contribution |  |
| Committee<br>Individual / Sole Proprietorship      Other              |               |  |                                     |  |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>No     | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? | Yes<br>No                           | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? | Yes<br>No     | Is contributor a principal of state contractor or prospective state contractor?  | Yes<br>No                           |  |
| If yes, list Event#   |               | If yes, indicate which branch or branches of government the contract is with:  | Executive      Legislative          |  |

**Total of Section M**

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

|                        |                               |
|------------------------|-------------------------------|
| NAME OF COMMITTEE      | TYPE OF REPORT                |
| Cabrera For The People | October 10 Filing - Amendment |

**N. Refundable Deposit to Telephone Company**

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

**Total of Section N**

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

|   |  |                               |
|---|--|-------------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |  | <b>TYPE OF REPORT</b>         |
| Cabrera For The People  |  | October 10 Filing - Amendment |

**P. Expenses Paid By Committee**

|                                  |   |                 |   |          |
|----------------------------------|---|-----------------|---|----------|
| Name of Payee                    |   | Date of Payment | Method of Payment<br>Check #<br>Debit Card      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)<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   |

**Total of Section P**

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

|   |  |                               |
|---|--|-------------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |  | <b>TYPE OF REPORT</b>         |
|   |  | October 10 Filing - Amendment |

**Q. Campaign Expenses Paid By Candidate**

|  |             |                 |  |          |
|--|-------------|-----------------|--|----------|
| Name of Payee (Name of vendor, Person or Entity who candidate paid directly) |             | Date of Payment | Is Reimbursement Claimed?<br>Yes      No |          |
| Street Address   |             | City            | State                                    | Zip Code |
| Purpose of Expenditure (by code)   | Description | Event #         | Amount                                   |          |

**Total of Section Q**

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

| IV. EXPENDITURES   |  |      |                                      |
|--|--|------|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |      | TYPE OF REPORT                       |
| Cabrera For The People   |  |      | October 10 Filing - Amendment        |
| S. Expenses Incurred By Committee but Not Paid During this Period              |  |      |                                      |
| Name of Creditor   |  |      | Date Incurred                        |
| Street Address   |  | City | State      Zip Code                  |
| Purpose of Expenditure (by code)   | Description  |      | Event #                              |
| Expenditure# (if applicable)   | Type of Expenditure (Itemization in Addendum S 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 Incurred (Estimate or Actual) |
| <b>Total of Section S</b>  |  |      |                                      |

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

|   |                               |
|---|-------------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> | <b>TYPE OF REPORT</b>         |
| Cabrera For The People  | October 10 Filing - Amendment |

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

|                                |       |    |   |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
|--------------------------------|-------|----|---|

|  |   |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
|  | Check #                      Debit Card                      EFT          |

|  |      |       |          |
|--|------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
|--|------|-------|----------|

|                                  |             |         |
|----------------------------------|-------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
|----------------------------------|-------------|---------|

|               |   |        |
|---------------|---|--------|
| Expenditure # | Type of Expenditure ( 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 |        |

|                           |  |
|---------------------------|--|
| <b>Total of Section T</b> |  |
|---------------------------|--|

**Section L5. ADDENDUM**

|                          |                       |
|--------------------------|-----------------------|
| <b>NAME OF COMMITTEE</b> | <b>TYPE OF REPORT</b> |
|                          |                       |

**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 |

**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 |
|                   |                |

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

| <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 |                              |