

SEEC FORM 20

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



Electronic Filing

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Page 1 of 27

COVER PAGE

1. NAME OF COMMITTEE			
Jason Rojas PAC			
2. TREASURER NAME			
First	MI	Last	Suffix
Trenton		Kapj	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
1800 Silas Deane Hwy Apt 120S	Rocky Hill	CT	06067
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			
October 10 Filing - Amendment			
9. PERIOD COVERED			
Beginning Date		Ending Date	
07/01/2019		thru 09/30/2019	
10. CERTIFICATION			
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing	Trenton Kapj	06/22/2026 8:41:57PM	
SIGNATURE	PRINT NAME OF THE SIGNER	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 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Jason Rojas PAC	October 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$5,577.51
12. Balance on hand at the beginning of Reporting Period	\$9,464.05	
13. Contributions received from Individuals (Section A and B)	\$475.00	\$7,100.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$59.00	\$59.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$1,250.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$534.00	\$8,409.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$9,998.05	\$13,986.51
19. Expenses Paid by Committee (Section P)	\$1,304.67	\$5,293.13
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$8,693.38	\$8,693.38
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

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

(See instructions for definition of Small Contributor)

Subtotal Section A**\$0.00****B. Itemized Contributions from Individuals**

Last Name Cafero		First Name Lawrence		MI
Residential Street Address 10 Byington Pl		City Norwalk	State CT	Zip Code 06850
Principal Occupation Attorney		Name of Employer Cafero Law and Strategies		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10042019a ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 09/10/2019	Aggregate Contributions \$100.00	\$100.00

Last Name Harkins		First Name John		MI
Residential Street Address 1000 Avalon Way # 2202		City Stratford	State CT	Zip Code 06614
Principal Occupation Lobbyist		Name of Employer Molter Government Affairs		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10042019a ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 09/16/2019	Aggregate Contributions \$100.00	\$100.00

Last Name Deckman		First Name Alan		MI
Residential Street Address 57 Fox Mdw		City Marlborough	State CT	Zip Code 06447
Principal Occupation Lobbyist		Name of Employer TCORS Capitol Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10042019a ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 09/24/2019	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

Jason Rojas PAC

TYPE OF REPORT

October 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Parkinson		First Name Angie		MI	
Residential Street Address 31 High St # 7308		City East Hartford		State CT	Zip Code 06108
Principal Occupation teacher		Name of Employer Colchester Board of Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10042019a ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☒ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 09/25/2019	Aggregate Contributions \$50.00		
				\$50.00	

Last Name DiBella		First Name Marc		MI	
Residential Street Address 1 Gold St # 27J		City Hartford		State CT	Zip Code 06103
Principal Occupation Lobbyist		Name of Employer 3d Consulting LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10042019a ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 09/27/2019	Aggregate Contributions \$100.00		
				\$100.00	

Last Name Goodrow		First Name Margaret		MI	
Residential Street Address 34 Springside Ave		City East Hartford		State CT	Zip Code 06108
Principal Occupation Semiretired		Name of Employer Semiretired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 10042019a ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 09/30/2019	Aggregate Contributions \$25.00		
				\$25.00	

Total of Section B**\$475.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS**

(Sections A & B)

(Total on Line 13 of Summary Page)

\$475.00

I. MONETARY RECEIPTS (Section A-K)

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

Jason Rojas PAC

TYPE OF REPORT

October 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee

Name of Treasurer

Address

Is this contribution associated with an
event reported in Section L1?

Yes

No

Amount of Contribution

If yes, list Event #

City

State

Zip Code

Date Received

Aggregate Contributions

Total of Section C1**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

Jason Rojas PAC

TYPE OF REPORT

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

Reimbursement for shared expense

Surplus Distribution

Expenditure # (if applicable)

Description

Total of Section C2

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

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
Jason Rojas PAC	October 10 Filing - Amendment

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	
Jason Rojas PAC		October 10 Filing - Amendment	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)			
Date of Receipt	Amount		
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Jason Rojas PAC		October 10 Filing - Amendment	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section H			

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jason Rojas PAC		October 10 Filing - Amendment	
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

K. Miscellaneous Monetary Receipts not Considered Contributions

Name Rojas		Date of Transaction 07/10/2019		Amount Received
Street Address Sarah	City East Hartford	State CT	Zip Code 06119	
Description Reimbursement for Groupon Expense Erroneously Charged to Committee. Spoke to SEEC on 7/10.				
				\$59.00-
Name Sarah Rojas		Date of Transaction 07/10/2019		Amount Received
Street Address 169 Langford Ln	City East Hartford	State CT	Zip Code 06119	
Description Reimbursement for Groupon Expense Erroneously Charged to Committee. Spoke to SEEC on 7/10				
				\$59.00
Total of Section K				\$59.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jason Rojas PAC		October 10 Filing - Amendment	
L1. Event Information			
Event # Date of Event 10/04/2019	Letter a	Description Cocktail Event	Was this a fundraising event? ☒ Yes ☐ No
Location: Street Address 775 Main St		City Manchester	State CT Zip Code 06040
Subpart 1: (All Committees) Was this event hosted at a personal residence?		☐ Yes ☒ 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 ☒ 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 ☒ No <i>(If yes, enter Total Receipts here.)</i>	\$0.00
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 <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☐ No <i>(If yes, enter Total Receipts here.)</i>	\$0.00
Total of Section L1			\$0.00

II. EVENT ACTIVITY (Sections L1 - L5)

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

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	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
Jason Rojas PAC	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
Jason Rojas PAC	October 10 Filing - Amendment

M. In-Kind Contributions

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Dockside B&B		Date of Payment 07/05/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 19 Margin St		City Westerly	State RI	Zip Code 02891
Purpose of Expenditure (by code) PTY-BLDG	Description Meeting with legislator			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$31.00

Name of Payee Hartford Baking Company		Date of Payment 07/05/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 625 New Park Ave		City West Hartford	State CT	Zip Code 06110
Purpose of Expenditure (by code) PTY-BLDG	Description Meeting with Legislator			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$22.31

Name of Payee East Hartford Democratic Town Committee		Date of Payment 07/05/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 19 Home Ter		City East Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) CNTRB	Description Support for Municipal Election			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$300.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Deekside-B&B		Date of Payment 07/05/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 19 Margin-St		City Westerly	State RI	Zip Code 02891
Purpose of Expenditure (by code) PTY-BLDG	Description Meeting-with-legislator			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$31.00-

Name of Payee Hartford-Baking-Company		Date of Payment 07/05/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 625 New-Parking-Ave		City West-Hartford	State CT	Zip Code 06110
Purpose of Expenditure (by code) PTY-BLDG	Description Meeting-with-legislator			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$22.31-

Name of Payee East-Hartford-Democratic-Town-Committee		Date of Payment 07/05/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 19 Home-Ter		City East-Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) CNTRB	Description Support-for-Municipal-Election			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$300.00-

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee East Hartford Democratic Womens Club		Date of Payment 07/07/2019	Method of Payment ☒ Check # 1027 ☐ Debit Card ☐ EFT	
Street Address 57 Garvan St		City East Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) A-OTH	Description Ad Book for Democratic Womens Event			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$125.00-

Name of Payee East Hartford Democratic Womens Club		Date of Payment 07/07/2019	Method of Payment ☒ Check # 1027 ☐ Debit Card ☐ EFT	
Street Address 57 Garvan St		City East Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) CNTRB	Description Ad Book for Democratic Womens Event			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$125.00

Name of Payee David's Place		Date of Payment 08/02/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1647 CT Highway 85		City Oakdale	State CT	Zip Code 06370
Purpose of Expenditure (by code) PTY-BLDG	Description Meeting with legislator			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$17.12

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee David's Place		Date of Payment 08/02/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1647 CT Highway 85		City Oakdale	State CT	Zip Code 06370
Purpose of Expenditure (by code) PTY-BLDG	Description Meeting with legislator			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$17.12

Name of Payee Jason Rojas		Date of Payment 09/03/2019	Method of Payment ☒ Check # 1028 ☐ Debit Card ☐ EFT	
Street Address 169 Langford Ln		City East Hartford	State CT	Zip Code 06118
Purpose of Expenditure (by code) RMB	Description Reimbursement to Chairman for Legislator Meeting			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$22.60

Name of Payee Jason Rojas		Date of Payment 09/03/2019	Method of Payment ☒ Check # 1028 ☐ Debit Card ☐ EFT	
Street Address 169 Langford Ln		City East Hartford	State CT	Zip Code 06119
Purpose of Expenditure (by code) RMB	Description Reimbursement for Chairman for Legislator Meeting			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$22.60

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment
P. Expenses Paid By Committee	

Name of Payee Berlin Friends of Football		Date of Payment 09/06/2019	Method of Payment ☒ Check # 1029 ☐ Debit Card ☐ EFT	
Street Address PO Box 174		City Berlin		State CT
Zip Code 06037				
Purpose of Expenditure (by code) CHAR	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$250.00

Name of Payee Berlin Friends of Football		Date of Payment 09/06/2019	Method of Payment ☒ Check # 1029 ☐ Debit Card ☐ EFT	
Street Address PO Box 174		City Berlin		State CT
Zip Code 06037				
Purpose of Expenditure (by code) CHAR	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$250.00-

Name of Payee G-Cafe-Bakery		Date of Payment 09/23/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1008 Main Strete		City Branford		State CT
Zip Code 06405				
Purpose of Expenditure (by code) PTY-BLDG	Description Meeting with Legislator			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$16.23-

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee G Cafe Bakery		Date of Payment 09/23/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1008 Main St		City Branford	State CT	Zip Code 06405
Purpose of Expenditure (by code) PTY-BLDG	Description Meeting with legislator			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$16.23

Name of Payee John Harkins		Date of Payment 09/24/2019	Method of Payment ☒ Check # 1040 ☐ Debit Card ☐ EFT	
Street Address 1000 Avalon Way # 2202		City Stratford	State CT	Zip Code 06614
Purpose of Expenditure (by code) REF	Description Reimbursed for 9/14 contribution to PAC. Donor at yearly max			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00

Name of Payee John Harkins		Date of Payment 09/24/2019	Method of Payment ☒ Check # 1030 ☐ Debit Card ☐ EFT	
Street Address 1000 Avalon Way # 2202		City Stratford	State CT	Zip Code 06614
Purpose of Expenditure (by code) REF	Description Reimbursed for 9/14 contribution to PAC. Donor at yearly max.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment
P. Expenses Paid By Committee	

Name of Payee Procaccinis		Date of Payment 09/28/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 50 Main St		City East Hartford		State CT
Zip Code 06119				
Purpose of Expenditure (by code) PBA-OTH-*	Description Gift Card Donation for East Hartford Women's Club's Chrysanthemum Tea			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$25.00-

Name of Payee Anna's Pizza		Date of Payment 09/28/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1489 Silver Ln		City East Hartford		State CT
Zip Code 06118				
Purpose of Expenditure (by code) PBA-OTH-*	Description Gift Card Donation for East Hartford Women's Club's Chrysanthemum Tea			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$25.00-

Name of Payee Queen Pizza		Date of Payment 09/28/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 310 Silver Ln		City East Hartford		State CT
Zip Code 06118				
Purpose of Expenditure (by code) PBA-OTH-*	Description Gift Card Donation for East Hartford Women's Club's Chrysanthemum Tea			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$25.00-

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment
P. Expenses Paid By Committee	

Name of Payee Savvi's		Date of Payment 09/28/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1555 Main St		City East Hartford		State CT
Zip Code 06108				
Purpose of Expenditure (by code) PBA-OTH *	Description Gift Card Donation for East Hartford Women's Club's Chrysanthemum Tea			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$25.00-

Name of Payee Procaccinis		Date of Payment 09/28/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 50 Main St		City East Hartford		State CT
Zip Code 06119				
Purpose of Expenditure (by code) PBA-OTH *	Description Gift Card Donation for East Hartford Women's Club's Chrysanthemum Tea			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$25.00

Name of Payee Anna's Pizza		Date of Payment 09/28/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1489 Silver Ln		City East Hartford		State CT
Zip Code 06118				
Purpose of Expenditure (by code) PBA-OTH *	Description Gift Card Donation for East Hartford Women's Club's Chrysanthemum Tea			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$25.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Queen Pizza		Date of Payment 09/28/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 310 Silver Ln		City East Hartford	State CT	Zip Code 06118
Purpose of Expenditure (by code) PBA-OTH *	Description Gift Card Donation for East Hartford Women's Club's Chrysanthemum Tea			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$25.00

Name of Payee Savvi's		Date of Payment 09/28/2019	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1555 Main St		City East Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) PBA-OTH *	Description Gift Card Donation for East Hartford Women's Club's Chrysanthemum Tea			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$25.00

Name of Payee Manchester Democratic Town Committee		Date of Payment 09/29/2019	Method of Payment ☒ Check # 1031 ☐ Debit Card ☐ EFT	
Street Address 85 Hollister St		City Manchester	State CT	Zip Code 06042
Purpose of Expenditure (by code) CNTRB	Description Support for Municipal Election			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee East Hartford Democratic Women's Club		Date of Payment 09/29/2019	Method of Payment ☒ Check # 1032 ☐ Debit Card ☐ EFT	
Street Address 57 Garvan St		City East Hartford		State CT
Zip Code 06108				
Purpose of Expenditure (by code) CNTRB	Description Membership Drawing			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00

Name of Payee Manchester Democratic Town Committee		Date of Payment 09/29/2019	Method of Payment ☒ Check # 1033 ☐ Debit Card ☐ EFT	
Street Address 85 Hollister St		City Manchester		State CT
Zip Code 06042				
Purpose of Expenditure (by code) CNTRB	Description Support for Municipal Election			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00

Name of Payee Anedot		Date of Payment 09/29/2019	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1920 McKinney Ave Fl 7		City Dallas		State TX
Zip Code 75201				
Purpose of Expenditure (by code) BNK	Description Transaction Fees for Online Contributions			Event # 10042019a
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$20.41

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Jason Rojas PAC	October 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Manchester Democratic Town Committee		Date of Payment 09/29/2019	Method of Payment ☒ Check # 1031 ☐ Debit Card ☐ EFT	
Street Address 85 Hollister-St		City Manchester	State CT	Zip Code 06042
Purpose of Expenditure (by code) CNTRB	Description Support for Municipal Election			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00-

Name of Payee East Hartford Democratic Womens Club		Date of Payment 09/29/2019	Method of Payment ☒ Check # 1032 ☐ Debit Card ☐ EFT	
Street Address 57 Garvan-St		City East Hartford	State CT	Zip Code 06108
Purpose of Expenditure (by code) CNTRB	Description Membership-Drawing			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00-

Name of Payee Manchester Democratic Town Committee		Date of Payment 09/29/2019	Method of Payment ☒ Check # 1033 ☐ Debit Card ☐ EFT	
Street Address 85 Hollister-St		City Manchester	State CT	Zip Code 06042
Purpose of Expenditure (by code) CNTRB	Description Support for Municipal Election			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00-

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Jason Rojas PAC		October 10 Filing - Amendment	
P. Expenses Paid By Committee			
Name of Payee Anedot		Date of Payment 09/29/2019	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1920 McKinney Ave Fl 7		City Dallas	State TX Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Transaction Fees for Online Contributions		Event # 10042019a
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D		Amount \$20.80-
Total of Section P			\$1,304.67

IV. EXPENDITURES (Sections P - T)

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

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Jason Rojas PAC				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) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization : A B C D				Amount Incurred (Estimate or Actual)
Total of Section S					

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Jason Rojas PAC				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 Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D				
Total of Section T					

Section L5. ADDENDUM

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

Section P. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT
P. Expenses Paid By Committee - Addendum		
Expenditure #	Supported Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section R. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT
R. Expenses Incurred on Committee Credit Card - Addendum		
Expenditure #	Supported Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section S. ADDENDUM

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

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