



**COVER PAGE**

|  |  |                             |   |   |  |
|--|--|-----------------------------|---|---|--|
| 1. NAME OF COMMITTEE   |  |                             | 2. TYPE OF COMMITTEE  |   |  |
| <b>Friends of Shawn A. Brown</b>   |  |                             | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |   |  |
| 3. TREASURER NAME  |  |                             |   |   |  |
| First<br><b>Elybel</b>   | MI   | Last<br><b>Reyes</b>        |   | Suffix  |  |
| 4. TREASURER ADDRESS   |  |                             |   |   |  |
| Street Address<br><b>1177 N Ave Fl 2</b>   | City<br><b>Bridgeport</b>  | State<br><b>CT</b>          | Zip Code<br><b>06604</b>  |   |  |
| 5. ELECTION DATE<br><b>11/06/2018</b>  | 6. OFFICE SOUGHT (Complete only if Candidate Committee)<br><b>State Representative</b> |                             |   | 7. DISTRICT NUMBER (if applicable)<br><b>R116</b> |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)  |  |                             |   |   |  |
| First<br><b>Shawn</b>  | MI<br><b>A</b>   | Last<br><b>Brown</b>        |   | Suffix  |  |
| 9. TYPE OF REPORT  |  |                             |   |   |  |
| <b>7th Day Preceding Primary - Amendment</b>   |  |                             |   |   |  |
| 10. PERIOD COVERED   |  |                             |   |   |  |
| Beginning Date   |  | Ending Date                 |   |   |  |
| <b>08/01/2018</b>  |  | thru                        |   | <b>08/05/2018</b>                                 |  |
| 11. 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>Elybel Reyes</b>  | <b>08/06/2018 5:04:38PM</b> |   |   |  |
| SIGNATURE  | PRINT NAME OF THE SIGNER   | DATE CERTIFIED              |   |   |  |
|  |  |                             |   |   |  |
| <b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b> |  |                             |   |   |  |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                      | TYPE OF REPORT                        |                       |
|--|---------------------------------------|-----------------------|
| <b>Friends of Shawn A. Brown</b>   | 7th Day Preceding Primary - Amendment |                       |
|  | COLUMN A<br>This Period               | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed  |                                       | <b>\$0.00</b>         |
| 13. Balance on hand at the beginning of Reporting Period                                     | <b>\$1,514.56</b>                     |                       |
| 14. Contributions received from Individuals (Section A and B)                                | <b>\$100.00</b>                       | <b>\$4,248.00</b>     |
| 15. Receipts from Other Committees (Sections C1 and C2)                                      | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D through I)  | <b>\$0.00</b>                         | <b>\$50.00</b>        |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                      | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                             | <b>\$100.00</b>                       | <b>\$4,298.00</b>     |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)      | <b>\$1,614.56</b>                     | <b>\$4,298.00</b>     |
| 20. Expenses Paid by Committee (Section N)   | <b>\$0.00</b>                         | <b>\$2,683.44</b>     |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | <b>\$1,614.56</b>                     | <b>\$1,614.56</b>     |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                     | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4)                | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 24. In-Kind Contributions Received (Section K)   | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 25. Refundable Deposit to Telephone Company (Section L)                                      | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 26. Beginning Loan Balance   | <b>\$0.00</b>                         |                       |
| 26a. + Loans Received (Section D)  | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 26b. + Interest and Penalties on Loan(s)   | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 26c. - Payments on Loan(s)   | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 26d. Total Outstanding Loan Amount   | <b>\$0.00</b>                         |                       |
| 27. Campaign Expenses Paid By Candidate (Section O)  | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                   | <b>\$0.00</b>                         | <b>\$0.00</b>         |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)               | <b>\$0.00</b>                         |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)               | <b>\$0.00</b>                         |                       |

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

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         |  | TYPE OF REPORT                        |  |
| Friends of Shawn A. Brown   |  | 7th Day Preceding Primary - Amendment |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> |  | For Nonparticipating Candidates ONLY  |  |
|   |  | <b>\$0.00</b>                         |  |
| <b>B. Itemized Contributions from Individuals</b>                               |  |                                       |  |

|  |  |  |   |                                    |                                  |
|--|--|--|---|------------------------------------|----------------------------------|
| Last Name<br><b>Walker</b>   |  | First<br><b>Donald</b>   |   | MI                                 | Contribution ID #<br><b>0110</b> |
| Residential Street Address<br><b>1643 Ella T Grasso Blvd</b>   |  | City<br><b>New Haven</b>   |   | State<br><b>CT</b>                 | Zip Code<br><b>06511</b>         |
| Principal Occupation<br><b>Professor</b>   |  |  | Name of Employer<br><b>St of Ct</b>   |                                    |                                  |
| Is contributor a principal of a state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |  |  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution           |
| Is this contribution associated with an event reported in Section J1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event #   |  | Method of contribution:<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card |   | Date Received<br><b>08/03/2018</b> |                                  |
|  |  | Aggregate Contributions<br><b>\$100.00</b>   |   | <b>\$100.00</b>                    |                                  |

|  |  |  |  |  |                 |
|--|--|--|--|--|-----------------|
| <b>Total of Section B</b>  |  |  |  |  | <b>\$100.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page) |  |  |  |  | <b>\$100.00</b> |

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

|   |       |          |   |                                       |                        |
|---|-------|----------|---|---------------------------------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |       |          |   | TYPE OF REPORT                        |                        |
| Friends of Shawn A. Brown   |       |          |   | 7th Day Preceding Primary - Amendment |                        |
| <b>C1. Contributions from Other Committees</b>                          |       |          |   |                                       |                        |
| Name of Committee   |       |          | Name of Treasurer   |                                       |                        |
| Address   |       |          | Is this contribution associated with an event reported in Section J1?<br>Yes No<br>If yes, list Event # |                                       | Amount of Contribution |
| City  | State | Zip Code | Date Received   | Aggregate Contributions               |                        |
| <b>Total of Section C1</b>  |       |          |   |                                       |                        |

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

|  |             |          |   |                                       |                   |
|--|-------------|----------|---|---------------------------------------|-------------------|
| NAME OF COMMITTEE  |             |          |   | TYPE OF REPORT                        |                   |
| Friends of Shawn A. Brown  |             |          |   | 7th Day Preceding Primary - Amendment |                   |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b> |             |          |   |                                       |                   |
| Name of Committee  |             |          | Name of Treasurer   |                                       |                   |
| Address  |             |          |   | Date Received                         | Amount of Receipt |
| City   | State       | Zip Code | Payment Type  |                                       |                   |
|  |             |          | Reimbursement for shared expense<br>Surplus distribution from exploratory committee |                                       |                   |
| Expenditure #  | Description |          |   |                                       |                   |
| <b>Total of Section C2</b>   |             |          |   |                                       |                   |

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

|  |  |                 |           |                                       |  |
|--|--|-----------------|-----------|---------------------------------------|--|
| NAME OF COMMITTEE                          |  |                 |           | TYPE OF REPORT                        |  |
| Friends of Shawn A. Brown                  |  |                 |           | 7th Day Preceding Primary - Amendment |  |
| <b>D. Loans Received this Period</b>       |  |                 |           |                                       |  |
| Name of Lender                             |  | Source of Loan: |           |                                       | Date of Receipt  |
|  |  | Bank            | Candidate | Individual                            | Other  |
| Street Address                             |  | City            | State     | Zip Code                              | Is there a cosigner or Guarantor of this loan?<br>Yes No |
| Name of Cosigner/Guarantor (if applicable) |  |                 |           |                                       |  |
| Street Address                             |  | City            | State     | Zip Code                              | <b>Amount Received</b>                                   |
| <b>Total of Section D</b>                  |  |                 |           |                                       |  |

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

|                           |                                       |
|---------------------------|---------------------------------------|
| NAME OF COMMITTEE         | TYPE OF REPORT                        |
| Friends of Shawn A. Brown | 7th Day Preceding Primary - Amendment |

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

| Date of Receipt           | Method of Payment   | Amount |
|---------------------------|---|--------|
|                           | Cash                      Personal Check                      Credit/Debit Card |        |
| <b>Total of Section E</b> |   |        |

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

|                           |                                       |
|---------------------------|---------------------------------------|
| NAME OF COMMITTEE         | TYPE OF REPORT                        |
| Friends of Shawn A. Brown | 7th Day Preceding Primary - Amendment |

**G. Interest from Deposits in Authorized Accounts**

|                           |               |                     |
|---------------------------|---------------|---------------------|
| Name of Institution       | Date Received | Amount              |
| Street Address            | City          | State      Zip Code |
| <b>Total of Section G</b> |               |                     |

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

|                           |                                       |
|---------------------------|---------------------------------------|
| NAME OF COMMITTEE         | TYPE OF REPORT                        |
| Friends of Shawn A. Brown | 7th Day Preceding Primary - Amendment |

**H. Public Grant Funds Received from the Citizens' Election Fund**

|   |   |               |        |
|---|---|---------------|--------|
| Purpose of Grant:   | Grant Cycle:  | Date Received | Amount |
| Initial                      Grant Adjustment<br>Supplemental/Post Election Deficit | Primary                      General Election                      Special Election |               |        |
| <b>Total of Section H</b>   |   |               |        |

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

|                           |                                       |
|---------------------------|---------------------------------------|
| NAME OF COMMITTEE         | TYPE OF REPORT                        |
| Friends of Shawn A. Brown | 7th Day Preceding Primary - Amendment |

**I. Miscellaneous Monetary Receipts not Considered Contributions**

|                |                     |                 |
|----------------|---------------------|-----------------|
| Name           | Date of Transaction | Amount Received |
| Street Address | City                | State           |
|                |                     | Zip Code        |
| Description    |                     |                 |

**Total of Section I****II. EVENT ACTIVITY (Sections J1 - J4)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |

**J1. Event Information**

|   |        |   |                               |
|---|--------|---|-------------------------------|
| Event #<br>Date of Event  | Letter | Description   | Was this a fundraising event? |
|   |        |   | Yes No                        |
| Location: Street Address  | City   | State   | Zip Code                      |
| Was this event hosted at a personal residence?  | Yes    | if yes, go to Section J4 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. |                               |
|   | No     |   |                               |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | Yes    | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                               |
|   | No     |   |                               |
| <b>Subpart 1:</b>   |        |   |                               |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?       | Yes    | (If yes, enter Total Receipts here.)  |                               |
|   | No     |   |                               |

**Total of Section J1**

**II. EVENT ACTIVITY (Sections J1 - J4)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |

**J3. 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  |
| Individual          |                         |         |                                |
| Business Entity     | Date Received           | Event # | Aggregate value for this event |
| Sole Proprietorship |                         |         |                                |

**Total of Section J3****II. EVENT ACTIVITY (Sections J1 - J4)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

|                         |   |   |          |
|-------------------------|---|---|----------|
| Name of Host            | Is this event supporting more than one candidate?<br>Yes      No      If yes, complete Itemization in Addendum J4 |   |          |
| 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 J4**

**III. NONMONETARY RECEIPTS (Sections K - L)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |

**K. In-Kind Contributions**

|   |           |  |                                      |
|---|-----------|--|--------------------------------------|
| Name  |           |  |                                      |
| Street Address  |           | City   | State   Zip Code                     |
| Is this contribution associated with an event reported in Section J1? | Yes<br>No | Description of In-Kind Contribution  |                                      |
| If yes, list Event#   |           |  |                                      |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>No | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: | Yes<br>No<br>Executive   Legislative |
| Type of Contributor:  |           | Date Received  | Aggregate contributions              |
| Individual      Committee      Sole Proprietorship                    |           |  |                                      |
| <b>Total of Section K</b>   |           |  |                                      |

**III. Non Monetary Receipts (Sections K - L)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |

**L. 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          |
| <b>Total of Section L</b>  |            |       | Amount of Deposit |



**IV. EXPENDITURES (Sections N - S)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |
| <b>N. 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 Expend   | Description |                                  |   | Amount   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes<br>No   | Expenditure #<br>(if applicable) | Event #   |          |
| If yes, assign an Expenditure # and complete Itemization in Addendum                      |             |                                  |   |          |
| <b>Total of Section N</b>   |             |                                  |   |          |

**IV. EXPENDITURES (Sections N - S)**

|   |                                       |                 |  |          |
|---|---------------------------------------|-----------------|--|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |                 |  |          |
|   | 7th Day Preceding Primary - Amendment |                 |  |          |
| <b>O. Expenses Paid By Candidate</b>                                    |                                       |                 |  |          |
| Name of Payee (Name of vendor who candidate paid directly)              |                                       | Date of Payment | Is Reimbursement Claimed?<br>Yes      No |          |
| Street Address  |                                       | City            | State                                    | Zip Code |
| Purpose of Expenditure<br>(by code)                                     | Description                           |                 | Event #                                  |          |
| <b>Total of Section O</b>   |                                       |                 |  |          |

**IV. EXPENDITURES (Sections N - S)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |

**P. Expenses Incurred on Committee Credit Card**

|   |  |                               |          |                     |
|---|--|-------------------------------|----------|---------------------|
| Name of Issuing Institution   | Type of Credit Card:<br><input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |                               |          |                     |
| Name of Vendor  |  |                               |          | Date of Transaction |
| Street Address  | City   | State                         | Zip Code |                     |
| Purpose of Expenditure (by code)  | Description  |                               |          | Amount              |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes<br>No  | Expenditure # (if applicable) | Event #  |                     |
| If yes, assign an Expenditure # and complete Itemization in Addendum                      |  |                               |          |                     |

**Total of Section P****IV. EXPENDITURES (Sections N - S)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |

**Q. 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 |                               |          | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes<br>No   | Expenditure # (if applicable) | Event #  |                                      |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q                   |             |                               |          |                                      |

**Total of Section Q**

**IV. EXPENDITURES (Sections N - S)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |

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

|   |               |                               |                           |  |
|---|---------------|-------------------------------|---------------------------|--|
| Last Name of Worker/Consultant  | First         | MI                            | Date of Payment to Vendor | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><br>Check #<br><br>Debit Card<br><br>EFT |
| Name of Vendor Paid by Committee Worker/Consultant  |               |                               |                           |  |
| Street Address of Vendor  |               | City                          | State                     | Zip Code   |
| Purpose of Expenditure (by code)  | Description   |                               |                           |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes<br><br>No | Expenditure # (if applicable) | Event #                   | Amount   |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                   |               |                               |                           |  |
| <b>Total of Section R</b>   |               |                               |                           |  |

**IV. EXPENDITURES (Sectuibs N - S)**

|   |                                       |
|---|---------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                        |
| Friends of Shawn A. Brown   | 7th Day Preceding Primary - Amendment |

**S. Surplus Distribution of Equipment and Furniture**

|                           |      |       |          |                                  |
|---------------------------|------|-------|----------|----------------------------------|
| Name of Recipient         |      |       |          |                                  |
| Street Address            | City | State | Zip Code | Original Purchase Amount of Item |
| Description of Item       |      |       |          |                                  |
| <b>Total of Section S</b> |      |       |          |                                  |

| <b>Section J4. ADDENDUM</b>   |                |
|---|----------------|
| NAME OF COMMITTEE   | TYPE OF REPORT |
|   |                |
| <b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b> |                |
| <b>Event #</b>  |                |
| Name of Candidate   |                |

| <b>Section N. ADDENDUM</b>                      |                       |
|---|-----------------------|
| NAME OF COMMITTEE                               | TYPE OF REPORT        |
|   |                       |
| <b>N. Expenses Paid By Committee - Addendum</b> |                       |
| Expenditure #                                   | Amount of Expenditure |
|   |                       |
| Name of Candidate                               | Office Sought         |

| <b>Section P. ADDENDUM</b>                                      |                       |
|---|-----------------------|
| NAME OF COMMITTEE   | TYPE OF REPORT        |
|   |                       |
| <b>P. Expenses Incurred on Committee Credit Card - Addendum</b> |                       |
| Expenditure #   | Amount of Expenditure |
|   |                       |
| Name of Candidate   | Office Sought         |

| <b>Section Q. ADDENDUM</b>  |                       |
|---|-----------------------|
| NAME OF COMMITTEE   | TYPE OF REPORT        |
| <b>Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b> |                       |
| Expenditure #   | Amount of Expenditure |
| Name of Candidate   | Office Sought         |

| <b>Section R. ADDENDUM</b>  |                       |
|---|-----------------------|
| NAME OF COMMITTEE   | TYPE OF REPORT        |
| <b>R. Itemization of Reimbursements and Secondary Payees - Addendum</b> |                       |
| Expenditure #   | Amount of Expenditure |
| Name of Candidate   | Office Sought         |