



**COVER PAGE**

|   |   |                              |   |                                    |  |
|---|---|------------------------------|---|------------------------------------|--|
| 1. NAME OF COMMITTEE  |   |                              | 2. TYPE OF COMMITTEE  |                                    |  |
| <b>Jason Buchsbaum 2026</b>   |   |                              | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                                    |  |
| 3. TREASURER NAME   |   |                              |   |                                    |  |
| First<br><b>Loretta</b>   | MI<br><b>J</b>  | Last<br><b>Chory</b>         |   | Suffix                             |  |
| 4. TREASURER ADDRESS  |   |                              |   |                                    |  |
| Street Address<br><b>18 Brookside Ct</b>  | City<br><b>Newtown</b>                                  | State<br><b>CT</b>           | Zip Code<br><b>06470</b>  |                                    |  |
| 5. ELECTION DATE  | 6. OFFICE SOUGHT (Complete only if Candidate Committee) |                              |   | 7. DISTRICT NUMBER (if applicable) |  |
| <b>11/03/2026</b>   | <b>State Representative</b>                             |                              |   | <b>R069</b>                        |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)   |   |                              |   |                                    |  |
| First<br><b>Jason</b>   | MI<br><b>A</b>  | Last<br><b>Buchsbaum</b>     |   | Suffix                             |  |
| 9. TYPE OF REPORT   |   |                              |   |                                    |  |
| <b>April 10 Filing - Original</b>   |   |                              |   |                                    |  |
| 10. PERIOD COVERED  |   |                              |   |                                    |  |
| Beginning Date  |   | Ending Date                  |   |                                    |  |
| <b>03/01/2026</b>   |   | thru                         |   | <b>03/31/2026</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>Loretta Chory</b>                                    | <b>04/07/2026 10:09:58AM</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 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></p> |   |                              |   |                                    |  |

**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>Jason Buchsbaum 2026</b>   | April 10 Filing - Original |                       |
|   | 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>\$7,065.91</b>          |                       |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$0.00</b>              | <b>\$7,932.00</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>\$0.03</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>\$0.00</b>              | <b>\$7,932.03</b>     |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$7,065.91</b>          | <b>\$7,932.03</b>     |
| 20. Expenses Paid by Committee (Section N)  | <b>\$3.00</b>              | <b>\$869.12</b>       |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$7,062.91</b>          | <b>\$7,062.91</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>\$311.05</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             |                                      |
| Jason Buchsbaum 2026  |  | April 10 Filing - Original |                                      |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> |  |                            | For Nonparticipating Candidates ONLY |
| <b>B. Itemized Contributions from Individuals</b>                               |  |                            |                                      |

|  |  |                                    |                  |  |                         |
|--|--|------------------------------------|------------------|--|-------------------------|
| Last Name  |  | First                              |                  | MI   | Contribution ID #       |
| Residential Street Address   |  | City                               |                  | State  | Zip Code                |
| Principal Occupation   |  |                                    | Name of Employer |  |                         |
| Is contributor a principal of a state contractor or prospective state contractor?  |  |                                    |                  | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? |                         |
| Yes      No<br>If yes, indicate which branch or branches of government the contract is with:      Executive      Legislative |  |                                    |                  | Yes      No<br>Amount of Contribution                                |                         |
| Is this contribution associated with an event reported in Section J1?  |  | Method of contribution:            |                  | Date Received  | Aggregate Contributions |
| Yes  |  | Cash      Personal Check           |                  |  |                         |
| No   |  | Money Order      Credit/Debit Card |                  |  |                         |
| If yes, list Event #   |  |                                    |                  |  |                         |

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

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

|   |       |          |   |                            |                        |
|---|-------|----------|---|----------------------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |       |          |   | TYPE OF REPORT             |                        |
| Jason Buchsbaum 2026  |       |          |   | April 10 Filing - Original |                        |
| <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? |                            | Amount of Contribution |
|   |       |          | Yes      No<br>If yes, list Event #                                   |                            |                        |
| 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             |                   |
| Jason Buchsbaum 2026   |             |          |   | April 10 Filing - Original |                   |
| <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             |   |
| Jason Buchsbaum 2026                       |  |                 |           | April 10 Filing - Original |   |
| <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><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             |
|----------------------|----------------------------|
| Jason Buchsbaum 2026 | April 10 Filing - Original |

**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             |
|----------------------|----------------------------|
| Jason Buchsbaum 2026 | April 10 Filing - Original |

**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             |
|----------------------|----------------------------|
| Jason Buchsbaum 2026 | April 10 Filing - Original |

**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             |                 |
| Jason Buchsbaum 2026   |  |      |                     | April 10 Filing - Original |                 |
| <b>I. Miscellaneous Monetary Receipts not Considered Contributions</b> |  |      |                     |                            |                 |
| Name   |  |      | Date of Transaction |                            | Amount Received |
| Street Address   |  | City | State               | Zip Code                   |                 |
| Description  |  |      |                     |                            |                 |
| <b>Total of Section I</b>  |  |      |                     |                            |                 |

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

|   |        |             |   |                            |          |
|---|--------|-------------|---|----------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)   |        |             |   | TYPE OF REPORT             |          |
| Jason Buchsbaum 2026  |        |             |   | April 10 Filing - Original |          |
| <b>J1. 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 |
| 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>   |        | Yes         | (If yes, enter Total Receipts here.)  |                            |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?       |        | No          |   |                            |          |
| <b>Total of Section J1</b>  |        |             |   |                            |          |

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

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
| Jason Buchsbaum 2026  | April 10 Filing - Original |

**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          | Date Received                  | Event # |                               |
| Business Entity     | 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             |
| Jason Buchsbaum 2026  | April 10 Filing - Original |

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

|                         |   |   |   |
|-------------------------|---|---|---|
| Name of Host            | Is this event supporting more than one candidate? |   |   |
|                         | 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             |
|---|----------------------------|
| Jason Buchsbaum 2026  | April 10 Filing - Original |

**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             |
|---|----------------------------|
| Jason Buchsbaum 2026  | April 10 Filing - Original |

**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             |
| Jason Buchsbaum 2026  | April 10 Filing - Original |

**N. Expenses Paid By Committee**

|   |  |   |                       |
|---|--|---|-----------------------|
| Name of Payee<br>Newtown Savings Bank   | Date of Payment<br>03/31/2026  | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                       |
| Street Address<br>926 White Plains Rd   | City<br>Trumbull   | State<br>CT   | Zip Code<br>06611     |
| Purpose of Expend<br>BNK  | Description<br>Bank Service Charge                                     | Amount  |                       |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)  | Event #<br><br>\$3.00 |
| <b>Total of Section N</b>   |  |   | <b>\$3.00</b>         |

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

|   |                            |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT             |
|   | April 10 Filing - Original |

**O. Expenses Paid By Candidate**

|  |                 |  |          |
|--|-----------------|--|----------|
| 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             |
| Jason Buchsbaum 2026  | April 10 Filing - Original |

**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             |
| Jason Buchsbaum 2026  | April 10 Filing - Original |

**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             |
| Jason Buchsbaum 2026  | April 10 Filing - Original |

**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             |
| Jason Buchsbaum 2026  | April 10 Filing - Original |

**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         |