



COVER PAGE

| | | | | | |
|--|--|------------------------------|---|---|--|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| Katelynn for 64th | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Joseph | MI T | Last Scott | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 5 School House Rd | City Northfield | State CT | Zip Code 06778 | | |
| 5. ELECTION DATE 11/03/2026 | 6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative | | | 7. DISTRICT NUMBER (if applicable) R064 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Katelynn | MI L | Last Borraiz | | Suffix | |
| 9. TYPE OF REPORT | | | | | |
| April 10 Filing - Original | | | | | |
| 10. PERIOD COVERED | | | | | |
| Beginning Date | | Ending Date | | | |
| 03/12/2026 | | thru | | 03/31/2026 | |
| 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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing | Joseph Scott | 04/10/2026 11:06:26AM | | | |
| 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 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. | | | | | |

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 | |
|---|----------------------------|-----------------------|
| Katelynn for 64th | April 10 Filing - Original | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$165.00 | \$165.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$0.00 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$165.00 | \$165.00 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$165.00 | \$165.00 |
| 20. Expenses Paid by Committee (Section N) | \$4.10 | \$4.10 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns) | \$160.90 | \$160.90 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$0.00 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | | | |
|---|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
| Katelynn for 64th | | April 10 Filing - Original | |
| A. Total Contributions from Small Contributors-Received this Period ONLY | | For Nonparticipating Candidates ONLY | |
| | | \$0.00 | |
| B. Itemized Contributions from Individuals | | | |

| | | | | | |
|---|--|--|--|-----------------------------|---------------------------|
| Last Name Scott | | First Joseph | | MI T | Contribution ID # 0001 |
| Residential Street Address 5 School House Rd | | City Northfield | | State CT | Zip Code 06778 |
| Principal Occupation Unemployed | | | Name of Employer Unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 03/28/2026 | |
| \$100.00 | | | | | |

| | | | | | |
|---|--|--|--|-----------------------------|---------------------------|
| Last Name Scott | | First Joseph | | MI T | Contribution ID # 0002 |
| Residential Street Address 5 School House Rd | | City Northfield | | State CT | Zip Code 06778 |
| Principal Occupation Unemployed | | | Name of Employer Unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 03/31/2026 | |
| \$5.00 | | | | | |

| | | | | | |
|---|--|--|--|-----------------------------|---------------------------|
| Last Name Rifkin | | First Selina | | MI CT | Contribution ID # 0003 |
| Residential Street Address 38 Park Pl | | City Ansonia | | State CT | Zip Code 06401 |
| Principal Occupation Homemaker | | | Name of Employer Homemaker | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | | Date Received 03/31/2026 | |
| \$25.00 | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Katelynn for 64th | April 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Meyer | First James | MI | Contribution ID # 0004 |
| Residential Street Address 21 Dead Hill Rd | City Durham | State CT | Zip Code 06422 |
| Principal Occupation Toolmaker | Name of Employer Unemployed | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/31/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Stock | First Angela | MI | Contribution ID # 0005 |
| Residential Street Address 198 Huckleberry Hill Rd | City New Canaan | State CT | Zip Code 06840 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/31/2026 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Previte | First Tracey | MI | Contribution ID # 0006 |
| Residential Street Address 925 Eastlawn Dr . | City Highland Hts | State OH | Zip Code 44143 |
| Principal Occupation Instructional Designer | Name of Employer UH of Cleveland | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Date Received 03/31/2026 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|--|-----------------|
| Total of Section B | | | \$165.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$165.00 |

(Sections A + B) (Total on Line 14, Column A of Summary Page)

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Katelynn for 64th | April 10 Filing - Original |

C1. Contributions from Other Committees

| | | | | | | |
|-------------------|-------|---|-------------------|-------------------------|----|------------------------|
| Name of Committee | | | Name of Treasurer | | | |
| Address | | Is this contribution associated with an event reported in Section J1? | | 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-I)**

| | |
|-------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Katelynn for 64th | April 10 Filing - Original |

C2. Reimbursements or Surplus Distributions from other Committees

| | | | | | |
|-------------------|-------------|---------------|---|-------------------|--|
| Name of Committee | | | Name of Treasurer | | |
| Address | | Date Received | | Amount of Receipt | |
| City | State | Zip Code | Payment Type | | |
| | | | Reimbursement for shared expense | | |
| | | | Surplus distribution from exploratory committee | | |
| Expenditure # | Description | | | | |

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------------------|
| Katelynn for 64th | April 10 Filing - Original |

D. Loans Received this Period

| 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? 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-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------------------|
| Katelynn for 64th | 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 | |
| Total of Section E | | | | |

I. Monetary Receipts (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------------------|
| Katelynn for 64th | April 10 Filing - Original |

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Katelynn for 64th | 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 Supplemental/Post Election Deficit | Primary General Election Special Election | | |

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Katelynn for 64th | April 10 Filing - Original |

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 | |
| Katelynn for 64th | | April 10 Filing - Original | |
| J1. Event Information | | | |
| Event # 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 | |
| Subpart 1: 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 | |
| Katelynn for 64th | | 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 | | | |
| 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 |
| Katelynn for 64th | 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 |
| Katelynn for 64th | 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 No | Description of In-Kind Contribution | |
| If yes, list Event# | | | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | Yes No |
| | | Executive | Legislative |
| Type of Contributor: | Date Received | Aggregate contributions | |
| Individual | Committee | Sole Proprietorship | |

Total of Section K

III. Non Monetary Receipts (Sections K - L)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|----------------------------|
| Katelynn for 64th | 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 | Amount of Deposit |
| Name of Telephone company | | | | |
| Street Address | City | State | Zip Code | |
| Total of Section L | | | | |

IV. EXPENDITURES (Sections N - S)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
|---|----------------------------|
| Katelynn for 64th | April 10 Filing - Original |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | |
|---|--|---|-------------------------------------|
| Anedot, Inc. | 03/31/2026 | <input type="checkbox"/> Check # | <input type="checkbox"/> Debit Card |
| | | <input checked="" type="checkbox"/> EFT | |
| Street Address | City | State | Zip Code |
| 1201 W Peachtree St NW Ste 2625 | Atlanta | GA | 30309-3499 |
| Purpose of Expend | Description | Amount | |
| WEB | Anedot fees 01/01-03/31 2026 | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | \$4.10 |
| Total of Section N | | | \$4.10 |

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? |
| | | | | | | | Yes No |
| Street Address | | | City | | State | Zip Code | Amount |
| Purpose of Expenditure (by code) | Description | | | | Event # | | |
| Total of Section O | | | | | | | |

IV. EXPENDITURES (Sections N - S)

| | | | | | | | | |
|---|-------------|----|-------------------------------|---------|----------------------|----------------------------|----------|------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | TYPE OF REPORT | | |
| Katelynn for 64th | | | | | | April 10 Filing - Original | | |
| P. Expenses Incurred on Committee Credit Card | | | | | | | | |
| Name of Issuing Institution | | | | | Type of Credit Card: | | | |
| | | | | | Visa | Master Card | Discover | American Express |
| | | | | | 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 | 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 |
| Katelynn for 64th | 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 (bv code) | Description | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes 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 |
| Katelynn for 64th | 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: Check # Debit Card 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 No | Expenditure # (if applicable) | Event # | Amount |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | |
| Total of Section R | | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Katelynn for 64th | 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 | | | | |
| Total of Section S | | | | |

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

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

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

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

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