

**SEEC FORM 30**Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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**COVER PAGE**

|                                                                                                                                                                                                                                                                                  |  |                                                                                          |                         |                                                                                                           |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                                             |  |                                                                                          |                         | 2. TYPE OF COMMITTEE                                                                                      |                                                     |
| <b>Danieluk for the 45th</b>                                                                                                                                                                                                                                                     |  |                                                                                          |                         | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                                                     |
| 3. TREASURER NAME                                                                                                                                                                                                                                                                |  |                                                                                          |                         |                                                                                                           |                                                     |
| First<br><b>Ana</b>                                                                                                                                                                                                                                                              |  | MI                                                                                       | Last<br><b>Danieluk</b> |                                                                                                           | Suffix                                              |
| 4. TREASURER ADDRESS                                                                                                                                                                                                                                                             |  |                                                                                          |                         |                                                                                                           |                                                     |
| Street Address<br><b>12 Tyler Ter</b>                                                                                                                                                                                                                                            |  | City<br><b>Jewett City</b>                                                               |                         | State<br><b>CT</b>                                                                                        | Zip Code<br><b>06351</b>                            |
| 5. ELECTION DATE<br><b>11/03/2026</b>                                                                                                                                                                                                                                            |  | 6. OFFICE SOUGHT ( Complete only if Candidate Committee )<br><b>State Representative</b> |                         |                                                                                                           | 7. DISTRICT NUMBER ( if applicable )<br><b>R045</b> |
| 8. CANDIDATE NAME ( Complete only if Candidate or Exploratory Committee )                                                                                                                                                                                                        |  |                                                                                          |                         |                                                                                                           |                                                     |
| First<br><b>Matthew</b>                                                                                                                                                                                                                                                          |  | MI                                                                                       | Last<br><b>Danieluk</b> |                                                                                                           | Suffix                                              |
| 9. TYPE OF REPORT<br><b>April 10 Filing - Amendment</b>                                                                                                                                                                                                                          |  |                                                                                          |                         |                                                                                                           |                                                     |
| 10. PERIOD COVERED                                                                                                                                                                                                                                                               |  |                                                                                          |                         |                                                                                                           |                                                     |
| Beginning Date                      Ending Date<br><br><b>03/12/2026</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><br>SIGNATURE                                                                                                                                                                                                                                            |  | <b>Ana Danieluk</b><br>PRINT NAME OF THE SIGNER                                          |                         | <b>08/16/2026 2:29:06PM</b><br>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>Danieluk for the 45th</b>                                                                      | April 10 Filing - 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>\$0.00</b>               |                       |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$730.00</b>             | <b>\$730.00</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>\$30.00</b>              | <b>\$30.00</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>\$760.00</b>             | <b>\$760.00</b>       |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$760.00</b>             | <b>\$760.00</b>       |
| 20. Expenses Paid by Committee (Section N)                                                        | <b>\$31.80</b>              | <b>\$31.80</b>        |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$728.20</b>             | <b>\$728.20</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                       |  |
| Danieluk for the 45th                                                           |  | April 10 Filing - 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>Button</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Lewis</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>0001</b> |
| Residential Street Address<br><b>1938 Glasgo Rd</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | City<br><b>Griswold</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06351</b>         |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>State of Connecticut</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 type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>03/29/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Danieluk</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Michelle</b>                                                                                                                    |                                    | MI                                         | Contribution ID #<br><b>0004</b> |
| Residential Street Address<br><b>40 Newent Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Lisbon</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06351</b>         |
| Principal Occupation<br><b>Administrative Assistant</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                | Name of Employer<br><b>Norwich Free Academy</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 type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>03/29/2026</b> | Aggregate Contributions<br><b>\$340.00</b> | <b>\$340.00</b>                  |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>de la Cruz</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                | First<br><b>Joe</b>                                                                                                                         |                                    | MI                                         | Contribution ID #<br><b>0002</b> |
| Residential Street Address<br><b>95 Corey Rd</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | City<br><b>Groton</b>                                                                                                                       |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06340</b>         |
| Principal Occupation<br><b>Vice President</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                | Name of Employer<br><b>Hillery Co</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 type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>03/30/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
|-------------------------------------------------------------------------|-----------------------------|
| Danieluk for the 45th                                                   | April 10 Filing - Amendment |

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Danieluk</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | First<br><b>Thomas</b>                                                                                                                      |                                    | MI                                        | Contribution ID #<br><b>0147</b> |
| Residential Street Address<br><b>40 Newent Rd</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                | City<br><b>Lisbon</b>                                                                                                                       |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06351</b>         |
| Principal Occupation<br><b>Construction Manager</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                | Name of Employer<br><b>Global Partners LP</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 type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>03/30/2026</b> | Aggregate Contributions<br><b>\$50.00</b> | <b>\$50.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Cholewa</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                | First<br><b>Terry</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0148</b> |
| Residential Street Address<br><b>113 Latham Dr</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                | City<br><b>Griswold</b>                                                                                                                     |                                    | State<br><b>CT</b>                        | Zip Code<br><b>06351</b>         |
| Principal Occupation<br><b>Student Affairs Coordinator</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | Name of Employer<br><b>Plainfield BOE</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 type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>03/31/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                           |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------|
| Last Name<br><b>Goode</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | First<br><b>Andre</b>                                                                                                                       |                                    | MI                                        | Contribution ID #<br><b>0149</b> |
| Residential Street Address<br><b>1471 Sorrento Dr</b>                                                                                                                                                                                                                                                                |                                                                                                                                                                                                | City<br><b>Weston</b>                                                                                                                       |                                    | State<br><b>FL</b>                        | Zip Code<br><b>33326</b>         |
| Principal Occupation<br><b>Data Engineer</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>The Walt Disney Co</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 type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>03/31/2026</b> | Aggregate Contributions<br><b>\$20.00</b> | <b>\$20.00</b>                   |

|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                             |                                    |                                            |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|
| Last Name<br><b>Dawson</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                | First<br><b>Jason</b>                                                                                                                       |                                    | MI                                         | Contribution ID #<br><b>0003</b> |
| Residential Street Address<br><b>25 Spencer Hollow Rd</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                | City<br><b>Griswold</b>                                                                                                                     |                                    | State<br><b>CT</b>                         | Zip Code<br><b>06351</b>         |
| Principal Occupation<br><b>Entertainment</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                | Name of Employer<br><b>Dawson Entertainment Production, LLC</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 type="checkbox"/> Personal Check<br><input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card |                                                                                                                                             | Date Received<br><b>03/31/2026</b> | Aggregate Contributions<br><b>\$100.00</b> | <b>\$100.00</b>                  |

|                                                    |                  |                                              |                 |
|----------------------------------------------------|------------------|----------------------------------------------|-----------------|
| <b>Total of Section B</b>                          |                  |                                              | <b>\$730.00</b> |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> | (Sections A + B) | (Total on Line 14, Column A of Summary Page) | <b>\$730.00</b> |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
|-------------------------------------------------------------------------|-----------------------------|
| Danieluk for the 45th                                                   | April 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 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              |
|-----------------------|-----------------------------|
| Danieluk for the 45th | April 10 Filing - Amendment |

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

|                   |             |  |  |                                                 |               |                   |
|-------------------|-------------|--|--|-------------------------------------------------|---------------|-------------------|
| Name of Committee |             |  |  | Name of Treasurer                               |               |                   |
| Address           |             |  |  |                                                 | Date Received | Amount of Receipt |
|                   |             |  |  |                                                 |               |                   |
|                   |             |  |  | 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              |
|-----------------------|-----------------------------|
| Danieluk for the 45th | April 10 Filing - Amendment |

**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            | Stat      | Zip Code   |                                                |                 |  |
| Total of Section D                         |  |                 |           |            |                                                |                 |  |

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

| NAME OF COMMITTEE     | TYPE OF REPORT              |
|-----------------------|-----------------------------|
| Danieluk for the 45th | April 10 Filing - Amendment |

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

|                                      |                                                                                                                                                  |                          |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Date of Receipt<br><b>03/23/2026</b> | Method of Payment<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount<br><b>\$25.00</b> |
| Total of Section E                   |                                                                                                                                                  | <b>\$25.00</b>           |

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

| NAME OF COMMITTEE     | TYPE OF REPORT              |
|-----------------------|-----------------------------|
| Danieluk for the 45th | April 10 Filing - Amendment |

**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              |
|-----------------------|-----------------------------|
| Danieluk for the 45th | April 10 Filing - Amendment |

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

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

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

| NAME OF COMMITTEE     | TYPE OF REPORT              |
|-----------------------|-----------------------------|
| Danieluk for the 45th | April 10 Filing - Amendment |

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

|                           |                     |                 |               |
|---------------------------|---------------------|-----------------|---------------|
| Name                      | Date of Transaction | Amount Received |               |
| Matthew Danieluk          | 03/25/2026          |                 |               |
| Street Address            | City                | State           | Zip Code      |
| 12 Tyler Ter              | Griswold            | CT              | 06351         |
| Description               |                     |                 |               |
| Penny Test                |                     |                 |               |
| <b>Total of Section I</b> |                     |                 | <b>\$5.00</b> |

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

|                                                                                                                                         |        |             |                                                                                                                                                                                                               |          |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                 |        |             | TYPE OF REPORT                                                                                                                                                                                                |          |
| Danieluk for the 45th                                                                                                                   |        |             | April 10 Filing - Amendment                                                                                                                                                                                   |          |
| <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 No      | 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. |          |
| 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 No      | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.                                                                                                    |          |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |        | Yes No      | (If yes, enter Total Receipts here.)                                                                                                                                                                          |          |
| <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                 |                               |
| Danieluk for the 45th                                                   |                         |         | April 10 Filing - Amendment    |                               |
| <b>J3. In-Kind Donations Not Considered Contributions</b>               |                         |         |                                |                               |
| 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                                                     |                         |         |                                |                               |
| <b>Total of Section J3</b>                                              |                         |         |                                |                               |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
|-------------------------------------------------------------------------|-----------------------------|
| Danieluk for the 45th                                                   | April 10 Filing - Amendment |

**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              |
|-------------------------------------------------------------------------|-----------------------------|
| Danieluk for the 45th                                                   | April 10 Filing - 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? | Yes<br>No                              |
|                                                                       |           | If yes, indicate which branch or branches of government the contract is with:     | Executive    Legislative               |
| Type of Contributor:                                                  |           | Date Received                                                                     | Aggregate contributions                |
| Individual                                                            | Committee | Sole Proprietorship                                                               |                                        |
|                                                                       |           |                                                                                   | Fair Market Value of this Contribution |

**Total of Section K**

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
|-------------------------------------------------------------------------|-----------------------------|
| Danieluk for the 45th                                                   | April 10 Filing - Amendment |
| <b>L. Refundable Deposit to Telephone Company</b>                       |                             |

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |
| Residential Street Address | City       | State | Zip Code          |
| Name of Telephone company  |            |       | Amount of Deposit |
| Street Address             | City       | State |                   |
| <b>Total of Section L</b>  |            |       |                   |

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

|                                                                         |                             |
|-------------------------------------------------------------------------|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Danieluk for the 45th                                                   | April 10 Filing - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |                             |

|                                                                                                                                                                                                                                         |                                                                   |                                      |                                                                                                                                         |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Name of Payee<br><b>Anedot</b>                                                                                                                                                                                                          |                                                                   | Date of Payment<br><b>03/25/2026</b> | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                             |
| Street Address<br><b>PO Box 84314</b>                                                                                                                                                                                                   |                                                                   | City<br><b>Baton Rouge</b>           | State<br><b>LA</b>                                                                                                                      | Zip Code<br><b>70884</b>    |
| Purpose of Expendit<br><b>BNK</b>                                                                                                                                                                                                       | Description<br><b>Online credit card donation processing fees</b> |                                      |                                                                                                                                         | Amount<br><br><b>\$0.50</b> |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                                                   | Expenditure #<br>(if applicable)     | Event #                                                                                                                                 |                             |

|                                                                                                                                                                                                                                         |                                                                   |                                      |                                                                                                                                         |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Name of Payee<br><b>Anedot</b>                                                                                                                                                                                                          |                                                                   | Date of Payment<br><b>03/29/2026</b> | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                              |
| Street Address<br><b>PO Box 84314</b>                                                                                                                                                                                                   |                                                                   | City<br><b>Baton Rouge</b>           | State<br><b>LA</b>                                                                                                                      | Zip Code<br><b>70884</b>     |
| Purpose of Expendit<br><b>BNK</b>                                                                                                                                                                                                       | Description<br><b>Online credit card donation processing fees</b> |                                      |                                                                                                                                         | Amount<br><br><b>\$18.20</b> |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                                                   | Expenditure #<br>(if applicable)     | Event #                                                                                                                                 |                              |

|                                                                                                                                                                                                                                         |                                                                   |                                      |                                                                                                                                         |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Name of Payee<br><b>Anedot</b>                                                                                                                                                                                                          |                                                                   | Date of Payment<br><b>03/30/2026</b> | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                             |
| Street Address<br><b>PO Box 84314</b>                                                                                                                                                                                                   |                                                                   | City<br><b>Baton Rouge</b>           | State<br><b>LA</b>                                                                                                                      | Zip Code<br><b>70884</b>    |
| Purpose of Expendit<br><b>BNK</b>                                                                                                                                                                                                       | Description<br><b>Online credit card donation processing fees</b> |                                      |                                                                                                                                         | Amount<br><br><b>\$6.60</b> |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                                                   | Expenditure #<br>(if applicable)     | Event #                                                                                                                                 |                             |

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

|                                                                         |                             |
|-------------------------------------------------------------------------|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Danieluk for the 45th                                                   | April 10 Filing - Amendment |

**N. Expenses Paid By Committee**

|                                                                                                                                                                                                                                         |                                                                   |                                      |                                                                                                                                         |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Name of Payee<br><b>Anedot</b>                                                                                                                                                                                                          |                                                                   | Date of Payment<br><b>03/31/2026</b> | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |                                 |
| Street Address<br><b>PO Box 84314</b>                                                                                                                                                                                                   |                                                                   | City<br><b>Baton Rouge</b>           | State<br><b>LA</b>                                                                                                                      | Zip Code<br><b>70884</b>        |
| Purpose of Expendit<br><b>BNK</b>                                                                                                                                                                                                       | Description<br><b>Online credit card donation processing fees</b> |                                      |                                                                                                                                         | Amount<br><br><br><b>\$6.50</b> |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                                                                   | Expenditure #<br>(if applicable)     | Event #                                                                                                                                 |                                 |
| <b>Total of Section N</b>                                                                                                                                                                                                               |                                                                   |                                      |                                                                                                                                         | <b>\$31.80</b>                  |

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

|                                                                         |                             |
|-------------------------------------------------------------------------|-----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
| Danieluk for the 45th                                                   | April 10 Filing - Amendment |

**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                            | Amount |
| Purpose of Expenditure<br>(by code)                        | Description | Event #         |                                     |        |
| <b>Total of Section O</b>                                  |             |                 |                                     |        |

| <b>IV. EXPENDITURES (Sections N - S)</b>                                                                                                                                                                      |             |                               |                                                                                                                                                                                                                                                                              |                             |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                                                                                       |             |                               |                                                                                                                                                                                                                                                                              | TYPE OF REPORT              |          |
| Danieluk for the 45th                                                                                                                                                                                         |             |                               |                                                                                                                                                                                                                                                                              | April 10 Filing - Amendment |          |
| <b>P. Expenses Incurred on Committee Credit Card</b>                                                                                                                                                          |             |                               |                                                                                                                                                                                                                                                                              |                             |          |
| Name of Issuing Institution                                                                                                                                                                                   |             |                               | Type of Credit Card:<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American Express</span> </div> <div style="text-align: center; font-size: x-small;">Other</div> |                             |          |
| 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? <div style="display: flex; justify-content: flex-end; font-size: x-small;"> <span>Yes</span> <span>No</span> </div> |             | Expenditure # (if applicable) | Event #                                                                                                                                                                                                                                                                      |                             |          |
| If yes, assign an Expenditure # and complete Itemization in Addendum P                                                                                                                                        |             |                               |                                                                                                                                                                                                                                                                              |                             |          |
| <b>Total of Section P</b>                                                                                                                                                                                     |             |                               |                                                                                                                                                                                                                                                                              |                             |          |

| <b>IV. EXPENDITURES (Sections N - S)</b>                                                                                                                                                                      |             |                               |         |                             |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|---------|-----------------------------|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                                                                                       |             |                               |         | TYPE OF REPORT              |                                      |
| Danieluk for the 45th                                                                                                                                                                                         |             |                               |         | April 10 Filing - Amendment |                                      |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>                                                                                                                                      |             |                               |         |                             |                                      |
| 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? <div style="display: flex; justify-content: flex-end; font-size: x-small;"> <span>Yes</span> <span>No</span> </div> |             | Expenditure # (if applicable) | Event # |                             |                                      |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q                                                                                                                                       |             |                               |         |                             |                                      |
| <b>Total of Section Q</b>                                                                                                                                                                                     |             |                               |         |                             |                                      |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT              |
|-------------------------------------------------------------------------|-----------------------------|
| Danieluk for the 45th                                                   | April 10 Filing - 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              |
|-------------------------------------------------------------------------|-----------------------------|
| Danieluk for the 45th                                                   | April 10 Filing - 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> |      |       |          |                                  |

### Section J4. ADDENDUM

| 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                                                                                   |                |

### Section N. ADDENDUM

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

### Section P. ADDENDUM

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

| Section Q. ADDENDUM                                                                 |                       |
|-------------------------------------------------------------------------------------|-----------------------|
| 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         |

| Section R. ADDENDUM                                                     |                       |
|-------------------------------------------------------------------------|-----------------------|
| 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         |