



Electronic Filing
Do Not Mark in This Space For Official Use Only

**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Wooden For Treasurer</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>Sabino</b>	MI	Last <b>Rodriguez</b>	Suffix		
4. TREASURER ADDRESS					
Street Address <b>12 Norwalk Ave</b>	City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880</b>		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)		7. DISTRICT NUMBER (if applicable)		
<b>11/06/2018</b>	<b>State Treasurer</b>				
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Shawn</b>	MI <b>T</b>	Last <b>Wooden</b>	Suffix		
9. TYPE OF REPORT					
<b>Final Weekly Supplemental Filing Primary - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>08/01/2018</b>		thru		<b>08/07/2018</b>	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>	<b>Sabino Rodriguez</b>	<b>08/09/2018 9:52:51PM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Wooden For Treasurer</b>	Final Weekly Supplemental Filing Primary - Original	
	COLUMN A This Period	COLUMN B 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>\$55,750.52</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$91,182.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$407,165.71</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$0.00</b>	<b>\$498,347.71</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$55,750.52</b>	<b>\$498,347.71</b>
20. Expenses Paid by Committee (Section N)	<b>\$36,487.10</b>	<b>\$479,084.29</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$19,263.42</b>	<b>\$19,263.42</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>\$2,332.23</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>\$6,750.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Wooden For Treasurer		Final Weekly Supplemental Filing Primary - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
<b>B. Itemized Contributions from Individuals</b>			

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Wooden For Treasurer				Final Weekly Supplemental Filing Primary - Original	
<b>C1. Contributions from Other Committees</b>					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
			Yes      No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
<b>Total of Section C1</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT	
Wooden For Treasurer				Final Weekly Supplemental Filing Primary - Original	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT	
Wooden For Treasurer				Final Weekly Supplemental Filing Primary - Original	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?  Yes      No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	<b>Amount Received</b>
<b>Total of Section D</b>					

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

NAME OF COMMITTEE		TYPE OF REPORT	
Wooden For Treasurer		Final Weekly Supplemental Filing Primary - Original	
<b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
<b>Total of Section E</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
Wooden For Treasurer		Final Weekly Supplemental Filing Primary - Original	
<b>G. Interest from Deposits in Authorized Accounts</b>			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
<b>Total of Section G</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
Wooden For Treasurer		Final Weekly Supplemental Filing Primary - Original	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>			
Purpose of Grant:		Grant Cycle:	Date Received
Initial	Grant Adjustment	Primary	General Election
Supplemental/Post Election Deficit		Special Election	Amount
<b>Total of Section H</b>			

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

NAME OF COMMITTEE				TYPE OF REPORT	
Wooden For Treasurer				Final Weekly Supplemental Filing Primary - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Wooden For Treasurer				Final Weekly Supplemental Filing Primary - Original	
<b>J1. Event Information</b>					
Event #	Description			Was this a fundraising event?	
Date of Event	Letter			Yes	No
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
<b>Subpart 1:</b>					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
<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
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor			
Street Address		City	State   Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	Aggregate value for this event
Sole Proprietorship			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original

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

Name of Host	Is this event supporting more than one candidate?		
	Yes	No	If yes, complete Itemization in Addendum J4
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

**Total of Section J4**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original

**K. In-Kind Contributions**

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original

**L. Refundable Deposit to Telephone Company**

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



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Webster Bank		Date of Payment 08/01/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 244 Post Rd		City Westport	State CT	Zip Code
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$30.00

Name of Payee Webster Bank		Date of Payment 08/01/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 244 Post Rd		City Westport	State CT	Zip Code
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$30.00

Name of Payee Voices of Women of Color		Date of Payment 08/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>571</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 320562		City Hartford	State CT	Zip Code
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$10,000.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Greg Gerratana		Date of Payment 08/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>572</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Dorset Ln		City Farmington	State CT	Zip Code
Purpose of Expend RMB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

Name of Payee DNA Campaigns		Date of Payment 08/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>573</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 Village Walk		City Guilford	State CT	Zip Code
Purpose of Expend PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,488.59

Name of Payee West Indian Celebrations Inc		Date of Payment 08/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>574</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3340 Main St		City Hartford	State CT	Zip Code
Purpose of Expend A-OTH	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Silversmith Strategies	Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>575</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1461 W Grand Ave Apt 4	City Chicago	State IL	Zip Code
Purpose of Expend A-TV	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$14,800.00

Name of Payee DNA Campaigns	Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>576</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 Village Walk	City Guilford	State CT	Zip Code
Purpose of Expend CNSLT	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$8,600.00

Name of Payee Sabino Rodriguez	Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>577</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Norwalk Ave	City Westport	State CT	Zip Code
Purpose of Expend RMB	Description	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$38.51

Total of Section N

**\$36,487.10**

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT		
Wooden For Treasurer						Final Weekly Supplemental Filing Primary - Original		
<b>P. Expenses Incurred on Committee Credit Card</b>								
Name of Issuing Institution					Type of Credit Card:			
					Visa	Master Card	Discover	American Express
					Other			
Name of Vendor						Date of Transaction		
Street Address				City		State	Zip Code	
Purpose of Expenditure (by code)	Description					<b>Amount</b>		
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes	No			Expenditure # (if applicable)
If yes, assign an Expenditure # and complete Itemization in Addendum								
<b>Total of Section P</b>								

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor		Date Incurred	
Street Address	City	State	Zip Code
Purpose of Expenditure (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q	Yes  No	Expenditure # (if applicable)	Event #

<b>Total of Section Q</b>	
---------------------------	--

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Gerratana	First Greg	MI	Date of Payment to Vendor 05/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 572 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
---	---------------	----	---	--

Name of Vendor Paid by Committee Worker/Consultant CT Radio
--

Street Address of Vendor PO Box 487	City Rocky Hill	State CT	Zip Code
--	--------------------	-------------	----------

Purpose of Expenditure (by code) Misc *	Description radios for convention
--	--------------------------------------

Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$400.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Campaigns	First DNA	MI	Date of Payment to Vendor 07/27/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 573 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
---	--------------	----	---	--

Name of Vendor Paid by Committee Worker/Consultant Total Graphic Solutions
---

Street Address of Vendor PO Box 56	City Farmington	State CT	Zip Code
---------------------------------------	--------------------	-------------	----------

Purpose of Expenditure (by code) A-SIGN	Description
--	-------------

Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$150.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Campaigns	First DNA	MI	Date of Payment to Vendor 07/27/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 573 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Total Graphic Solutions				
Street Address of Vendor PO Box 56		City Farmington		State CT
Zip Code				
Purpose of Expenditure (by code) PRNT	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$1,050.00	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
<b>Total of Section R</b>				<b>\$1,600.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Wooden For Treasurer	Final Weekly Supplemental Filing Primary - Original

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

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

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

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

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



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

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