



**COVER PAGE**

|   |   |                               |   |   |  |
|---|---|-------------------------------|---|---|--|
| 1. NAME OF COMMITTEE  |   |                               | 2. TYPE OF COMMITTEE  |   |  |
| <b>Godfrey 24</b>   |   |                               | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |   |  |
| 3. TREASURER NAME   |   |                               |   |   |  |
| First<br><b>Joshua</b>  | MI  | Last<br><b>Beckett Flores</b> |   | Suffix  |  |
| 4. TREASURER ADDRESS  |   |                               |   |   |  |
| Street Address<br><b>8 Arrow Meadow Rd</b>  | City<br><b>New Fairfield</b>  | State<br><b>CT</b>            | Zip Code<br><b>06812</b>  |   |  |
| 5. ELECTION DATE<br><b>11/05/2024</b>   | 6. OFFICE SOUGHT ( Complete only if Candidate Committee)<br><b>State Representative</b> |                               |   | 7. DISTRICT NUMBER ( if applicable )<br><b>R110</b> |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)   |   |                               |   |   |  |
| First<br><b>Bob</b>   | MI  | Last<br><b>Godfrey</b>        |   | Suffix  |  |
| 9. TYPE OF REPORT   |   |                               |   |   |  |
| <b>First Weekly Supplemental Filing General Election - Amendment</b>  |   |                               |   |   |  |
| 10. PERIOD COVERED  |   |                               |   |   |  |
| Beginning Date  |   | Ending Date                   |   |   |  |
| <b>10/01/2024</b>   |   | thru                          |   | <b>10/22/2024</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>Joshua Beckett Flores</b>  | <b>04/21/2026 1:05:04PM</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>Godfrey 24</b>   | First Weekly Supplemental Filing General Election - 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>\$3,866.63</b>   |                       |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$0.00</b>   | <b>\$6,695.00</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>\$35,523.97</b>  | <b>\$72,024.01</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>\$35,523.97</b>  | <b>\$78,719.01</b>    |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$39,390.60</b>  | <b>\$78,719.01</b>    |
| 20. Expenses Paid by Committee (Section N)  | <b>\$22,297.25</b>  | <b>\$61,625.66</b>    |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$17,093.35</b>  | <b>\$17,093.35</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>\$7,275.08</b>   |                       |

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

|  |                  |   |  |
|--|------------------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  |                  | TYPE OF REPORT  |  |
| Godfrey 24   |                  | First Weekly Supplemental Filing General Election - Amendment   |  |
| <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?<br>If yes, indicate which branch or branches of government the contract is with:<br>Executive                      Legislative | Yes      No      | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br>Yes<br>No                                 | Amount of Contribution   |
| Is this contribution associated with an event reported in Section J1?<br>If yes, list Event #  | Yes<br>No        | Method of contribution:<br>Cash                      Personal Check<br>Money Order              Credit/Debit Card | Date Received      Aggregate Contributions                         |
| <b>Total of Section B</b>  |                  |   |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>   |                  |   | (Sections A + B)      (Total on Line 14, Column A of Summary Page) |

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

|   |   |   |  |
|---|---|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |   | TYPE OF REPORT  |  |
| Godfrey 24  |   | First Weekly Supplemental Filing General Election - Amendment |  |
| <b>C1. Contributions from Other Committees</b>                          |   |   |  |
| Name of Committee   |   | Name of Treasurer   |  |
| Address   | Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # |   | Amount of Contribution                     |
| City  | State   | Zip Code  | Date Received      Aggregate Contributions |
| <b>Total of Section C1</b>  |   |   |  |

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

|  |             |          |   |   |                   |
|--|-------------|----------|---|---|-------------------|
| NAME OF COMMITTEE  |             |          |   | TYPE OF REPORT  |                   |
| Godfrey 24   |             |          |   | First Weekly Supplemental Filing General Election - Amendment |                   |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b> |             |          |   |   |                   |
| Name of Committee  |             |          | Name of Treasurer   |   |                   |
| Address  |             |          |   | Date Received   | Amount of Receipt |
| City   | State       | Zip Code | Payment Type  |   |                   |
|  |             |          | Reimbursement for shared expense<br>Surplus distribution from exploratory committee |   |                   |
| Expenditure #  | Description |          |   |   |                   |
| <b>Total of Section C2</b>   |             |          |   |   |                   |

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

|  |  |      |                 |   |   |       |
|--|--|------|-----------------|---|---|-------|
| NAME OF COMMITTEE                          |  |      |                 | TYPE OF REPORT  |   |       |
| Godfrey 24                                 |  |      |                 | First Weekly Supplemental Filing General Election - Amendment |   |       |
| <b>D. Loans Received this Period</b>       |  |      |                 |   |   |       |
| Name of Lender                             |  |      | Source of Loan: |   | Date of Receipt   |       |
|  |  |      | Bank            | Candidate   | Individual  | Other |
| Street Address                             |  | City | State           | Zip Code  | Is there a cosigner or Guarantor of this loan?<br><br>Yes      No |       |
| Name of Cosigner/Guarantor (if applicable) |  |      |                 |   |   |       |
| Street Address                             |  | City | Stat            | Zip Code  | <b>Amount Received</b>  |       |
| <b>Total of Section D</b>                  |  |      |                 |   |   |       |

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

|  |   |        |
|--|---|--------|
| NAME OF COMMITTEE  | TYPE OF REPORT  |        |
| Godfrey 24   | First Weekly Supplemental Filing General Election - Amendment                   |        |
| <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  |        |          |
| Godfrey 24  | First Weekly Supplemental Filing General Election - Amendment |        |          |
| <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  |               |                    |
| Godfrey 24   | First Weekly Supplemental Filing General Election - Amendment   |               |                    |
| <b>H. Public Grant Funds Received from the Citizens' Election Fund</b>   |   |               |                    |
| Purpose of Grant:  | Grant Cycle:  | Date Received | Amount             |
| <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment<br><input checked="" type="checkbox"/> Supplemental/Post Election Deficit | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election | 10/16/2024    | \$35,523.97        |
| <b>Total of Section H</b>  |   |               | <b>\$35,523.97</b> |

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

|  |  |      |                     |   |                 |
|--|--|------|---------------------|---|-----------------|
| NAME OF COMMITTEE  |  |      |                     | TYPE OF REPORT  |                 |
| Godfrey 24   |  |      |                     | First Weekly Supplemental Filing General Election - Amendment |                 |
| <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  |          |
| Godfrey 24  |        |             |   | First Weekly Supplemental Filing General Election - 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         | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |   |          |
|   |        | No          |   |   |          |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |        | Yes         | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |   |          |
|   |        | No          |   |   |          |
| <b>Subpart 1:</b>   |        | Yes         | (If yes, enter Total Receipts here.)  |   |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?       |        | No          |   |   |          |
| <b>Total of Section J1</b>  |        |             |   |   |          |

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

|   |   |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
| Godfrey 24  | First Weekly Supplemental Filing General Election - 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  |
| Godfrey 24  | First Weekly Supplemental Filing General Election - Amendment |
| <b>J4. In-Kind Donations Not Considered Contributions Associated with a House Party</b> |   |

|                         |   |   |   |
|-------------------------|---|---|---|
| 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 |   |

|                            |  |
|----------------------------|--|
| <b>Total of Section J4</b> |  |
|----------------------------|--|

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
|---|---|
| Godfrey 24  | First Weekly Supplemental Filing General Election - Amendment |

**K. In-Kind Contributions**

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

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
|---|---|
| Godfrey 24  | First Weekly Supplemental Filing General Election - Amendment |

**L. Refundable Deposit to Telephone Company**

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |
| Residential Street Address | City       | State | Zip Code          |
| Name of Telephone company  |            |       |                   |
| Street Address             | City       | State | Zip Code          |

**Total of Section L**

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

|   |   |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
| Godfrey 24  | First Weekly Supplemental Filing General Election - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |   |

|   |                               |                                  |   |                   |
|---|-------------------------------|----------------------------------|---|-------------------|
| Name of Payee<br>Gene Eriquez   |                               | Date of Payment<br>10/05/2024    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>3007</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>78 Starrs Plain Rd  |                               | City<br>Danbury                  | State<br>CT   | Zip Code<br>06810 |
| Purpose of Expendit<br>CNSLT  | Description<br>Consultant Fee |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                               | Expenditure #<br>(if applicable) | Event #   | \$1,000.00        |

|   |  |                                  |   |                   |
|---|--|----------------------------------|---|-------------------|
| Name of Payee<br>CCM & CO   |  | Date of Payment<br>10/17/2024    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>1022 Boulevard  |  | City<br>West Hartford            | State<br>CT   | Zip Code<br>06109 |
| Purpose of Expendit<br>A-OTH  | Description<br>General Election Social Media Posts |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |  | Expenditure #<br>(if applicable) | Event #   | \$5,400.00        |

|   |                      |                                  |   |                   |
|---|----------------------|----------------------------------|---|-------------------|
| Name of Payee<br>CCM & CO   |                      | Date of Payment<br>10/21/2024    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>1022 Boulevard  |                      | City<br>West Hartford            | State<br>CT   | Zip Code<br>06109 |
| Purpose of Expendit<br>A-OTH  | Description<br>Texts |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |                      | Expenditure #<br>(if applicable) | Event #   | \$500.00          |

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

|   |   |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
| Godfrey 24  | First Weekly Supplemental Filing General Election - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |   |

|   |                       |                                  |  |
|---|-----------------------|----------------------------------|--|
| Name of Payee   | Date of Payment       | Method of Payment                |  |
| CCM & CO  | 10/21/2024            | <input type="checkbox"/> Check # | <input checked="" type="checkbox"/> Debit Card |
|   |                       | <input type="checkbox"/> EFT     |  |
| Street Address  | City                  | State                            | Zip Code                                       |
| 1022 Boulevard  | West Hartford         | CT                               | 06109  |
| Purpose of Expendit   | Description           | Amount                           |  |
| A-DM  | General Election Mail |                                  |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |                       | Expenditure # (if applicable)    | Event #  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |                       |                                  |  |
| If yes, assign an Expenditure # and complete Itemization in Addendum N                    |                       |                                  | \$6,210.00                                     |

|   |                       |                                  |  |
|---|-----------------------|----------------------------------|--|
| Name of Payee   | Date of Payment       | Method of Payment                |  |
| CCM & CO  | 10/21/2024            | <input type="checkbox"/> Check # | <input checked="" type="checkbox"/> Debit Card |
|   |                       | <input type="checkbox"/> EFT     |  |
| Street Address  | City                  | State                            | Zip Code                                       |
| 1022 Boulevard  | West Hartford         | CT                               | 06109  |
| Purpose of Expendit   | Description           | Amount                           |  |
| A-DM  | General Election Mail |                                  |  |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |                       | Expenditure # (if applicable)    | Event #  |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |                       |                                  |  |
| If yes, assign an Expenditure # and complete Itemization in Addendum N                    |                       |                                  | \$8,960.00                                     |

|   |                                     |   |                                     |
|---|-------------------------------------|---|-------------------------------------|
| Name of Payee   | Date of Payment                     | Method of Payment                                       |                                     |
| Bob Godfrey   | 10/22/2024                          | <input checked="" type="checkbox"/> Check # <u>3012</u> | <input type="checkbox"/> Debit Card |
|   |                                     | <input type="checkbox"/> EFT                            |                                     |
| Street Address  | City                                | State   | Zip Code                            |
| 13 Stillman Ave   | Danbury                             | CT  | 06810                               |
| Purpose of Expendit   | Description                         | Amount  |                                     |
| RMB   | Reimbursement for New Voter Letters |   |                                     |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? |                                     | Expenditure # (if applicable)                           | Event #                             |
| <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                    |                                     |   |                                     |
| If yes, assign an Expenditure # and complete Itemization in Addendum N                    |                                     |   | \$227.25                            |

**Total of Section N****\$22,297.25**

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

|   |             |  |      |  |                 |   |                           |
|---|-------------|--|------|--|-----------------|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |             |  |      |  |                 | TYPE OF REPORT  |                           |
|   |             |  |      |  |                 | First Weekly Supplemental Filing General Election - Amendment |                           |
| <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  |          |                  |
| Godfrey 24  |             |    |                               |         |                      | First Weekly Supplemental Filing General Election - Amendment |          |                  |
| <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) | Event # |                      |   |          |                  |
| If yes, assign an Expenditure # and complete Itemization in Addendum P                    |             |    |                               |         |                      |   |          |                  |
| <b>Total of Section P</b>   |             |    |                               |         |                      |   |          |                  |

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

|   |   |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
| Godfrey 24  | First Weekly Supplemental Filing General Election - Amendment |

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

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

**Total of Section Q**

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

|   |   |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
| Godfrey 24  | First Weekly Supplemental Filing General Election - 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                   |               |                               |                           |  |

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

|   |   |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
| Godfrey 24  | First Weekly Supplemental Filing General Election - 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 |      |       |          |                                  |

**Total of Section S**

| <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         |