

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

Revised February 2015



Electronic Filing

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Page 1 of 18

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Jason Guidone for Senate				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Patricia		MI A	Last George		Suffix
4. TREASURER ADDRESS					
Street Address 156 Country Club Rd		City Dayville		State CT	Zip Code 06241
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator			7. DISTRICT NUMBER (if applicable) S019
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Jason		MI L	Last Guidone		Suffix
9. TYPE OF REPORT First Weekly Supplemental Filing Primary - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 07/01/2026 thru 07/21/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Patricia George PRINT NAME OF THE SIGNER		07/23/2026 10:08:00PM DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Jason Guidone for Senate	First Weekly Supplemental Filing Primary - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$39,646.39	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$21,169.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$54,045.03
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$75,214.03
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$39,646.39	\$75,214.03
20. Expenses Paid by Committee (Section N)	\$5,735.00	\$41,302.64
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$33,911.39	\$33,911.39
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$405.04
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Jason Guidone for Senate		First Weekly Supplemental Filing Primary - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			

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?		Amount of Contribution
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash Personal Check Money Order Credit/Debit Card			
If yes, list Event #					

Total of Section B		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS		(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	
Jason Guidone for Senate				First Weekly Supplemental Filing Primary - Amendment	
C1. Contributions from Other Committees					
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	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Jason Guidone for Senate				First Weekly Supplemental Filing Primary - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Jason Guidone for Senate				First Weekly Supplemental Filing Primary - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan: Bank Candidate Individual Other			Date of Receipt
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	
Jason Guidone for Senate		First Weekly Supplemental Filing Primary - Amendment	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment Cash Personal Check Credit/Debit Card		Amount
Total of Section E			

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Jason Guidone for Senate		First Weekly Supplemental Filing Primary - Amendment	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Jason Guidone for Senate		First Weekly Supplemental Filing Primary - Amendment	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant: Initial Grant Adjustment Supplemental/Post Election Deficit	Grant Cycle: Primary General Election Special Election	Date Received	Amount
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Jason Guidone for Senate				First Weekly Supplemental Filing Primary - Amendment	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Jason Guidone for Senate				First Weekly Supplemental Filing Primary - Amendment	
J1. Event Information					
Event # Date of Event 05/12/2026	Letter C	Description Breakfast Event		Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 71 Main St		City Hebron		State CT	Zip Code 06248
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: 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.) \$0.00	
Total of Section J1					\$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Jason Guidone for Senate

First Weekly Supplemental Filing Primary -
Amendment**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

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Jason Guidone for Senate

First Weekly Supplemental Filing Primary -
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

Jason Guidone for Senate

First Weekly Supplemental Filing Primary -
Amendment

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?

Yes

No

If yes, indicate which branch or branches of
government the contract is with:

Executive

Legislative

Fair Market Value of this
Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Jason Guidone for Senate

First Weekly Supplemental Filing Primary -
Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

Amount of
Deposit

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jason Guidone for Senate	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee La Stella Pizzaria		Date of Payment 07/09/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Market St		City Norwich	State CT	Zip Code 06360
Purpose of Expendit FOOD	Description Meet and Greet for HQ Grand opening			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Joseph Merrit		Date of Payment 07/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 301 Hammer Mill Rd		City Rocky Hill	State CT	Zip Code 06067
Purpose of Expendit A-SIGN	Description 200 lawn signs with stakes			Amount \$944.39
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jason Guidone		Date of Payment 07/14/2026	Method of Payment ☒ Check # 150 ☐ Debit Card ☐ EFT	
Street Address 94 Cone Rd		City Hebron	State CT	Zip Code 06248
Purpose of Expendit RMB	Description Office supplies, HQ event Food expense, website renewal,			Amount \$505.93
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jason Guidone for Senate	First Weekly Supplemental Filing Primary - Amendment
N. Expenses Paid By Committee	

Name of Payee Norwich Public Utilities		Date of Payment 07/15/2026	Method of Payment ☒ Check # 151 ☐ Debit Card ☐ EFT	
Street Address 173 N Main St		City Norwich	State CT	Zip Code 06360
Purpose of Expendit EFV *	Description Utility charge for HQ rental office			Amount \$32.53
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Joseph Merrit		Date of Payment 07/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 301 Hammer Mill Rd		City Rocky Hill	State CT	Zip Code 06067
Purpose of Expendit A-SIGN	Description 48"x36" yard signs - 12 qty			Amount \$689.15
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Norwich Times (The Day)		Date of Payment 07/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 47 Eugene O'Neill Dr		City New London	State CT	Zip Code 06320
Purpose of Expendit A-NEWS	Description 3 week cycle -- Half Page/full color ads			Amount \$2,550.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jason Guidone for Senate	First Weekly Supplemental Filing Primary - Amendment

N. Expenses Paid By Committee

Name of Payee Rivereast News Bulletin		Date of Payment 07/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 87 Nutmeg Ln PO Box 373		City Glastonbury		State CT
Zip Code 06033				
Purpose of Expendit A-NEWS	Description 1 cycle 8x8 ad - full color			Amount \$863.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Total of Section N				

\$5,735.00**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jason Guidone for Senate	First Weekly Supplemental Filing Primary - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No	
Street Address	City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description	Event #		
Total of Section O				

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

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Jason Guidone for Senate				First Weekly Supplemental Filing Primary - 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 No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jason Guidone for Senate	First Weekly Supplemental Filing Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Guidone	First Jason	MI	Date of Payment to Vendor 05/03/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 150 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Marlborough Bakery Cafe				
Street Address of Vendor 8 Independence Dr		City Marlborough		State CT Zip Code 06447
Purpose of Expenditure (by code) FNDR *	Description Breakfast with Jason Event #1			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 05032026E	Amount \$109.74

Last Name of Worker/Consultant Guidone	First Jason	MI	Date of Payment to Vendor 05/05/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 150 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Robertos Log Cabin				
Street Address of Vendor 383 Trumbull Hwy		City Lebanon		State CT Zip Code 06249
Purpose of Expenditure (by code) FNDR *	Description Breakfast with Jason series #2			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 05052026d	Amount \$119.92

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Jason Guidone for Senate

First Weekly Supplemental Filing Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Guidone	First Jason	MI	Date of Payment to Vendor 05/12/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 150 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Gena Marie's Family Restaurant				
Street Address of Vendor		City		State Zip Code
Purpose of Expenditure (by code) FNDR *	Description Breakfast with Jason - Event #3			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event # 05122026C	Amount \$42.93

Last Name of Worker/Consultant Guidone	First Jason	MI	Date of Payment to Vendor 06/12/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 150 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant GoDaddy Operating Company LLC				
Street Address of Vendor 100 S Mill Ave Ste 1600		City Tempe		State Zip Code AZ 85281
Purpose of Expenditure (by code) A-WEB	Description Renew website for campaign			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$114.73

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jason Guidone for Senate	First Weekly Supplemental Filing Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Guidone	First Jason	MI	Date of Payment to Vendor 06/22/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 150 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Two Brothers Cafe SG				
Street Address of Vendor 875 Main St Unit 105		City South Glastonbury		State CT Zip Code 06073-2218
Purpose of Expenditure (by code) FOOD	Description Campaign strategy team meeting			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$60.65

Last Name of Worker/Consultant Guidone	First Jason	MI	Date of Payment to Vendor 07/09/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 150 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Stop N Shop				
Street Address of Vendor 42 Town St		City Norwich		State CT Zip Code 06360
Purpose of Expenditure (by code) FOOD	Description Beverages for the HQ opening event			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$43.53

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jason Guidone for Senate	First Weekly Supplemental Filing Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Guidone	First Jason	MI	Date of Payment to Vendor 07/09/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 150 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Stop N Shop				
Street Address of Vendor 42 Town St		City Norwich	State CT	Zip Code 06360
Purpose of Expenditure (by code) OFFICE	Description Supplies for rental office			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount \$14.43
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$505.93

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Jason Guidone for Senate	First Weekly Supplemental Filing Primary - 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				

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

Section P. ADDENDUM

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

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

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