



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
David Stemerman for Governor, Inc.			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Henry	MI O	Last Schaffer		Suffix	
4. TREASURER ADDRESS					
Street Address 126 Merrimac Dr		City Trumbull		State CT	Zip Code 06611
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/06/2018		Governor			
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First David	MI I	Last Stemerman		Suffix	
9. TYPE OF REPORT					
January 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
10/01/2017		thru		12/31/2017	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Henry Schaffer		01/10/2018 4:38:51PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p>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.</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	
David Sterman for Governor, Inc.	January 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$1,801,000.00	
14. Contributions received from Individuals (Section A and B)	\$21,300.00	\$22,300.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$772.71	\$1,800,772.71
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)	\$22,072.71	\$1,823,072.71
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,823,072.71	\$1,823,072.71
20. Expenses Paid by Committee (Section N)	\$224,338.60	\$224,338.60
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$1,598,734.11	\$1,598,734.11
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)	\$1,635.12	\$1,847.44
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)	\$52,076.37	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$52,076.37	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLYFor Nonparticipating Candidates ONLY
\$0.00**B. Itemized Contributions from Individuals**

Last Name Green	First Ann	MI W	Contribution ID # 0003
Residential Street Address 249 Bridge Rd	City Hillsborough	State CA	Zip Code 94010
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/05/2017	Aggregate Contributions \$3,500.00
		Amount of Contribution \$3,500.00	

Last Name Balson	First Andrew	MI MA	Contribution ID # 0002
Residential Street Address 276 Highland St	City West Newton	State MA	Zip Code 02465
Principal Occupation Financial Services	Name of Employer CoveHill Partners		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 11/21/2017	Aggregate Contributions \$3,500.00
		Amount of Contribution \$3,500.00	

Last Name Lawrence	First Larry	MI CT	Contribution ID # 0004
Residential Street Address 40 Brookridge Dr	City Greenwich	State CT	Zip Code 06830
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$3,500.00
		Amount of Contribution \$3,500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	January 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sterman	First Michael	MI	Contribution ID # 0005
Residential Street Address 9 Pepperidge Ln	City White Plains	State NY	Zip Code 10605
Principal Occupation Physician	Name of Employer Montefiore Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$300.00
			Amount of Contribution \$300.00

Last Name Leibowitz	First Shawn	MI	Contribution ID # 0006
Residential Street Address 535 Park Ave	City New York	State NY	Zip Code 10065
Principal Occupation Homemaker	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$3,500.00
			Amount of Contribution \$3,500.00

Last Name Leibowitz	First Peter	MI	Contribution ID # 0007
Residential Street Address 535 Park Ave	City New York	State NY	Zip Code 10065
Principal Occupation owner	Name of Employer Adex Medical Staffing		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$3,500.00
			Amount of Contribution \$3,500.00

Last Name Olson	First Brian	MI	Contribution ID # 0008
Residential Street Address 44 Mayo Ave	City Greenwich	State CT	Zip Code 06830
Principal Occupation Investor	Name of Employer Kokino		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 12/31/2017	Aggregate Contributions \$3,500.00
			Amount of Contribution \$3,500.00

Total of Section B		\$21,300.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>	\$21,300.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer			
Address		Is this contribution associated with an event reported in Section J1?		Yes	No	Amount of Contribution
		If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		

Total of Section C1	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

C2. Reimbursements or Surplus Distributions from other Committees

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

Total of Section C2	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
David Stemerma for Governor, Inc.	January 10 Filing - Original

D. Loans Received this Period

Name of Lender		Source of Loan:				Date of Receipt
		Bank	Candidate	Individual	Other	
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?		
				Yes	No	
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address	City	State	Zip Code			
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
David Stemerma for Governor, Inc.	January 10 Filing - Original

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

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
Total of Section E				

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
David Sterman for Governor, Inc.				January 10 Filing - Original	
G. Interest from Deposits in Authorized Accounts					
Name of Institution Webster Bank			Date Received 10/31/2017		Amount \$104.79
Street Address 789 Federal Rd	City Brookfield	State CT	Zip Code 06804		
Name of Institution Webster Bank			Date Received 11/30/2017		Amount \$343.17
Street Address 789 Federal Rd	City Brookfield	State CT	Zip Code 06804		
Name of Institution Webster Bank			Date Received 12/31/2017		Amount \$324.75
Street Address 789 Federal Rd	City Brookfield	State CT	Zip Code 06804		
Total of Section G					\$772.71

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
David Sterman for Governor, Inc.				January 10 Filing - Original	
H. Public Grant Funds Received from the Citizens' Election Fund					
Purpose of Grant:		Grant Cycle:		Date Received	Amount
Initial	Grant Adjustment	Primary	General Election	Special Election	
Supplemental/Post Election Deficit					
Total of Section H					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
David Sterman for Governor, Inc.	January 10 Filing - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	January 10 Filing - Original

J1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code
Was this event hosted at a personal residence?	Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
	No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
	No			
Subpart 1:				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes	(If yes, enter Total Receipts here.)		
	No			

Total of Section J1

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
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
David Stemerman for Governor, Inc.	January 10 Filing - Original

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

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

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

L. Refundable Deposit to Telephone Company

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

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Henry Schaffer		Date of Payment 10/31/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>50002</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 126 Merrimac Dr		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	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 #
				\$3,500.00

Name of Payee Precision Campaign Group		Date of Payment 11/09/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>5001</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description consulting/policy development			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 #
				\$17,500.00

Name of Payee Precision Campaign Group		Date of Payment 11/10/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>0211010001</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description consulting/policy development			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 #
				\$10,972.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee ADP		Date of Payment 11/10/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 300 Long Beach Blvd		City Stamford	State CT	Zip Code 06615
Purpose of Expend WAGE	Description			Amount \$111.05
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 11/15/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Fee related to contribution service			Amount \$140.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Anedot		Date of Payment 11/21/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Fee related to contribution service			Amount \$140.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Henry Schaffer		Date of Payment 11/27/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>50005</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 126 Merrimac Dr		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	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 #
				\$3,500.00

Name of Payee Clark Hill		Date of Payment 11/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010002</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1001 Pennsylvania Ave NW		City Washington	State DC	Zip Code 20004
Purpose of Expend CNSLT	Description legal fees			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 #
				\$15,662.50

Name of Payee imge		Date of Payment 11/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>5003</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend A-OTH	Description consulting			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 #
				\$9,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Precision Campaign Group		Date of Payment 11/30/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>5004</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 S Washington St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend CNSLT	Description consulting/policy development			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 #
				\$19,303.70

Name of Payee ADP		Date of Payment 12/01/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 300 Long Beach Blvd		City Stamford	State CT	Zip Code 06615
Purpose of Expend WAGE	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 #
				\$117.11

Name of Payee Strategic Perception, Inc		Date of Payment 12/01/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>50006</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6158 Mulholland Hwy		City Hollywood	State CA	Zip Code 90068
Purpose of Expend A-OTH	Description media			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 #
				\$22,344.48

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Conatus Capital		Date of Payment 12/15/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010003</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Greenwich Plz Fl 4		City Greenwich	State CT	Zip Code 06830
Purpose of Expend OVHD	Description Reimbursement for use of space			Amount \$6,519.84
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)	

Name of Payee Targeted Strategies LLC		Date of Payment 12/21/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>9</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Belle Ilse Way		City Cranston	State RI	Zip Code 02921
Purpose of Expend WAGE	Description			Amount \$18,000.00
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)	

Name of Payee Best Buy		Date of Payment 12/21/2017	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 International Dr		City Danbury	State CT	Zip Code 06810
Purpose of Expend EFV *	Description 2 laptops			Amount \$957.11
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)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Targeted Strategies LLC		Date of Payment 12/21/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010004</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Belle Ilse Way		City Cranston	State RI	Zip Code 02921
Purpose of Expend RMB	Description reimbursement for committee member		Amount \$623.00	
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 type="checkbox"/> No		
Name of Payee Vortex Consulting Services		Date of Payment 12/26/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010008</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 530 River Rd		City Cos Cob	State CT	Zip Code 06807
Purpose of Expend CNSLT	Description IT		Amount \$1,950.00	
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		
Name of Payee Conatus Capital		Date of Payment 12/27/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010005</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Greenwich Plz Fl 4		City Greenwich	State CT	Zip Code 06830
Purpose of Expend OVHD	Description		Amount \$1,400.00	
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		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Clark Hill		Date of Payment 12/27/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>211010007</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1001 Pennsylvania Ave NW		City Washington	State DC	Zip Code 20004
Purpose of Expend CNSLT	Description legal fees			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 #
				\$5,050.00

Name of Payee Public Opinion Strategies LLC		Date of Payment 12/27/2017	Method of Payment <input checked="" type="checkbox"/> Check # <u>2011010006</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 214 N Fayette St		City Alexandria	State VA	Zip Code 22314
Purpose of Expend POLLS	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 #
				\$47,000.00

Name of Payee imge		Date of Payment 12/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 108 S Washington St		City Alexandria	State VA	Zip Code 22314
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 type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Benjamin S Proto		Date of Payment 12/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2090 Cutspring Rd		City Stratford	State CT	Zip Code 06614
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12,500.00

Name of Payee Henry Schaffer		Date of Payment 12/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 126 Merrimac Dr		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,500.00

Name of Payee ADP		Date of Payment 12/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 300 Long Beach Blvd		City Stamford	State CT	Zip Code 06615
Purpose of Expend WAGE	Description Payroll Tax			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$425.25

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Targeted Strategies LLC		Date of Payment 12/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Belle Ilse Way		City Cranston	State RI	Zip Code 02921
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$18,000.00

Name of Payee Targeted Strategies LLC		Date of Payment 12/29/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Belle Ilse Way		City Cranston	State RI	Zip Code 02921
Purpose of Expend RMB	Description reimbursement for committee member			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$548.46

Name of Payee Anedot		Date of Payment 12/31/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Fee related to contribution service			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$140.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 12/31/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Fee related to contribution service			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12.30

Name of Payee Anedot		Date of Payment 12/31/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Fee related to contribution service			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$140.30

Name of Payee Anedot		Date of Payment 12/31/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Fee related to contribution service			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$140.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 12/31/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Fee related to contribution service			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 #
				\$140.30
Total of Section N				\$224,338.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Sterman for Governor, Inc.	January 10 Filing - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Fresco on the Go- NYC		10/03/2017		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 40 E 52nd St		City New York		State NY	Zip Code 10022
Purpose of Expenditure (by code) FOOD		Description		Event #	
				Amount	
				\$167.53	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Aux Delices		10/05/2017		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1035 Post Rd E		City Westport		State CT	Zip Code 06880
Purpose of Expenditure (by code) FOOD		Description		Event #	
				Amount	
				\$224.13	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
LePan		10/05/2017		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 70 W 40th St		City New York		State NY	Zip Code 10018
Purpose of Expenditure (by code) FOOD		Description		Event #	
				Amount	
				\$32.66	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Delta Airlines		10/23/2017		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address LaGuardia Airport		City Queens		State NY	Zip Code 11371
Purpose of Expenditure (by code) TRVL		Description		Event #	
				Amount	
				\$500.20	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
David Sterman for Governor, Inc.						January 10 Filing - Original	
O. Expenses Paid By Candidate							
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
Hyatt Hotel					11/16/2017		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address			City		State	Zip Code	Amount
208 Barton Spring Rd			Austin		TX	78704	
Purpose of Expenditure (by code)	Description				Event #		\$710.60
TRVL							
Total of Section O						\$1,635.12	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
David Sterman for Governor, Inc.						January 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution					Type of Credit Card:		
					<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
					<input type="checkbox"/> Other		
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes	No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum							
Total of Section P							

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerma for Governor, Inc.	January 10 Filing - Original

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

Name of Creditor Strategic Perception, Inc		Date Incurred 12/01/2017	
Street Address 6158 Mulholland Hwy	City Hollywood	State CA	Zip Code 90068
Purpose of Expenditure (by code) CNSLT	Description marketing consultant	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$3,000.00
Name of Creditor Precision Campaign Group		Date Incurred 12/15/2017	
Street Address 108 S Washington St	City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure (by code) CNSLT	Description Consulting & policy development	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$17,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerma for Governor, Inc.	January 10 Filing - Original

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

Name of Creditor Strategic Perception, Inc		Date Incurred 12/20/2017	
Street Address 6158 Mulholland Hwy	City Hollywood	State CA	Zip Code 90068
Purpose of Expenditure (by code) CNSLT	Description communication/shoot estimate	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$11,732.00

Name of Creditor Maseng Communications		Date Incurred 12/29/2017	
Street Address 11309 Baroque Rd	City Silver Springs	State MD	Zip Code 20901
Purpose of Expenditure (by code) CNSLT	Description	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$13,590.58

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerma for Governor, Inc.	January 10 Filing - Original

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

Name of Creditor Precision Campaign Group		Date Incurred 12/31/2017	
Street Address 108 S Washington St	City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure (by code) TRVL	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,592.01

Name of Creditor Precision Campaign Group		Date Incurred 12/31/2017	
Street Address 108 S Washington St	City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure (by code) OVHD	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$686.78

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
David Stemerman for Governor, Inc.		January 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Vortex Consulting Services		Date Incurred 12/31/2017	
Street Address 530 River Rd	City Cos Cob	State CT	Zip Code 06807
Purpose of Expenditure (bv code) CNSLT	Description IT	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$3,975.00
Total of Section Q			\$52,076.37

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Strategies	First Targeted	MI	Date of Payment to Vendor 12/29/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Amtrak				
Street Address of Vendor 60 Mass Ave		City Washington		State DC
		Zip Code 20002		
Purpose of Expenditure (by code) TRVL	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 \$587.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Strategies	First Targeted	MI	Date of Payment to Vendor 12/29/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Metropark				
Street Address of Vendor 49 Weybosset		City Providence		State RI
		Zip Code 02903		
Purpose of Expenditure (by code) TRVL	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 \$36.00
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
David Stemerman for Governor, Inc.	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Strategies	First Targeted	MI	Date of Payment to Vendor 12/29/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Amtrak				
Street Address of Vendor 60 Mass Ave		City Washington		State DC
		Zip Code 20002		
Purpose of Expenditure (by code) TRVL	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 \$315.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Strategies	First Targeted	MI	Date of Payment to Vendor 12/29/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor Summer Street		City Stamford		State CT
		Zip Code 06905		
Purpose of Expenditure (by code) OFFICE	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 \$154.54
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
David Stemerman for Governor, Inc.	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Strategies	First Targeted	MI	Date of Payment to Vendor 12/29/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Avalon Parking
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Street Address of Vendor 50 Park Row	City Providence	State RI	Zip Code 02903
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Purpose of Expenditure (by code) TRVL	Description
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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 \$20.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Strategies	First Targeted	MI	Date of Payment to Vendor 12/29/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Greenwich Taxi
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Street Address of Vendor 2 Greenwich Plz	City Greenwich	State CT	Zip Code 06830
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Purpose of Expenditure (by code) TRVL	Description
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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 \$26.00
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
David Stemerman for Governor, Inc.	January 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Strategies	First Targeted	MI	Date of Payment to Vendor 12/29/2017	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Orems Diner				
Street Address of Vendor 167 Danbury Rd		City Wilton	State CT	Zip Code 06897
Purpose of Expenditure (by code) FOOD	Description Lunch Meeting			
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 \$32.92	
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Total of Section R**\$1,171.46****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Stemerman for Governor, Inc.	January 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				

Total of Section S

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

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

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

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

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