SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Vote Veneziano	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Malcolm		**Leichter**	**Jr**

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
62 Wellswood Rd	**Amston**	**CT**	**06231**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R045**

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Amanda		**Veneziano**	

9. TYPE OF REPORT

July 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	thru	**06/30/2026**

11. CERTIFICATION

[x] 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	**Malcolm Leichter**	**07/04/2026 5:46:11PM**
SIGNATURE	PRINT NAME OF THE SIGNER	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	
Vote Veneziano	July 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	**$1,491.17**	
14. Contributions received from Individuals (Section A and B)	**$0.00**	**$1,590.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.03**
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**	**$1,590.03**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$1,491.17**	**$1,590.03**
20. Expenses Paid by Committee (Section N)	**$1,305.84**	**$1,404.70**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$185.33**	**$185.33**
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**	**$0.00**
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
Vote Veneziano	July 10 Filing - Original

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? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Amount of Contribution

Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Method of contribution: Cash Personal Check Money Order Credit/Debit Card	Date Received	Aggregate Contributions

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
Vote Veneziano	July 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 If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Vote Veneziano	July 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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

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
Vote Veneziano	July 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
Vote Veneziano	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State	Zip Code	
		Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
	Total of Section H		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Vote Veneziano	July 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
Vote Veneziano	July 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 / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases 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.)
Total of Section J1		

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 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 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
Vote Veneziano	July 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
Vote Veneziano	July 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

If yes, list Event#

Description of In-Kind Contribution

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
Vote Veneziano	July 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 | 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Liberty Bank	04/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2 W High St	East Hampton	CT	06424

Purpose of Expendit	Description	Amount
BNK	Puchase of Checks	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$26.84

Name of Payee	Date of Payment	Method of Payment
Maryanne C. Leichter	04/05/2026	☒ Check # 251 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
62 Wellswood Rd	Amston	CT	06231

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 1	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$100.00

Name of Payee	Date of Payment	Method of Payment
Malcolm Leichter	04/05/2026	☒ Check # 252 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
62 Wellswood Rd	Amston	CT	06231

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 2	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Malcolm Leichter	04/05/2026	[X] Check # 252 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
62 Wellswood Rd	Amston	CT	06231

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 3	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Malcolm Leichter	04/05/2026	[X] Check # 252 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
62 Wellswood Rd	Amston	CT	06231

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 4	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Josh Elliott	04/05/2026	[X] Check # 201 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
28 Cobblestone Dr	Hamden	CT	06518

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 5	$100.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Janet Fodaski	04/05/2026	[X] Check # 202 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
495 Old Colchester Rd	Amston	CT	06231

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 6	$60.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Lyndsey Pyrke-Fairchild	04/05/2026	[X] Check # 203 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
37 Greenmanville Ave	Mystic	CT	06355

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 7	$20.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Susan Bysiewicz	04/05/2026	[X] Check # 204 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
15 Tall Timbers Rd	Middletown	CT	06457

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 8	$10.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Timothy Veneziano	04/05/2026	[X] Check # 253 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
52 Terry Rd	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 10	$25.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Alan Ganong	04/05/2026	[X] Check # 205 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3 Tuckers Run	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 11	$30.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Gary Hamel	04/05/2026	[X] Check # 206 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
14 Willow Ln	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 12	$20.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jake Hurt	04/05/2026	[X] Check # 207 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
6 Nugget Hill Dr	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 13	$50.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Sarah Hurt	04/05/2026	[X] Check # 208 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
6 Nugget Hill Dr	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 14	$50.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Alexander Fritsch	04/05/2026	[X] Check # 209 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Northwind Cir	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 16	$20.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sheila Vincent	04/05/2026	[X] Check # 210 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
19 Friar Tuck Dr	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 17	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

Name of Payee	Date of Payment	Method of Payment
jessica buhle	04/05/2026	[X] Check # 211 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
65 Pheasant Run Dr	Gales Ferry	CT	06335-2021

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 18	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$20.00

Name of Payee	Date of Payment	Method of Payment
Adrienne Parad	04/05/2026	[X] Check # 212 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5 Birch St	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 19	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Alyssa Siegel-Miles	04/05/2026	[X] Check # 213 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
712 Colonel Ledyard Hwy	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 20	$20.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Marley Reguin	04/05/2026	[X] Check # 214 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
6 Mill Cove Rd	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 21	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Jenn Reguin	04/05/2026	[X] Check # 215 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
6 Mill Cove Rd	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 22	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sandra Pierog	04/05/2026	[X] Check # 216 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
37 Brandy St	Bolton	CT	06043

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 23	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Bethany Fritsch	04/05/2026	[X] Check # 217 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Northwind Cir	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 31	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Christina Fenn	04/05/2026	[X] Check # 218 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
32 Lebanon Rd	Amston	CT	06231

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 32	$100.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Karen M Austin	04/05/2026	[X] Check # 219 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
17 Coachman Pike	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 33	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$10.00

Name of Payee	Date of Payment	Method of Payment
Carmen Garcia-Irizarry	04/05/2026	[X] Check # 220 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
58 Eagle Ridge Dr	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 34	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$10.00

Name of Payee	Date of Payment	Method of Payment
Audrey Cook	04/05/2026	[X] Check # 221 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
22 Devonshire Dr	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 35	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$30.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Diane Holmberg	04/05/2026	[X] Check # 222 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Orchard Ln	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 36	$10.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Michael Dreimiller	04/05/2026	[X] Check # 223 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
37 Norman Dr	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 37	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Joyce Melgey	04/05/2026	[X] Check # 224 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
366 Beach Pond Rd	Voluntown	CT	06384

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 38	$30.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Maria Turchi	04/05/2026	[X] Check # 225 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
21 Brentford Berwick	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 39	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Gabriel Mower	04/05/2026	[X] Check # 226 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
16 Route 164	Preston	CT	06365

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 40	$100.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Heather Shipley	04/05/2026	[X] Check # 227 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
27 Meadow Dr	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 41	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kenneth Tran	04/05/2026	[X] Check # 228 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
106 Church Hill Rd	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 42	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15.00

Name of Payee	Date of Payment	Method of Payment
Laura Lee	04/05/2026	[X] Check # 229 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Meetinghouse Ln	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 43	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

Name of Payee	Date of Payment	Method of Payment
Christopher Jelden	04/05/2026	[X] Check # 230 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3 Whalehead Dr	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 44	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Nancy Feinstein	04/05/2026	[X] Check # 231 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
21 Hillside Dr Gales Fry	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 45	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$15.00

Name of Payee	Date of Payment	Method of Payment
Sandra Henschel	04/05/2026	[X] Check # 232 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
23 Richard Rd	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 46	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

Name of Payee	Date of Payment	Method of Payment
Wendy Hellekson	04/05/2026	[X] Check # 233 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
14L Lakeside Dr	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 47	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$30.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Adam Thomas	04/05/2026	[X] Check # 234 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Michael Ln	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 48	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$50.00

Name of Payee	Date of Payment	Method of Payment
Jeffrey Kulo	04/05/2026	[X] Check # 235 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
39 Chriswood Trce	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 49	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$20.00

Name of Payee	Date of Payment	Method of Payment
Sara Holdridge	04/05/2026	[X] Check # 236 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
68A Spicer Hill Rd # A	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 50	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Catherine DeNunzio-Gabordi	04/05/2026	[X] Check # 237 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Chatham Berwick	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 51	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Jessica Thomas	04/05/2026	[X] Check # 238 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Michael Ln	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 52	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Nancy Hellekson	04/05/2026	[X] Check # 239 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
14K Lakeside Dr	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 53	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Kim Feliciano	04/05/2026	[X] Check # 240 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
51 Chriswood Trce	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 54	$100.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Minna DeGaetano	04/05/2026	[X] Check # 241 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
10 Marla Ave	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 55	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Benjamin Maynard	04/05/2026	[X] Check # 242 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Michael Ln	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 56	$20.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
David Holdridge	04/05/2026	[X] Check # 243 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
68A Spicer Hill Rd	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 57	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Ellin Grenger	04/05/2026	[X] Check # 244 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
15 Bittersweet Dr	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 58	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
John A. Donahue	04/05/2026	[X] Check # 245 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
34 Hitop Rd	Voluntown	CT	06384

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 59	$20.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Elizabeth Donahue-Jenkins	04/05/2026	[X] Check # 246 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
34 Hitop Rd	Voluntown	CT	06384

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 60	$10.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Marie Skinger	04/05/2026	[X] Check # 247 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
336 Pine Hill Rd	Sterling	CT	06377

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 61	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
Marcelle Wood	04/05/2026	[X] Check # 248 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
11 S Glenwoods Rd	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 62	$5.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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
Vote Veneziano	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Patricia Wood	04/05/2026	[X] Check # 249 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
11 S Glenwoods Rd	Gales Ferry	CT	06335

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 63	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5.00

Name of Payee	Date of Payment	Method of Payment
Janelly Taveras	04/05/2026	[X] Check # 250 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3 Thompson St	Ledyard	CT	06339

Purpose of Expendit	Description	Amount
REF	Return of Contribution # 64	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$20.00

Name of Payee	Date of Payment	Method of Payment
USPS	04/10/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
93 Main St	Hebron	CT	06248

Purpose of Expendit	Description	Amount
POST	50 Stamps to mail Refund Checks	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$39.00

Total of Section N	$1,305.84

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	July 10 Filing - Original

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
Vote Veneziano	July 10 Filing - Original

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 If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

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

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

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 10 Filing - Original

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: Check # / Debit Card / 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 / No. If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Vote Veneziano	July 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