

**SEEC FORM 30**

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



Electronic Filing

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Page 1 of 13

**COVER PAGE**

|                                                                                                                                                                                                                                                                                  |  |                                                                                          |                         |                                                                                                           |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                                             |  |                                                                                          |                         | 2. TYPE OF COMMITTEE                                                                                      |                                                     |
| <b>BillforCT</b>                                                                                                                                                                                                                                                                 |  |                                                                                          |                         | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                                                     |
| 3. TREASURER NAME                                                                                                                                                                                                                                                                |  |                                                                                          |                         |                                                                                                           |                                                     |
| First<br><b>Winona</b>                                                                                                                                                                                                                                                           |  | MI<br><b>M</b>                                                                           | Last<br><b>Berdine</b>  |                                                                                                           | Suffix                                              |
| 4. TREASURER ADDRESS                                                                                                                                                                                                                                                             |  |                                                                                          |                         |                                                                                                           |                                                     |
| Street Address<br><b>216 Cossaduck Hill Rd</b>                                                                                                                                                                                                                                   |  | City<br><b>North Stonington</b>                                                          |                         | State<br><b>CT</b>                                                                                        | Zip Code<br><b>06359</b>                            |
| 5. ELECTION DATE<br><b>11/03/2026</b>                                                                                                                                                                                                                                            |  | 6. OFFICE SOUGHT ( Complete only if Candidate Committee )<br><b>State Representative</b> |                         |                                                                                                           | 7. DISTRICT NUMBER ( if applicable )<br><b>R043</b> |
| 8. CANDIDATE NAME ( Complete only if Candidate or Exploratory Committee )                                                                                                                                                                                                        |  |                                                                                          |                         |                                                                                                           |                                                     |
| First<br><b>William</b>                                                                                                                                                                                                                                                          |  | MI<br><b>T</b>                                                                           | Last<br><b>Heughins</b> |                                                                                                           | Suffix                                              |
| 9. TYPE OF REPORT<br><b>July 10 Filing - Original</b>                                                                                                                                                                                                                            |  |                                                                                          |                         |                                                                                                           |                                                     |
| 10. PERIOD COVERED                                                                                                                                                                                                                                                               |  |                                                                                          |                         |                                                                                                           |                                                     |
| Beginning Date                      Ending Date<br><br><b>06/22/2026</b> thru <b>06/30/2026</b>                                                                                                                                                                                  |  |                                                                                          |                         |                                                                                                           |                                                     |
| 11. CERTIFICATION                                                                                                                                                                                                                                                                |  |                                                                                          |                         |                                                                                                           |                                                     |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.                   |  |                                                                                          |                         |                                                                                                           |                                                     |
| <b>Electronic Filing</b><br>SIGNATURE                                                                                                                                                                                                                                            |  | <b>Toula Balestracci</b><br>PRINT NAME OF THE SIGNER                                     |                         | <b>07/01/2026 10:01:29AM</b><br>DATE CERTIFIED                                                            |                                                     |
| <b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b> |  |                                                                                          |                         |                                                                                                           |                                                     |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                           | TYPE OF REPORT            |                       |
|---------------------------------------------------------------------------------------------------|---------------------------|-----------------------|
| <b>BillforCT</b>                                                                                  | July 10 Filing - Original |                       |
|                                                                                                   | COLUMN A<br>This Period   | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed                                                 |                           | <b>\$0.00</b>         |
| 13. Balance on hand at the beginning of Reporting Period                                          | <b>\$6,424.66</b>         |                       |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$0.00</b>             | <b>\$6,890.00</b>     |
| 15. Receipts from Other Committees (Sections C1 and C2)                                           | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D through I)                                                 | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                           | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                                  | <b>\$0.00</b>             | <b>\$6,890.00</b>     |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$6,424.66</b>         | <b>\$6,890.00</b>     |
| 20. Expenses Paid by Committee (Section N)                                                        | <b>\$0.00</b>             | <b>\$465.34</b>       |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$6,424.66</b>         | <b>\$6,424.66</b>     |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                          | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4)                     | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 24. In-Kind Contributions Received (Section K)                                                    | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 25. Refundable Deposit to Telephone Company (Section L)                                           | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 26. Beginning Loan Balance                                                                        | <b>\$0.00</b>             |                       |
| 26a. + Loans Received (Section D)                                                                 | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 26b. + Interest and Penalties on Loan(s)                                                          | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 26c. - Payments on Loan(s)                                                                        | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 26d. Total Outstanding Loan Amount                                                                | <b>\$0.00</b>             |                       |
| 27. Campaign Expenses Paid By Candidate (Section O)                                               | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                        | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)                    | <b>\$0.00</b>             |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)                    | <b>\$77.86</b>            |                       |

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

|                                                                                                                                                                                                                 |                                                                                           |       |                                                                                     |                                      |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------|--------------------------------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                                                                                         |                                                                                           |       |                                                                                     | TYPE OF REPORT                       |                        |
| BillforCT                                                                                                                                                                                                       |                                                                                           |       |                                                                                     | July 10 Filing - Original            |                        |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>                                                                                                                                 |                                                                                           |       |                                                                                     | For Nonparticipating Candidates ONLY |                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                                                                               |                                                                                           |       |                                                                                     |                                      |                        |
| Last Name                                                                                                                                                                                                       |                                                                                           | First |                                                                                     | MI                                   | Contribution ID #      |
| Residential Street Address                                                                                                                                                                                      |                                                                                           | City  |                                                                                     | State                                | Zip Code               |
| Principal Occupation                                                                                                                                                                                            |                                                                                           |       | Name of Employer                                                                    |                                      |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Yes      No<br>If yes, indicate which branch or branches of government the contract is with:<br>Executive      Legislative |                                                                                           |       | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br>Yes      No |                                      | Amount of Contribution |
| Is this contribution associated with an event reported in Section J1?<br>Yes      No<br>If yes, list Event #                                                                                                    | Method of contribution:<br>Cash      Personal Check<br>Money Order      Credit/Debit Card |       | Date Received                                                                       | Aggregate Contributions              |                        |
|                                                                                                                                                                                                                 |                                                                                           |       |                                                                                     |                                      |                        |
| <b>Total of Section B</b>                                                                                                                                                                                       |                                                                                           |       |                                                                                     |                                      |                        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page)                                                                                                |                                                                                           |       |                                                                                     |                                      |                        |

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

|                                                                         |       |          |                                                                                                              |                           |                        |
|-------------------------------------------------------------------------|-------|----------|--------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |       |          |                                                                                                              | TYPE OF REPORT            |                        |
| BillforCT                                                               |       |          |                                                                                                              | July 10 Filing - Original |                        |
| <b>C1. Contributions from Other Committees</b>                          |       |          |                                                                                                              |                           |                        |
| Name of Committee                                                       |       |          | Name of Treasurer                                                                                            |                           |                        |
| Address                                                                 |       |          | Is this contribution associated with an event reported in Section J1?<br>Yes      No<br>If yes, list Event # |                           | Amount of Contribution |
| City                                                                    | State | Zip Code | Date Received                                                                                                | Aggregate Contributions   |                        |
| <b>Total of Section C1</b>                                              |       |          |                                                                                                              |                           |                        |

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

|                                                                          |             |          |                                                                                                     |                           |                   |
|--------------------------------------------------------------------------|-------------|----------|-----------------------------------------------------------------------------------------------------|---------------------------|-------------------|
| NAME OF COMMITTEE                                                        |             |          |                                                                                                     | TYPE OF REPORT            |                   |
| BillforCT                                                                |             |          |                                                                                                     | July 10 Filing - Original |                   |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b> |             |          |                                                                                                     |                           |                   |
| Name of Committee                                                        |             |          | Name of Treasurer                                                                                   |                           |                   |
| Address                                                                  |             |          |                                                                                                     | Date Received             | Amount of Receipt |
| City                                                                     | State       | Zip Code | Payment Type<br>Reimbursement for shared expense<br>Surplus distribution from exploratory committee |                           |                   |
| Expenditure #                                                            | Description |          |                                                                                                     |                           |                   |
| <b>Total of Section C2</b>                                               |             |          |                                                                                                     |                           |                   |

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

|                                            |  |                 |           |                           |                                                |
|--------------------------------------------|--|-----------------|-----------|---------------------------|------------------------------------------------|
| NAME OF COMMITTEE                          |  |                 |           | TYPE OF REPORT            |                                                |
| BillforCT                                  |  |                 |           | July 10 Filing - Original |                                                |
| <b>D. Loans Received this Period</b>       |  |                 |           |                           |                                                |
| Name of Lender                             |  | Source of Loan: |           |                           | Date of Receipt                                |
|                                            |  | Bank            | Candidate | Individual                | Other                                          |
| Street Address                             |  | City            | State     | Zip Code                  | Is there a cosigner or Guarantor of this loan? |
|                                            |  |                 |           |                           | Yes No                                         |
| Name of Cosigner/Guarantor (if applicable) |  |                 |           |                           | Amount Received                                |
| Street Address                             |  | City            | Stat      | Zip Code                  |                                                |
| <b>Total of Section D</b>                  |  |                 |           |                           |                                                |

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

NAME OF COMMITTEE

TYPE OF REPORT

BillforCT

July 10 Filing - Original

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

Date of Receipt

Method of Payment

Cash

Personal Check

Credit/Debit Card

Amount

**Total of Section E****I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE

TYPE OF REPORT

BillforCT

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

BillforCT

July 10 Filing - Original

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

Purpose of Grant:

Initial

Grant Adjustment

Supplemental/Post Election Deficit

Grant Cycle:

Primary

General Election

Special Election

Date Received

Amount

**Total of Section H**

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

|                                                                        |      |       |                     |                           |                 |
|------------------------------------------------------------------------|------|-------|---------------------|---------------------------|-----------------|
| NAME OF COMMITTEE                                                      |      |       |                     | TYPE OF REPORT            |                 |
| BillforCT                                                              |      |       |                     | July 10 Filing - Original |                 |
| <b>I. Miscellaneous Monetary Receipts not Considered Contributions</b> |      |       |                     |                           |                 |
| Name                                                                   |      |       | Date of Transaction |                           | Amount Received |
| Street Address                                                         | City | State | Zip Code            |                           |                 |
| Description                                                            |      |       |                     |                           |                 |
| <b>Total of Section I</b>                                              |      |       |                     |                           |                 |

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

|                                                                                                                                         |        |             |                                                                                                                                                                                                               |                           |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                 |        |             |                                                                                                                                                                                                               | TYPE OF REPORT            |                                              |
| BillforCT                                                                                                                               |        |             |                                                                                                                                                                                                               | July 10 Filing - Original |                                              |
| <b>J1. Event Information</b>                                                                                                            |        |             |                                                                                                                                                                                                               |                           |                                              |
| Event #<br>Date of Event                                                                                                                | Letter | Description |                                                                                                                                                                                                               |                           | Was this a fundraising event?<br>Yes      No |
| Location: Street Address                                                                                                                |        |             | City                                                                                                                                                                                                          | State                     | Zip Code                                     |
| Was this event hosted at a personal residence?                                                                                          |        | Yes         | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. |                           |                                              |
|                                                                                                                                         |        | No          |                                                                                                                                                                                                               |                           |                                              |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         |        | Yes         | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.                                                                                                    |                           |                                              |
|                                                                                                                                         |        | No          |                                                                                                                                                                                                               |                           |                                              |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? |        | Yes         | (If yes, enter Total Receipts here.)                                                                                                                                                                          |                           |                                              |
|                                                                                                                                         |        | No          |                                                                                                                                                                                                               |                           |                                              |
| <b>Total of Section J1</b>                                                                                                              |        |             |                                                                                                                                                                                                               |                           |                                              |

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

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

TYPE OF REPORT

BillforCT

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

BillforCT

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

BillforCT

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

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

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

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

TYPE OF REPORT

BillforCT

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            |
|-------------------------------------------------------------------------|---------------------------|
| BillforCT                                                               | July 10 Filing - Original |

**N. Expenses Paid By Committee**

|                                                                                                                                                                                      |             |                                  |                                                   |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------|---------------------------------------------------|---------------------|
| Name of Payee                                                                                                                                                                        |             | Date of Payment                  | Method of Payment<br>Check #<br>Debit Card<br>EFT |                     |
| Street Address                                                                                                                                                                       |             | City                             |                                                   | State      Zip Code |
| Purpose of Expendit                                                                                                                                                                  | Description |                                  |                                                   | Amount              |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?      Yes      No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |             | Expenditure #<br>(if applicable) | Event #                                           |                     |

**Total of Section N****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?<br>Yes      No |        |
| Street Address                                             |             | City            | State      Zip Code                      | Amount |
| Purpose of Expenditure<br>(by code)                        | Description |                 | Event #                                  |        |

**Total of Section O**

| <b>IV. EXPENDITURES (Sections N - S)</b>                                                                                                                                                                    |             |                               |                                                                                                                                                                                                                                                       |                           |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                                                                                     |             |                               |                                                                                                                                                                                                                                                       | TYPE OF REPORT            |          |
| BillforCT                                                                                                                                                                                                   |             |                               |                                                                                                                                                                                                                                                       | July 10 Filing - Original |          |
| <b>P. Expenses Incurred on Committee Credit Card</b>                                                                                                                                                        |             |                               |                                                                                                                                                                                                                                                       |                           |          |
| Name of Issuing Institution                                                                                                                                                                                 |             |                               | Type of Credit Card:<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American Express</span> </div> <div style="margin-top: 5px;">Other</div> |                           |          |
| 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? <div style="display: flex; justify-content: flex-end; font-size: small;"> <span>Yes</span> <span>No</span> </div> |             | Expenditure # (if applicable) | Event #                                                                                                                                                                                                                                               |                           |          |
| If yes, assign an Expenditure # and complete Itemization in Addendum P                                                                                                                                      |             |                               |                                                                                                                                                                                                                                                       |                           |          |
| <b>Total of Section P</b>                                                                                                                                                                                   |             |                               |                                                                                                                                                                                                                                                       |                           |          |

| <b>IV. EXPENDITURES (Sections N - S)</b>                                                                                                                                                                    |             |                               |         |                           |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|---------|---------------------------|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                                                                                                                                     |             |                               |         | TYPE OF REPORT            |                                      |
| BillforCT                                                                                                                                                                                                   |             |                               |         | July 10 Filing - Original |                                      |
| <b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>                                                                                                                                    |             |                               |         |                           |                                      |
| 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? <div style="display: flex; justify-content: flex-end; font-size: small;"> <span>Yes</span> <span>No</span> </div> |             | Expenditure # (if applicable) | Event # |                           |                                      |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q                                                                                                                                     |             |                               |         |                           |                                      |
| <b>Total of Section Q</b>                                                                                                                                                                                   |             |                               |         |                           |                                      |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
|-------------------------------------------------------------------------|---------------------------|
| BillforCT                                                               | 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:<br><br>Check #<br><br>Debit Card<br><br>EFT |
| Name of Vendor Paid by Committee Worker/Consultant                                        |               |                               |                           |                                                                                                                        |
| Street Address of Vendor                                                                  |               | City                          |                           | State      Zip Code                                                                                                    |
| Purpose of Expenditure (by code)                                                          | Description   |                               |                           |                                                                                                                        |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes<br><br>No | Expenditure # (if applicable) | Event #                   | Amount                                                                                                                 |
| If yes, assign an Expenditure # and completes Itemization in Addendum R                   |               |                               |                           |                                                                                                                        |
| <b>Total of Section R</b>                                                                 |               |                               |                           |                                                                                                                        |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT            |
|-------------------------------------------------------------------------|---------------------------|
| BillforCT                                                               | 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       |      |       |          |                                  |
| <b>Total of Section S</b> |      |       |          |                                  |

**Section J4. ADDENDUM**

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

**Section N. ADDENDUM**

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

**Section P. ADDENDUM**

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

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

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