

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

Revised February 2015



Electronic Filing

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Page 1 of 19

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
DeFronzo 2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Elaine		MI	Last Perez		Suffix
4. TREASURER ADDRESS					
Street Address 71 Alden St		City New Britain		State CT	Zip Code 06053
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/03/2026		State Representative			R026
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First David		MI	Last DeFronzo		Suffix
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 06/25/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Chris Anderson PRINT NAME OF THE SIGNER		07/06/2026 8:16:30PM 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	
DeFronzo 2026	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	\$6,223.29	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$7,070.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.02
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	\$7,070.02
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$6,223.29	\$7,070.02
20. Expenses Paid by Committee (Section N)	\$838.21	\$1,684.94
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$5,385.08	\$5,385.08
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	
DeFronzo 2026				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?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash Personal Check Money Order Credit/Debit Card			
If yes, list Event #					
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS					
(Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
DeFronzo 2026				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?		Amount of Contribution
			Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
DeFronzo 2026				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	
DeFronzo 2026				July 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE

TYPE OF REPORT

DeFronzo 2026

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

DeFronzo 2026

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

DeFronzo 2026

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	
DeFronzo 2026				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	
DeFronzo 2026				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	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

DeFronzo 2026

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

DeFronzo 2026

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

DeFronzo 2026

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

DeFronzo 2026

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
DeFronzo 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Don DeFronzo		Date of Payment 06/30/2026	Method of Payment ☒ Check # <u>108</u> ☐ Debit Card ☐ EFT	
Street Address 9 Bedford St		City New Britain	State CT	Zip Code 06051
Purpose of Expendit RMB	Description Reimbursement for stamps			Amount \$275.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee David DeFronzo		Date of Payment 06/30/2026	Method of Payment ☒ Check # <u>109</u> ☐ Debit Card ☐ EFT	
Street Address 95 Pape Rd		City New Britain	State CT	Zip Code 06053
Purpose of Expendit RMB	Description Reimbursement for office supplies			Amount \$100.28
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee David DeFronzo		Date of Payment 06/30/2026	Method of Payment ☒ Check # <u>109</u> ☐ Debit Card ☐ EFT	
Street Address 95 Pape Rd		City New Britain	State CT	Zip Code 06053
Purpose of Expendit RMB	Description Reimbursement for copies			Amount \$251.78
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeFronzo 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee David DeFronzo		Date of Payment 06/30/2026	Method of Payment ☒ Check # <u>109</u> ☐ Debit Card ☐ EFT	
Street Address 95 Pape Rd		City New Britain	State CT	Zip Code 06053
Purpose of Expendit RMB	Description Reimbursement for stamps		Amount \$77.75	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Name of Payee David DeFronzo		Date of Payment 06/30/2026	Method of Payment ☒ Check # <u>109</u> ☐ Debit Card ☐ EFT	
Street Address 95 Pape Rd		City New Britain	State CT	Zip Code 06053
Purpose of Expendit RMB	Description Reimbursement for QR Code		Amount \$133.20	
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		
Total of Section N			\$838.21	

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	
DeFronzo 2026					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	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
DeFronzo 2026				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)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

DeFronzo 2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant DeFronzo	First Dave	MI	Date of Payment to Vendor 02/02/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant FedEx				
Street Address of Vendor 1599 S East Rd		City Farmington		State CT Zip Code 06032
Purpose of Expenditure (by code) PRNT	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 \$30.58

Last Name of Worker/Consultant DeFronzo	First Dave	MI	Date of Payment to Vendor 02/07/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant FedEx				
Street Address of Vendor 1599 S East Rd		City Farmington		State CT Zip Code 06032
Purpose of Expenditure (by code) OFFICE	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 \$71.78

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

DeFronzo 2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant DeFronzo	First Dave	MI	Date of Payment to Vendor 02/07/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant FedEx				
Street Address of Vendor 1599 S East Rd		City Farmington		State CT Zip Code 06032
Purpose of Expenditure (by code) PRNT	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 \$78.43

Last Name of Worker/Consultant DeFronzo	First Dave	MI	Date of Payment to Vendor 02/10/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Convertizing LTD				
Street Address of Vendor 407 Cubes 1 Beacon S Qtr Sandyford		City Dublin Ir		State Zip Code 00000
Purpose of Expenditure (by code) Misc *	Description QR code			
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 \$133.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeFronzo 2026	July 10 Filing - Original
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant DeFronzo	First Dave	MI	Date of Payment to Vendor 02/16/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant FedEx				
Street Address of Vendor 1599 S East Rd		City Farmington		State CT Zip Code 06032
Purpose of Expenditure (by code) PRNT	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 \$75.88

Last Name of Worker/Consultant DeFronzo	First Dave	MI	Date of Payment to Vendor 02/22/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Costco				
Street Address of Vendor 405 Hartford Rd		City New Britain		State CT Zip Code 06053
Purpose of Expenditure (by code) POST	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 \$77.75

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

DeFronzo 2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant DeFronzo	First Dave	MI	Date of Payment to Vendor 02/25/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Walmart				
Street Address of Vendor 3164 Berlin Tpke		City Newington		State CT
Zip Code 06111				
Purpose of Expenditure (by code) OFFICE	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 \$28.50

Last Name of Worker/Consultant DeFronzo	First David	MI	Date of Payment to Vendor 03/22/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 109 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant FedEx				
Street Address of Vendor 1599 S East Rd		City Farmington		State CT
Zip Code 06032				
Purpose of Expenditure (by code) PRNT	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 \$66.89

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

DeFronzo 2026

July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant DeFronzo	First Donald	MI	Date of Payment to Vendor 05/26/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 108 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant USPS				
Street Address of Vendor 152 Chestnut St		City New Britain		State CT
Zip Code 06050				
Purpose of Expenditure (by code) POST	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount \$122.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant DeFronzo	First Donald	MI	Date of Payment to Vendor 06/20/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 108 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant USPS				
Street Address of Vendor 152 Chestnut St		City New Britain		State CT
Zip Code 06050				
Purpose of Expenditure (by code) POST	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount \$153.20
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Total of Section R**\$838.21**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
DeFronzo 2026	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
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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