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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Cicconefor98	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Tim		**Donlan**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
153 Alden Dr	**Guilford**	**CT**	**06437**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R098**

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

First	MI	Last	Suffix
Carlyle	**D**	**Ciccone**	

9. TYPE OF REPORT

July 10 Filing - Original

10. PERIOD COVERED

Beginning Date		Ending Date
05/20/2026	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	**Tim Donlan**	**07/09/2026 7:30:10AM**
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	
Cicconefor98	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	**$0.00**	
14. Contributions received from Individuals (Section A and B)	**$2,235.00**	**$2,235.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$0.00**	**$0.00**
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)	**$2,235.00**	**$2,235.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$2,235.00**	**$2,235.00**
20. Expenses Paid by Committee (Section N)	**$28.37**	**$28.37**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$2,206.63**	**$2,206.63**
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)	**$76.91**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$76.91**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLY — For Nonparticipating Candidates ONLY: **$0.00**

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ciccone	Carlyle		0001

Residential Street Address	City	State	Zip Code
1064 Durham Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
Restaurant Owner	Self-Employed

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: $50.00

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: 06/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Beeman	Mary		0005

Residential Street Address	City	State	Zip Code
39 Boston St	Guilford	CT	06437

Principal Occupation	Name of Employer
Office Manager	National Roofing

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: $100.00

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: 06/11/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
DeMusis	Deborah		0004

Residential Street Address	City	State	Zip Code
18 Sugar Loaf Rd	Guilford	CT	06437

Principal Occupation	Name of Employer
	Retired

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: $150.00

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: 06/11/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Cicconefor98

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nanamaker	Maria		0003

Residential Street Address	City	State	Zip Code
34 Hoadley Creek Cir	Guilford	CT	06437-0643

Principal Occupation	Name of Employer
Interior Decerator	Self-Employed

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: $100.00

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: 06/11/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Preble	Cyndi		0002

Residential Street Address	City	State	Zip Code
68 White Birch Dr	Guilford	CT	06437

Principal Occupation	Name of Employer
Restaurant Owner	Retired

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: $100.00

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: 06/11/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Detia	Kathyrn		0006

Residential Street Address	City	State	Zip Code
33 Kelseytown Rd	Guilford	CT	06437

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: $100.00

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: 06/15/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Foster	Gina		0008

Residential Street Address	City	State	Zip Code
26 Rock Point Ln	Guilford	CT	06437

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: $50.00

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: 06/17/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mariano	Mari		0007

Residential Street Address	City	State	Zip Code
191 Sperry Dr	Guilford	CT	06437

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: $25.00

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: 06/17/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Moriarty	Sean		0014

Residential Street Address	City	State	Zip Code
37 Three Mile Course Rd	Guilford	CT	06437

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: $340.00

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: 06/17/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Moriarty	Megan		0013

Residential Street Address	City	State	Zip Code
37 Three Mile Course Rd	Guilford	CT	06437

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: $10.00

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: 06/17/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Scarpeillino	Danielle		0012

Residential Street Address	City	State	Zip Code
405 Andrew Ave	Guilford	CT	06437

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: $100.00

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: 06/17/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Cicconefor98

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Beeman	Jeff		0011

Residential Street Address	City	State	Zip Code
39 Boston St	Guilford	CT	06437

Principal Occupation:

Name of Employer: Self-employed

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: $100.00

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: 06/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Beeman	Mary		0010

Residential Street Address	City	State	Zip Code
39 Boston St	Guilford	CT	06437

Principal Occupation: Office Manager

Name of Employer: National Roofing

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: $100.00

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: 06/17/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Sanders	Paul		0009

Residential Street Address	City	State	Zip Code
29 Grove Hill Rd	Guilford	CT	06437

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: $100.00

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: 06/17/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Holman	David		0017

Residential Street Address	City	State	Zip Code
6 Sparrow Bush Ln	Guilford	CT	06437

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: $100.00

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: 06/18/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Holman	Elaine		0016

Residential Street Address	City	State	Zip Code
6 Sparrow Bush Ln	Guilford	CT	06437

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: $50.00

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: 06/18/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Eagan	David		0015

Residential Street Address	City	State	Zip Code
273 Weatherly Trl	Guilford	CT	06437

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: $100.00

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: 06/18/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Di Lonardo	Patrizia		0018

Residential Street Address	City	State	Zip Code
961 Route 80	Guilford	CT	06437

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: $50.00

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: 06/20/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Trotta	Jonathan		0019

Residential Street Address	City	State	Zip Code
42 Water St	Guilford	CT	06437

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: $100.00

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: 06/21/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Cicconefor98

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Generoso	David		0021

Residential Street Address	City	State	Zip Code
2477 Durham Rd	Guilford	CT	06437

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: $50.00

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: 06/22/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Phelan	John		0020

Residential Street Address	City	State	Zip Code
323 N River St	Guilford	CT	06437

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: $100.00

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: 06/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Esposito	Joshua		0023

Residential Street Address	City	State	Zip Code
23 Peddlers Dr	Branford	CT	06405

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: $80.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 07192026A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/25/2026

Aggregate Contributions: $80.00

Last Name	First	MI	Contribution ID #
Lawler	Rick		0024

Residential Street Address	City	State	Zip Code
68 White Birch Dr	Guilford	CT	06437

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: $80.00

Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No

If yes, list Event # 07192026A

Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card

Date Received: 06/25/2026

Aggregate Contributions: $80.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nemczuk	Gloria		0022
Residential Street Address	**City**	**State**	**Zip Code**
284 Schoolside Ln	Guilford	CT	06437

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?	Method of contribution:	Date Received	Aggregate Contributions	
☐ Yes ☒ No If yes, list Event #	☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	06/26/2026	$100.00	$100.00

Total of Section B	**$2,235.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$2,235.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	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
Cicconefor98	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
Cicconefor98	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
Cicconefor98	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
Cicconefor98	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
Cicconefor98	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
Cicconefor98	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
Cicconefor98	July 10 Filing - Original

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
07/19/2026	A	Meet and Greet Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
104 Mill Rd	Guilford	CT	06437

Was this event hosted at a personal residence?	[ ] Yes [X] 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?	[X] 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 [X] No	(If yes, enter Total Receipts here.)	$0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	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	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	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
Cicconefor98	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
Cicconefor98	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
Cicconefor98	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
KeyBank/Harland Clarke Checks	06/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
127 Public Sq	Cleveland	OH	44114

Purpose of Expendit	Description	Amount
BNK	Fee for ordering bank checks for the campaign committee.	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$28.37

Total of Section N	**$28.37**

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
Cicconefor98	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
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Anedot, Inc			06/15/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
REF	Anedot fee. Donor (Kathyrn Delia) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q			$4.48	

Name of Creditor			Date Incurred	
Anedot, Inc			06/17/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
REF	Anedot fee. Donor (Mari Mariano) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q			$1.30	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Anedot, Inc			06/17/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
REF	Anedot fee. Donor (Gina Goster) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q			$2.40	

Name of Creditor			Date Incurred	
Anedot, Inc			06/17/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
REF	Anedot fee. Donor (Paul Saunders) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q			$4.48	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Anedot, Inc			06/17/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**			**Amount Incurred (Estimate or Actual)**
REF	Anedot fee. Donor (Jeff Beeman) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q				$4.48

Name of Creditor			Date Incurred	
Anedot, Inc			06/17/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**			**Amount Incurred (Estimate or Actual)**
REF	Anedot fee. Donor (Mary Beeman) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q				$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Anedot, Inc			06/17/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
REF	Anedot fee. Donor (Danielle Scarpellino) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q			$4.48	

Name of Creditor			Date Incurred	
Anedot, Inc			06/17/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
REF	Anedot fee. Donor (Megan Moriarty) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q			$0.73	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Anedot, Inc			06/17/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
REF	Anedot fee. Donor (Sean Moriarty) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q			$13.90	

Name of Creditor			Date Incurred	
Anedot, Inc			06/17/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**		**Amount Incurred (Estimate or Actual)**	
REF	Anedot fee. Donor (David Eagan) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No	**Expenditure # (if applicable)**	**Event #**		
If yes, assign an Expenditure # and completes Itemization in Addendum Q			$4.30	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred
Anedot, Inc			06/18/2026
Street Address	**City**	**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)
REF	Anedot fee. Donor (Elaine Holman) will be reimbursed in July.	$2.40

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

Name of Creditor			Date Incurred
Anedot, Inc			06/18/2026
Street Address	**City**	**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)
REF	Anedot fee. Donor (David Holman) will be reimbursed in July.	$4.30

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Anedot, Inc			06/20/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**			**Amount Incurred (Estimate or Actual)**
REF	Anedot fee. Donor (Patrizia Di Lonardo) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		**Expenditure # (if applicable)**	**Event #**	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				$2.40

Name of Creditor			Date Incurred	
Anedot, Inc			06/21/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**			**Amount Incurred (Estimate or Actual)**
REF	Anedot fee. Donor (Jonathan Trotta) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		**Expenditure # (if applicable)**	**Event #**	
If yes, assign an Expenditure # and completes Itemization in Addendum Q				$4.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred
Anedot, Inc			06/22/2026
Street Address	**City**	**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)
REF	Anedot fee. Donor (John Phelan) j will be reimbursed in July.	$4.48

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

Name of Creditor			Date Incurred
Anedot, Inc			06/22/2026
Street Address	**City**	**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas	TX	75206-5311

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)
REF	Anedot fee. Donor (David Generoso) will be reimbursed in July.	$2.40

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Anedot, Inc			06/25/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**			**Amount Incurred (Estimate or Actual)**
REF	Anedot fee. Donor (Joshua Esposito) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		**Expenditure # (if applicable)**	**Event #**	
If yes, assign an Expenditure # and completes Itemization in Addendum Q			07192026A	$3.65

Name of Creditor			Date Incurred	
Anedot, Inc			06/26/2026	
Street Address	**City**		**State**	**Zip Code**
3723 Greenville Ave Ste 41002	Dallas		TX	75206-5311
Purpose of Expenditure (by code)	**Description**			**Amount Incurred (Estimate or Actual)**
REF	Anedot fee. Donor (Rick Lawler) will be reimbursed in July.			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		**Expenditure # (if applicable)**	**Event #**	
If yes, assign an Expenditure # and completes Itemization in Addendum Q			07192026A	$3.65

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	July 10 Filing - Original

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

Name of Creditor			Date Incurred	
Anedot, Inc			06/26/2026	
Street Address		**City**	**State**	**Zip Code**
3723 Greenville Ave Ste 41002		Dallas	TX	75206-5311
Purpose of Expenditure (by code)	**Description**			**Amount Incurred (Estimate or Actual)**
REF	Anedot fee. Donor (Gloria Nemczuk) will be reimbursed in July.			$4.48

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

Total of Section Q	**$76.91**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cicconefor98	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
Cicconefor98	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