



**COVER PAGE**

|   |   |                               |   |   |  |
|---|---|-------------------------------|---|---|--|
| 1. NAME OF COMMITTEE  |   |                               | 2. TYPE OF COMMITTEE  |   |  |
| <b>Godfrey 24</b>   |   |                               | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |   |  |
| 3. TREASURER NAME   |   |                               |   |   |  |
| First<br><b>Joshua</b>  | MI  | Last<br><b>Beckett Flores</b> |   | Suffix  |  |
| 4. TREASURER ADDRESS  |   |                               |   |   |  |
| Street Address<br><b>8 Arrow Meadow Rd</b>  | City<br><b>New Fairfield</b>  | State<br><b>CT</b>            | Zip Code<br><b>06812</b>  |   |  |
| 5. ELECTION DATE<br><b>11/05/2024</b>   | 6. OFFICE SOUGHT ( Complete only if Candidate Committee)<br><b>State Representative</b> |                               |   | 7. DISTRICT NUMBER ( if applicable )<br><b>R110</b> |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)   |   |                               |   |   |  |
| First<br><b>Bob</b>   | MI  | Last<br><b>Godfrey</b>        |   | Suffix  |  |
| 9. TYPE OF REPORT   |   |                               |   |   |  |
| <b>October 10 Filing - Amendment</b>  |   |                               |   |   |  |
| 10. PERIOD COVERED  |   |                               |   |   |  |
| Beginning Date  |   | Ending Date                   |   |   |  |
| <b>09/01/2024</b>   |   | thru                          |   | <b>09/30/2024</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>  |   | <b>Joshua Beckett Flores</b>  |   | <b>04/21/2026 1:04:30PM</b>                         |  |
| SIGNATURE   |   | PRINT NAME OF THE SIGNER      |   | DATE CERTIFIED                                      |  |
| <p><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></p> |   |                               |   |   |  |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                           | TYPE OF REPORT                |                       |
|---|-------------------------------|-----------------------|
| <b>Godfrey 24</b>   | October 10 Filing - Amendment |                       |
|   | 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>\$4,387.41</b>             |                       |
| 14. Contributions received from Individuals (Section A and B)                                     | <b>\$0.00</b>                 | <b>\$6,695.00</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>\$36,500.04</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>\$43,195.04</b>    |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)           | <b>\$4,387.41</b>             | <b>\$43,195.04</b>    |
| 20. Expenses Paid by Committee (Section N)  | <b>\$520.78</b>               | <b>\$39,328.41</b>    |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns ) | <b>\$3,866.63</b>             | <b>\$3,866.63</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>\$7,275.08</b>             |                       |

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

|   |                         |                                      |  |
|---|-------------------------|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)           |                         | TYPE OF REPORT                       |  |
| Godfrey 24  |                         | October 10 Filing - Amendment        |  |
| <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? | Yes                     | No                                   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? |
| 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                     | No                                   | Amount of Contribution   |
| If yes, list Event #  | Method of contribution: | Date Received                        | Aggregate Contributions  |
|   | Cash                    | Personal Check                       |  |
|   | Money Order             | Credit/Debit Card                    |  |
| <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                |                         |
| Godfrey 24  |   | October 10 Filing - Amendment |                         |
| <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? |                               | Amount of Contribution  |
|   | Yes   |                               | No                      |
|   | If yes, list Event #  |                               |                         |
| 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                |                   |
| Godfrey 24   |             |          |   | October 10 Filing - Amendment |                   |
| <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  |                               |                   |
|  |             |          | 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                |  |
| Godfrey 24                                 |  |                 |           | October 10 Filing - Amendment |  |
| <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) |  |                 |           |                               | <b>Amount Received</b>                         |
| Street Address                             |  | City            | Stat      | Zip Code                      |  |
| <b>Total of Section D</b>                  |  |                 |           |                               |  |

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

|                   |                               |
|-------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT                |
| Godfrey 24        | October 10 Filing - Amendment |

**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 |        |
| <b>Total of Section E</b> |                   |                |                   |        |

**I. Monetary Receipts (Section A-I)**

|                   |                               |
|-------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT                |
| Godfrey 24        | October 10 Filing - Amendment |

**G. Interest from Deposits in Authorized Accounts**

|                           |               |          |
|---------------------------|---------------|----------|
| Name of Institution       | Date Received | Amount   |
| Street Address            | City          | State    |
|                           |               | Zip Code |
| <b>Total of Section G</b> |               |          |

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

|                   |                               |
|-------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT                |
| Godfrey 24        | October 10 Filing - Amendment |

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

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

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

|  |  |      |                     |                               |                 |
|--|--|------|---------------------|-------------------------------|-----------------|
| NAME OF COMMITTEE  |  |      |                     | TYPE OF REPORT                |                 |
| Godfrey 24   |  |      |                     | October 10 Filing - Amendment |                 |
| <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                |          |
| Godfrey 24  |             |     |   | October 10 Filing - Amendment |          |
| <b>J1. Event Information</b>  |             |     |   |                               |          |
| Event #   | Description |     |   | Was this a fundraising event? |          |
| Date of Event   | Letter      |     |   | 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 Section J3 In-Kind Donations not Considered Contributions and complete required information.   |                               |          |
|   |             | No  |   |                               |          |
| <b>Subpart 1:</b>   |             | Yes | (If yes, enter Total Receipts here.)  |                               |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?       |             | 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                |
| Godfrey 24  | October 10 Filing - Amendment |

**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                |
| Godfrey 24  | October 10 Filing - Amendment |

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

|                         |   |   |          |
|-------------------------|---|---|----------|
| Name of Host            | Is this event supporting more than one candidate?<br>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                |
| Godfrey 24  | October 10 Filing - Amendment |

**K. In-Kind Contributions**

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

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

|   |                               |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                |
| Godfrey 24  | October 10 Filing - Amendment |

**L. Refundable Deposit to Telephone Company**

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

**Total of Section L**

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

|   |                               |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                |
| Godfrey 24  | October 10 Filing - Amendment |
| <b>N. Expenses Paid By Committee</b>                                    |                               |

|   |  |                                  |   |          |
|---|--|----------------------------------|---|----------|
| Name of Payee<br>Union Savings Bank   |  | Date of Payment<br>09/23/2024    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card<br><input checked="" type="checkbox"/> EFT |          |
| Street Address<br>116 Main St   |  | City<br>Danbury                  | State<br>CT   | Zip Code |
| Purpose of Expendit<br>BNK  | Description<br>Bank Statement Fee Charge |                                  | Amount  |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |  | Expenditure #<br>(if applicable) | Event #   | \$3.00   |

|   |  |                                  |   |                   |
|---|--|----------------------------------|---|-------------------|
| Name of Payee<br>Greater Danbury Irish CAF  |  | Date of Payment<br>09/28/2024    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>3009</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                   |
| Street Address<br>6 Lake Ave  |  | City<br>Danbury                  | State<br>CT   | Zip Code<br>06810 |
| Purpose of Expendit<br>A-SIGN   | Description<br>Sign for Irish Festival |                                  | Amount  |                   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |  | Expenditure #<br>(if applicable) | Event #   | \$150.00          |

|  |  |                                  |   |          |
|--|--|----------------------------------|---|----------|
| Name of Payee<br>Bob Godfrey   |  | Date of Payment<br>09/28/2024    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>3008</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |          |
| Street Address<br>13 Stillman Ave  |  | City<br>Danbury                  | State<br>CT   | Zip Code |
| Purpose of Expendit<br>Misc *  | Description<br>Supplies for New Voter and Absentee Voter Letters |                                  | Amount  |          |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum N |  | Expenditure #<br>(if applicable) | Event #   | \$367.78 |

**Total of Section N****\$520.78**

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

|   |             |  |      |  |                 |                               |                           |
|---|-------------|--|------|--|-----------------|-------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |             |  |      |  |                 | TYPE OF REPORT                |                           |
|   |             |  |      |  |                 | October 10 Filing - Amendment |                           |
| <b>O. Expenses Paid By Candidate</b>                                    |             |  |      |  |                 |                               |                           |
| Name of Payee (Name of vendor who candidate paid directly)              |             |  |      |  | Date of Payment |                               | Is Reimbursement Claimed? |
|   |             |  |      |  |                 |                               | Yes      No               |
| Street Address  |             |  | City |  | State           | Zip Code                      | <b>Amount</b>             |
| Purpose of Expenditure (by code)  | Description |  |      |  | Event #         |                               |                           |
| <b>Total of Section O</b>   |             |  |      |  |                 |                               |                           |

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

|   |             |    |                               |         |                      |                               |          |                  |
|---|-------------|----|-------------------------------|---------|----------------------|-------------------------------|----------|------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                   |             |    |                               |         |                      | TYPE OF REPORT                |          |                  |
| Godfrey 24  |             |    |                               |         |                      | October 10 Filing - Amendment |          |                  |
| <b>P. Expenses Incurred on Committee Credit Card</b>                                      |             |    |                               |         |                      |                               |          |                  |
| 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 |    |                               |         |                      | <b>Amount</b>                 |          |                  |
| 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                    |             |    |                               |         |                      |                               |          |                  |
| <b>Total of Section P</b>   |             |    |                               |         |                      |                               |          |                  |

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

|   |                               |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                |
| Godfrey 24  | October 10 Filing - Amendment |

**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<br><br>No | 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                |
| Godfrey 24  | October 10 Filing - Amendment |

**R. Itemization of Reimbursements and Secondary Payees**

|  |  |                               |   |   |
|--|--|-------------------------------|---|---|
| Last Name of Worker/Consultant<br>Godfrey  | First<br>Bob   | MI                            | Date of Payment to Vendor<br>09/27/2024 | Payment to Reimburse Committee Worker/Consultant as reported in Section N:<br><input checked="" type="checkbox"/> Check # 3009<br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |
| Name of Vendor Paid by Committee Worker/Consultant<br>Staples  |  |                               |   |   |
| Street Address of Vendor<br>67 Newtown Rd  |  | City<br>Danbury               | State<br>CT                             | Zip Code<br>06810   |
| Purpose of Expenditure (by code)<br>Misc *   | Description<br>Supplis for Letters                                     |                               |   |   |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><br>If yes, assign an Expenditure # and completes Itemization in Addendum R | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event #                                 | Amount<br><br>\$367.78  |
| <b>Total of Section R</b>  |  |                               |   | <b>\$367.78</b>   |

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

|   |                               |
|---|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT                |
| Godfrey 24  | October 10 Filing - Amendment |

**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> |      |       |          |                                  |

| <b>Section J4. ADDENDUM</b>   |                |
|---|----------------|
| 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   |                |

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

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

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

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