



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
McKeen for State Senate			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Robin	MI	Last Hettrick		Suffix	
4. TREASURER ADDRESS					
Street Address 5 Shetland Dr	City Wallingford	State CT	Zip Code 06492		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator			7. DISTRICT NUMBER (if applicable) S034	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Aili	MI	Last McKeen		Suffix	
9. TYPE OF REPORT					
October 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
09/01/2018		thru		09/30/2018	
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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing	Robin Hettrick	10/03/2018 8:56:22PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<p>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.</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	
McKeen for State Senate	October 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	\$22.58	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$17,202.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$95,710.00	\$135,110.47
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)	\$95,710.00	\$152,312.47
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$95,732.58	\$152,312.47
20. Expenses Paid by Committee (Section N)	\$11,419.76	\$67,999.65
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$84,312.82	\$84,312.82
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	\$610.04
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	\$184.56
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)	\$2,664.70	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$2,664.70	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
McKeen for State Senate		October 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?	
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			
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	
McKeen for State Senate		October 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 #	
City	State	Zip Code	Aggregate Contributions
		Date Received	
Total of Section C1			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
McKeen for State Senate				October 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	
McKeen for State Senate				October 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)					
Street Address		City	State	Zip Code	Amount Received
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
McKeen for State Senate	October 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
McKeen for State Senate	October 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
McKeen for State Senate	October 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election	09/11/2018	\$95,710.00
Total of Section H			\$95,710.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
McKeen for State Senate	October 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
McKeen for State Senate	October 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
McKeen for State Senate	October 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	Date Received	Event #	Aggregate value for this event	
Business Entity				
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
McKeen for State Senate	October 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		
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	October 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? If yes, indicate which branch or branches of government the contract is with:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship			
		Executive	Legislative

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	October 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
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	October 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee TD Bank		Date of Payment 09/01/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2 N Main St		City Wallingford	State CT	Zip Code 06492
Purpose of Expend BNK	Description Bank Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12.00

Name of Payee Blue Edge Strategies		Date of Payment 09/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>142</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend CNSLT	Description Consulting Charge for September			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,000.00

Name of Payee Blue Edge Strategies		Date of Payment 09/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>143</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend PRNT	Description Walk Cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,934.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	October 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 09/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>144</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend A-WEB	Description facebook ads			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$815.46

Name of Payee Blue Edge Strategies		Date of Payment 09/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>145</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend A-PH-BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,000.00

Name of Payee Blue Edge Strategies		Date of Payment 09/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>146</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend A-SIGN	Description banners			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$638.10

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	October 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Dinah Dybas		Date of Payment 09/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>40884402</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 64 Windy Way		City Santa Rosa Beach	State FL	Zip Code 32459
Purpose of Expend OVHD	Description Rent of space for HQ for election			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,000.00

Name of Payee TD Bank		Date of Payment 09/26/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2 N Main St		City Wallingford	State CT	Zip Code 06492
Purpose of Expend BNK	Description Bank Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$8.00

Name of Payee TD Bank		Date of Payment 09/28/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2 N Main St		City Wallingford	State CT	Zip Code 06492
Purpose of Expend BNK	Description Bank Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12.00

Total of Section N

\$11,419.76

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
						October 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	
McKeen for State Senate						October 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution				Type of Credit Card:			
				<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other			
Name of Vendor						Date of Transaction	
Street Address			City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes	Expenditure # (if applicable)	Event #	
				No			
If yes, assign an Expenditure # and complete Itemization in Addendum							
Total of Section P							

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	October 10 Filing - Original

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

Name of Creditor Blue Edge Strategies		Date Incurred 09/23/2018	
Street Address 54 Robert Rd	City Manchester	State CT	Zip Code 06040
Purpose of Expenditure (by code) Misc *	Description Field Work	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$2,640.00

Name of Creditor Bruce Conroy		Date Incurred 09/26/2018	
Street Address 13 Burke Heights Dr	City Wallingford	State CT	Zip Code 06492
Purpose of Expenditure (by code) POST	Description	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$24.70

Total of Section Q

\$2,664.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	October 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Farina	First Michael	MI	Date of Payment to Vendor 08/18/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 144 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Facebook Inc.

Street Address of Vendor 1601 Willow Rd	City Mento Park	State CA	Zip Code 94025
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Purpose of Expenditure (by code) A-WEB	Description facebook ads
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$750.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Farina	First Michael	MI	Date of Payment to Vendor 08/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 146 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Blue Wave Printing
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Street Address of Vendor 146 Sheldon Rd	City Manchester	State CT	Zip Code 06040
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Purpose of Expenditure (by code) A-SIGN	Description Banners
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$597.50
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	October 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Farina	First Michael	MI	Date of Payment to Vendor 08/31/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 144 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Facebook Inc.				
Street Address of Vendor 1601 Willow Rd		City Mento Park	State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description facebook ads			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$80.34	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$1,427.84

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	October 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