



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Rich Deecken for State Senate 2018			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First David	MI M	Last Becker		Suffix	
4. TREASURER ADDRESS					
Street Address 164 Taintor Dr	City Southport	State CT	Zip Code 06890		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator			7. DISTRICT NUMBER (if applicable) S022	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Rich	MI	Last Deecken		Suffix	
9. TYPE OF REPORT					
Second Weekly Supplemental Filing General Election - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
10/17/2018		thru		10/23/2018	
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	David Becker	10/25/2018 11:41:44PM			
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	
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - 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	\$61,690.13	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$17,576.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$95,710.05
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$113,286.05
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$61,690.13	\$113,286.05
20. Expenses Paid by Committee (Section N)	\$17,358.65	\$68,954.57
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$44,331.48	\$44,331.48
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	\$1,818.16
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Rich Deecken for State Senate 2018		Second Weekly Supplemental Filing General Election - 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 Amount of Contribution	
Is this contribution associated with an event reported in Section J1?		Method of contribution:		Date Received	Aggregate Contributions
Yes		Cash Personal Check			
No		Money Order Credit/Debit Card			
If yes, list Event #					

Total of Section B
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*
I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Rich Deecken for State Senate 2018		Second Weekly Supplemental Filing General Election - 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	Aggregate Contributions
		Date Received	
Total of Section C1			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Rich Deecken for State Senate 2018				Second Weekly Supplemental Filing General Election - 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		
Rich Deecken for State Senate 2018				Second Weekly Supplemental Filing General Election - 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	
Rich Deecken for State Senate 2018		Second Weekly Supplemental Filing General Election - 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	
Rich Deecken for State Senate 2018		Second Weekly Supplemental Filing General Election - 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	
Rich Deecken for State Senate 2018		Second Weekly Supplemental Filing General Election - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:		Grant Cycle:	Date Received
Initial	Grant Adjustment	Primary	General Election
Supplemental/Post Election Deficit		Special Election	Amount
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT		
Rich Deecken for State Senate 2018		Second Weekly Supplemental Filing General Election - 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	
Rich Deecken for State Senate 2018		Second Weekly Supplemental Filing General Election - 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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - 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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - 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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - 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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - 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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Harland Clarke		Date of Payment 10/17/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15955 La Cantera Pkwy		City San Antonio	State TX	Zip Code 78256
Purpose of Expend BNK	Description Checks			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 #
				\$67.10

Name of Payee Brianna Federowicz		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>202</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Moose Hill Rd		City Oxford	State CT	Zip Code 06478
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$62.50

Name of Payee Andrew Doherty		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>203</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 24 Apple Gate Ln		City Trumbull	State CT	Zip Code 06611
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$62.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Jackson Lapham		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>204</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Stonehouse Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$106.25

Name of Payee John Morello		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>205</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 14 Rocky Ridge Dr		City Trumbull	State CT	Zip Code 06611
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$68.75

Name of Payee Zachary Walsh		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>206</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Magnolia Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$68.75

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Joanna Pirog		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>207</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Solar Ridge Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$62.50

Name of Payee William Allen		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>208</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Pinewood Trl		City Trumbull	State CT	Zip Code 06611
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$293.75

Name of Payee Shawabban Banyasharahla		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>209</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Garfield Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$181.25

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Keon Evans		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>210</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 604 Ogden St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$156.25

Name of Payee Troy Pearson		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 604 Ogden St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$156.25

Name of Payee Khalid Muhammed		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>212</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 245 Jane St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$156.25

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Tyrique Robinson		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>213</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 604 Ogden St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$156.25

Name of Payee Ricaldo White		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>214</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 604 Ogden St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$156.25

Name of Payee Mashiy Harris-Tate		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>215</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 440 Mountain Grove St		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$181.25

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Andrew Lamousnery		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>216</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 393 Chamberlain Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$50.00

Name of Payee Kalissa Destefano		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>217</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 120 Williams Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$37.50

Name of Payee Dan Nelson		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>218</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Pond St		City Milford	State CT	Zip Code 06460
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$4,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Anthony Paoletto		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>219</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 321 Lynne Pl		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$500.00

Name of Payee Edward McClain		Date of Payment 10/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>220</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Woodrow Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$2,500.00

Name of Payee Anthony Paoletto		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>225</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 321 Lynne Pl		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Campaign Support			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 #
				\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Dynamic Printing		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>226</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 91 Main St		City Monroe	State CT	Zip Code 06468
Purpose of Expend PRNT	Description Palm Cards			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 #
				\$450.00

Name of Payee William Allen		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>227</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Pinewood Trl		City Trumbull	State CT	Zip Code 06611
Purpose of Expend RMB	Description Reimbursement			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 #
				\$44.31

Name of Payee Anthony Paoletto		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>228</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 321 Lynne Pl		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend RMB	Description Reimbursement			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 #
				\$181.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Anthony Paoletto		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>229</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 321 Lynne Pl		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend RMB	Description Reimbursement			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 #
				\$20.00

Name of Payee David Becker		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>230</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 164 Taintor Dr		City Southport	State CT	Zip Code 06890
Purpose of Expend RMB	Description Reimbursement			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 #
				\$7,139.29

Total of Section N**\$17,358.65**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
						Second Weekly Supplemental Filing General Election - 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		
Rich Deecken for State Senate 2018						Second Weekly Supplemental Filing General Election - Original		
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution					Type of Credit Card:			
					Visa	Master Card	Discover	American Express
					Other			
Name of Vendor						Date of Transaction		
Street Address				City		State	Zip Code	
Purpose of Expenditure (by code)	Description						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes	No	Expenditure # (if applicable)		Event #			
If yes, assign an Expenditure # and complete Itemization in Addendum								
Total of Section P								

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original

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

Name of Creditor		Date Incurred	
Street Address	City	State	Zip Code
Purpose of Expenditure (bv code)	Description		Amount Incurred (Estimate or Actual)
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			

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Paoletto	First Anthony	MI	Date of Payment to Vendor 10/17/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 229 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Bridgeport Hospital Foundation
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Street Address of Vendor 267 Grant St	City Bridgeport	State CT	Zip Code 06610
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Purpose of Expenditure (by code) CHAR	Description Registration for Event
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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 \$20.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Becker	First David	MI	Date of Payment to Vendor 10/17/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 230 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Brooklawn Grocery and Deli
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Street Address of Vendor 652 Brooklawn Ave	City Bridgeport	State CT	Zip Code 06604
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Purpose of Expenditure (by code) FOOD	Description Food for Campaigners
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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 \$31.43
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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Becker	First David	MI M	Date of Payment to Vendor 10/18/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 230 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Dunkin Donuts

Street Address of Vendor 593 Post Rd	City Fairfield	State CT	Zip Code 06824
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Purpose of Expenditure (by code) FOOD	Description Food for Campaigners
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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 \$20.84
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Becker	First David	MI	Date of Payment to Vendor 10/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 230 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Universal Printing & Mailing Services Inc

Street Address of Vendor 75 Ardmore St	City Fairfield	State CT	Zip Code 06824
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Purpose of Expenditure (by code) A-DM	Description Mailer
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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 \$6,793.27
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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Allen	First William	MI	Date of Payment to Vendor 10/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 227 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Shell

Street Address of Vendor 5891 Main St	City Trumbull	State CT	Zip Code 06611
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Purpose of Expenditure (by code) TRVL	Description Fuel
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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 \$35.05
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Paoletto	First Anthony	MI	Date of Payment to Vendor 10/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 228 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant McDonald's Restaurant

Street Address of Vendor 1700 Park Ave	City Bridgeport	State CT	Zip Code 06604
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Purpose of Expenditure (by code) FOOD	Description Food for Campaigners
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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 \$23.99
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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Allen	First William	MI	Date of Payment to Vendor 10/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 227 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Dunkin Donuts

Street Address of Vendor 6546 Main St	City Trumbull	State CT	Zip Code 06611
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Purpose of Expenditure (by code) FOOD	Description Food for Campaigners
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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 \$9.26
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Paoletto	First Anthony	MI	Date of Payment to Vendor 10/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 228 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 3 Armstrong Dr	City Shelton	State CT	Zip Code 06484
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Purpose of Expenditure (by code) PRNT	Description Printed Materials
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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 \$21.37
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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Becker	First David	MI	Date of Payment to Vendor 10/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 230 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Catering by Greystone LLC

Street Address of Vendor 900 Wood Ave	City Bridgeport	State CT	Zip Code 06604
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Purpose of Expenditure (by code) FOOD	Description Food for Campaigners
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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 \$83.71
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Becker	First David	MI	Date of Payment to Vendor 10/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 230 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Awesome Sauce

Street Address of Vendor 840 State St	City Bridgeport	State CT	Zip Code 06604
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Purpose of Expenditure (by code) FOOD	Description Food for Campaigners
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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 \$118.58
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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Paoletto	First Anthony	MI	Date of Payment to Vendor 10/21/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 228 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Wendy's Restaurant
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Street Address of Vendor 2162 Fairfield Ave	City Bridgeport	State CT	Zip Code 06605
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Purpose of Expenditure (by code) FOOD	Description Food for Campaigners
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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 \$46.08
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Paoletto	First Anthony	MI	Date of Payment to Vendor 10/21/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 228 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Wendy's Restaurant
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Street Address of Vendor 2162 Fairfield Ave	City Bridgeport	State CT	Zip Code 06605
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Purpose of Expenditure (by code) FOOD	Description Food for Campaigners
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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 \$16.97
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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Paoletto	First Anthony	MI	Date of Payment to Vendor 10/21/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 227 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Wendy's Restaurant				
Street Address of Vendor 2162 Fairfield Ave		City Bridgeport		State CT
Zip Code 06605				
Purpose of Expenditure (by code) FOOD	Description Food for Campaigners			
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 \$9.99
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Paoletto	First Anthony	MI	Date of Payment to Vendor 10/22/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 228 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Stop & Shop				
Street Address of Vendor 4531 N Main St		City Bridgeport		State CT
Zip Code 06602				
Purpose of Expenditure (by code) FOOD	Description Food for Campaigners			
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 \$63.30
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
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Becker	First David	MI	Date of Payment to Vendor 10/22/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 230 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Testos Pizzeria				
Street Address of Vendor 1023 Brooklawn Ave		City Fairfield		State CT
Zip Code 06825				
Purpose of Expenditure (by code) FOOD	Description Food for Campaigners			
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 \$91.46	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$7,385.30

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rich Deecken for State Senate 2018	Second Weekly Supplemental Filing General Election - 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