

**SEEC FORM 40****Itemized Campaign Finance Disclosure Statement  
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016



Electronic Filing

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Page 1 of 15

**COVER PAGE**

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
<b>BUILD CT</b>			
3. TREASURER NAME			
First	MI	Last	Suffix
<b>Claudia</b>		<b>Phillips</b>	
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
<b>74 Alameda Pl</b>	<b>Bridgeport</b>	<b>CT</b>	<b>06610</b>
5. TYPE OF REPORT			
<b>24 Hour Independent Expenditure - Primary - Amendment</b>			
6. PERIOD COVERED			
Beginning Date		Ending Date	
<b>07/01/2018</b>		<b>07/17/2018</b>	
thru			
7. 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, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
<b>Electronic Filing</b>	<b>Claudia Phillips</b>	<b>07/18/2018 8:00:51PM</b>	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p>			

**SEEC FORM 40**

Itemized Campaign Finance Disclosure Statement  
 For Independent Expenditure Political Committees  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised May 2016

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
<b>BUILD CT</b>	<b>24 Hour Independent Expenditure - Primary - Amendment</b>	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		<b>\$0.00</b>
9. Balance on hand at the beginning of Reporting Period	<b>\$10,576.10</b>	
10. Monetary Receipts (Section A and B)	<b>\$100,000.00</b>	<b>\$122,200.00</b>
11. Loans (Section C)	<b>\$0.00</b>	<b>\$2,656.00</b>
12. Total Monetary Receipts (add totals for lines 10 through 11)	<b>\$100,000.00</b>	<b>\$124,856.00</b>
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	<b>\$110,576.10</b>	<b>\$124,856.00</b>
14. Expenses Paid by Committee (Section G)	<b>\$0.00</b>	<b>\$14,279.90</b>
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	<b>\$110,576.10</b>	<b>\$110,576.10</b>
16. In-Kind Contributions Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
17. Refundable Deposit to Telephone Company (Section E)	<b>\$0.00</b>	<b>\$0.00</b>
18. Beginning Loan Balance	<b>\$0.00</b>	
18a. + Loans Received (Section C)	<b>\$0.00</b>	<b>\$2,656.00</b>
18b. + Interest and Penalties on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18c. - Payments on Loan	<b>\$0.00</b>	<b>\$2,656.00</b>
18d. Total Outstanding Loan Amount	<b>\$0.00</b>	
19. Expenses Incurred on Committee Credit Card (Section H)	<b>\$0.00</b>	<b>\$0.00</b>
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	<b>\$2,738.61</b>	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	<b>\$3,501.42</b>	

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Amendm

**A. Total Contributions from Small Individual Contributors-Received this Period ONLY**

Subtotal Section A

**\$0.00***(See instructions for definition of Small Individual Contributor)***B. Itemized Monetary Receipts**

Name <b>Alice Walton</b>				
Street Address <b>PO Box 1860</b>		City <b>Bentonville</b>	State <b>AR</b>	Zip Code <b>72712</b>
Principal Occupation (if applicable) <b>Executive</b>		Name of Employer (if applicable) <b>Wal-Mart</b>		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts <b><del>\$200,000.00</del></b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Amount Received
Description (if applicable)			Date Received <b>07/16/2018</b>	<b>\$100,000.00</b>

Name <b>Alice Walton</b>				
Street Address <b>PO Box 1860</b>		City <b>Bentonville</b>	State <b>AR</b>	Zip Code <b>72712</b>
Principal Occupation (if applicable) <b>Philanthropist</b>		Name of Employer (if applicable) <b>Self-Employed</b>		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts <b>\$100,000.00</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Amount Received
Description (if applicable)			Date Received <b>07/16/2018</b>	<b>\$100,000.00</b>

**Total of Section B****\$100,000.00****TOTAL OF ALL RECEIPTS**

(Sections A &amp; B)

*(Total on Line 10 of Summary Page)***\$100,000.00**

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Amendment

**C. Loans Received this Period**

Name of Lender	Source of Loan: Bank      Individual      Committee      Other				Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes      No	
Name of Cosigner/Guarantor (if applicable)					<b>Amount Received</b>
Street Address	City	State	Zip Code		

<b>Total of Section C</b>					
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**I. RECEIPTS (Sections A-E)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Amendment

**D. In-Kind Contributions**

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

<b>Total of Section D</b>					
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**I. Receipts (Sections A - E)**

NAME OF COMMITTEE	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Amendment

**E. 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			Amount of Deposit
Street Address	City	State	
<b>Total of Section E</b>			

**II. EVENT ACTIVITY (Sections F)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Amendment

**F. Event Information**

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes                  No	
Location: Street Address		City	State	Zip Code

**III. EXPENDITURES (Sections G - J)**

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>		<b>TYPE OF REPORT</b>
BUILD CT		24 Hour Independent Expenditure - Primary - Amendment

**G. Expenses Paid By Committee**

Name of Payee		Date of Payment	Method of Payment Check # Debit Card      EFT	
Street Address		City		State      Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?  Yes      No      If yes, complete Section G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	Supported  Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum  Yes      No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section      Number G             Number		Associated with Referendum?  Yes      No
Is this expenditure payment for an expense previously reported as an expense incurred in Section I  Yes      No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred?  Section      Number I             Number		Final or Full Payment  Partial with Balance Owing	

<b>Total of Section G</b>			
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<b>III. EXPENDITURES (Sections G - J)</b>					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BUILD CT				24 Hour Independent Expenditure - Primary - Amendment	
<b>H. 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, Person or Entity				Date of Transaction	
Street Address			City		State      Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes      No      If yes, complete Section H. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)			Office Sought		Supported  Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum  Yes      No	Purpose of Expenditure (by code)	Expenditure Number Section      Number  H		Associated with Referendum?  Yes      No	Amount
<b>Total of Section H</b>					

### III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BUILD CT				24 Hour Independent Expenditure - Primary - Amendment	
<b>I. Expenses Incurred By Committee but Not Paid During this Period</b>					
Name of Creditor RSA Strategies LLC				Date Incurred 07/17/2018	
Street Address PO Box 282		City New York		State NY	Zip Code 10008-0282
If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete Section I. Addendum		Description			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of Expenditure (by code)	Expenditure Number Section    Number I            297336		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,492.00
Name of Creditor Executive Office Services				Date Incurred 07/17/2018	
Street Address 2085 Madison Ave		City Bridgeport		State CT	Zip Code 06606
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, complete Section I. Addendum		Description Printing doorhangers			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum) Dennis Bradley			Office Sought State Senator		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) PRNT	Expenditure Number Section    Number I		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$989.06



### III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BUILD CT				24 Hour Independent Expenditure - Primary - Amendment	
<b>I. Expenses Incurred By Committee but Not Paid During this Period</b>					
Name of Creditor RSA Strategies LLC				Date Incurred 07/17/2018	
Street Address PO Box 282		City New York		State NY	Zip Code 10008-0282
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete Section I. Addendum		Description Mailbox rental		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) RMB	Expenditure Number Section    Number I		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$150.00
Name of Creditor RSA Strategies LLC				Date Incurred 07/17/2018	
Street Address PO Box 282		City New York		State NY	Zip Code 10008-0282
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete Section I. Addendum		Description Reimbursement for UPS mailing		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) RMB	Expenditure Number Section    Number I		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$26.71

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BUILD CT		24 Hour Independent Expenditure - Primary - Amendment	
<b>I. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor <b>Webster Bank</b>		Date Incurred <b>07/17/2018</b>	
Street Address <b>100 Broad St</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460</b>
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete Section I. Addendum	Description <b>Checks and fees</b>		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) <b>BNK</b>	Expenditure Number Section    Number I	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Amount <b>\$80.84</b>
<b>Total of Section I</b>			<b>\$2,738.61</b>

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Amendment
<b>J. Itemization of Reimbursements and Secondary Payees</b>	

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G	
		Check #	Debit Card      EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State      Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate?  Yes                      No                      If yes, complete Section J. Addendum	Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)		Office Sought	Supported  Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum  Yes                      No	Purpose of Expenditure (by code)	Expenditure Number Section      Number J	Associated with Referendum?  Yes                      No                      Amount

**Total of Section J**

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Amendment
<b>K. Five Largest Contributions Disclosed in Communication</b>	

Source of Contribution - Name of Person Making Contribution	Expenditure Number	Section	Number
Address of Person Making Contribution - City	State	Zip Code	
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount		

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Amendment
<b>L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication</b>	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number	
	Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

**Section G. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
<b>G. Expenses Paid By Committee - Addendum</b>	
<b>Expenditure Number as reported in Section G</b>	<b>Total Amount of the Expenditure</b>
<b>G</b>	

Description	Expenditure Code		
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

<b>Section H. ADDENDUM</b>			
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT		
<b>H. Expenses Incurred on Committee Credit Card - Addendum</b>			
<b>Expenditure Number as reported in Section H</b>	<b>Total Amount of Expenditure</b>		
<b>H</b>			
Description	Expenditure Code		
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

### Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
BUILD CT		24 Hour Independent Expenditure - Primary - Amendment	
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I	Total Amount of the Expenditure		
<b>I</b>	<b>297336</b>	<b>\$1,492.00</b>	
Description			Expenditure Code
Design mailers			A-DM
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated
Dennis Bradley	State Senator		\$169
Description			Expenditure Code
Design doorhangers			A-OTH
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated
Dennis Bradley	State Senator		\$169
Description			Expenditure Code
Strategy consulting			CNSLT
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated
Dennis Bradley	State Senator		\$201
Description			Expenditure Code
Administrative assistance			CNSLT
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated
			\$416
Description			Expenditure Code
Designed doorhangers			A-OTH
Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated
Brandon McGee	State Representative		\$169

Description Designed direct mail	Expenditure Code A-DM
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Name of Candidate Brandon McGee	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$169
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Description Strategy consulting	Expenditure Code CNSLT
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Name of Candidate Brandon McGee	Office Sought (if applicable) State Representative	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount Allocated \$199
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**Section J. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

**J. Itemization of Reimbursements and Secondary Payees - Addendum**

Expenditure Number as reported in Section J <b>J</b>	Total Amount of the Expenditure
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Description	Expenditure Code
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Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated
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