

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Hands Off Our Schools			
3. TREASURER NAME			
First	MI	Last	Suffix
Andrew		Brooks	
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
43 Park Pl	New Canaan	CT	06840
5. TYPE OF REPORT			
January 10 Filing - Amendment			
6. PERIOD COVERED			
Beginning Date		Ending Date	
10/27/2025		12/31/2025	
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 Itemized Campaign Finance Disclosure Statement 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. Furthermore, no contribution or covered transfer disclosed herein was solicited, accepted, or received from a foreign national.			
Electronic Filing	Andrew Brooks	02/03/2026 9:14:30PM	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p>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.</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	
Hands Off Our Schools	January 10 Filing - Amendment	
	COLUMN A This Period	COLUMN 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		\$29,577.30
9. Balance on hand at the beginning of Reporting Period	\$53,243.65	
10. Monetary Receipts (Section A and B)	\$60,033.00	\$90,063.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$60,033.00	\$90,063.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$113,276.65	\$119,640.30
14. Expenses Paid by Committee (Section G)	\$249.55	\$6,613.20
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$113,027.10	\$113,027.10
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$28,673.52	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$28,673.52	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Hands Off Our Schools	TYPE OF REPORT January 10 Filing - Amendment
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A. Total Contributions from Small Individual Contributors-Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i>	Subtotal Section A	\$33.00
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B. Itemized Monetary Receipts

Name Gregory Cohen				
Street Address 714 Lake Ave		City Greenwich	State CT	Zip Code 06830
Principal Occupation (if applicable) Investor		Name of Employer (if applicable) Rambleside		
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? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Check <input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> EFT <input type="checkbox"/> Money Order
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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable)			Date Received 11/03/2025	Aggregate Receipts \$5,000.00 Amount Received \$5,000.00

Name George Fox				
Street Address 1 Broad St # 29 EF		City Stamford	State CT	Zip Code 06901
Principal Occupation (if applicable) President		Name of Employer (if applicable) Titan Advisors		
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? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Check <input type="checkbox"/> Payroll Deduction	<input checked="" type="checkbox"/> EFT <input type="checkbox"/> Money Order
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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable)			Date Received 10/30/2025	Aggregate Receipts \$130,000.00 Amount Received \$50,000.00

Name Ernst Ohnell			
Street Address 75 Khakum Wood Rd		City Greenwich	State CT
Zip Code 06831			
Principal Occupation (if applicable) Retired		Name of Employer (if applicable) Retired	
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Committee	<input type="checkbox"/> Other	Type of Receipt : <input checked="" type="checkbox"/> Contribution
<input type="checkbox"/> Bank	<input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Affiliated Organization	<input type="checkbox"/> Reimbursement for Shared Expense
			<input type="checkbox"/> Bank Interest
			<input type="checkbox"/> Surplus Distribution
			<input type="checkbox"/> Contribution from Affiliated Treasury
			<input type="checkbox"/> Miscellaneous
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT		Aggregate Receipts
If yes, list Event # <input checked="" type="checkbox"/> No	<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$5,000.00
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		Amount Received
If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Description (if applicable)		Date Received 10/30/2025	\$5,000.00
Total of Section B			\$60,000.00
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			\$60,033.00

I. RECEIPTS (Section A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Hands Off Our Schools			January 10 Filing - Amendment	
C. Loans Received this Period				
Name of Lender		Source of Loan:		Date of Receipt
		<input type="checkbox"/> Bank	<input type="checkbox"/> Individual	<input type="checkbox"/> Committee
				<input type="checkbox"/> Other
Street Address		City	State	Zip Code
				Is there a cosigner or Guarantor of this loan?
				Yes No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address		City	State	Zip Code
Total of Section C				

I. RECEIPTS (Sections A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Hands Off Our Schools			January 10 Filing - 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:	Yes No 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#				
Total of Section D				

I. Receipts (Sections A - E)				
NAME OF COMMITTEE			TYPE OF REPORT	
Hands Off Our Schools			January 10 Filing - Amendment	
E. Refundable Deposit to Telephone Company				
Last Name of Individual		First Name		MI
				Date Deposit Made
Residential Street Address		City	State	Zip Code
				Amount of Deposit
Name of Telephone company				
Street Address		City	State	Zip Code
Total of Section E				

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	January 10 Filing - Amendment

F. Event Information

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

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Hands Off Our Schools	TYPE OF REPORT January 10 Filing - Amendment
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G. Expenses Paid By Committee

Name of Payee Anedot Inc.		Date of Payment 11/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3723 Greenville Ave Ste 41002		City Dallas		State TX
Zip Code 75206				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Transaction fees charged by Anedot		Event #
If yes, complete Section G. Addendum				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) Misc *	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1.62
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

Name of Payee FD Bank, N.A.		Date of Payment 12/19/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 380 Main Ave		City Norwalk		State CT
Zip Code 06851				
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Credit Card Payment for Website		Event #
If yes, complete Section G. Addendum				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CCP	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$247.93
Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section I Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	January 10 Filing - Amendment

G. Expenses Paid By Committee

Name of Payee TD Bank, N.A.	Date of Payment 12/19/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Street Address 380 Main Ave	City Norwalk	State CT	Zip Code 06851
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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 G. Addendum	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Credit Card Payment for Wix website and Gsuite services	Event #
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Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Ryan Fazio	Office Sought Governor	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CCP	Expenditure Number Section: G Number:	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$247.93
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Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what is the expenditure number of the expense previously incurred? Section: I Number:	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
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Total of Section G		\$249.55
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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	January 10 Filing - Amendment

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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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 #
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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
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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
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Total of Section H

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	January 10 Filing - Amendment

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

Name of Creditor Gen2 Solutions, LLC		Date Incurred 11/11/2025	
Street Address 3001 Washington Blvd Fl 7	City Arlington	State VA	Zip Code 22201
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 Mailer		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum) ERIN FOR CONNECTICUT	Office Sought Governor	<input type="checkbox"/> Supported	<input checked="" 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) A-DM	Expenditure Number Section Number I	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Amount \$6,002.08

Name of Creditor Gen2 Solutions, LLC		Date Incurred 11/11/2025	
Street Address 3001 Washington Blvd Fl 7	City Arlington	State VA	Zip Code 22201
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 Research Report		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum) ERIN FOR CONNECTICUT	Office Sought Governor	<input type="checkbox"/> Supported	<input checked="" 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) Misc *	Expenditure Number Section Number I	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Amount \$17,500.00

III. EXPENDITURES (Sections G - J)

III. EXPENDITURES (Sections G - J)			
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT
Hands Off Our Schools			January 10 Filing - Amendment
I. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor			Date Incurred
Gen2 Solutions, LLC			11/18/2025
Street Address		City	State Zip Code
3001 Washington Blvd Fl 7		Arlington	VA 22201
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 Mailer	
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
ERIN FOR CONNECTICUT		Governor	<input checked="" type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number Section Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-DM	I	\$5,171.44
Total of Section I			\$28,673.52

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	January 10 Filing - Amendment

J. Itemization of Reimbursements and Secondary Payees

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
Hands Off Our Schools	January 10 Filing - Amendment

K. Five Largest Contributions Disclosed in Communication

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
Hands Off Our Schools	January 10 Filing - Amendment

L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication

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

G. Expenses Paid By Committee - Addendum

Expenditure Number as reported in Section G G	Total Amount of the Expenditure
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Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section H. ADDENDUM

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

H. Expenses Incurred on Committee Credit Card - Addendum

Expenditure Number as reported in Section H	Total Amount of Expenditure
H	

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

I. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure Number as reported in Section I	Total Amount of the Expenditure
I	

Description	Expenditure Code

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

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

Total Amount of the Expenditure

J

Description

Expenditure Code

Name of Candidate

Office Sought (if applicable)

Supported

Amount Allocated

Opposed