

SEEC FORM 23

Self-Funded Candidate's Expenditure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised March 2012



Do Not Mark in This Space For Official Use Only

COVER PAGE

Page 1 of 4

1. CANDIDATE NAME			
First	MI	Last	Suffix
2. CANDIDATE ADDRESS			
Street Address	City	State	Zip Code
3. ELECTION DATE	4. OFFICE SOUGHT		5. DISTRICT NUMBER
(mm/dd/yyyy)			(if applicable)
6. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 45 days following May election	<input type="checkbox"/> Supplemental Statement (Specify Type) ○ Primary ○ Election
<input type="checkbox"/> April 10	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following special election	<input type="checkbox"/> Amendment to (Specify Type of Report)
<input type="checkbox"/> July 10	<input type="checkbox"/> 7th day preceding election		
<input type="checkbox"/> October 10			
7. PERIOD COVERED			
Beginning Date		Ending Date	
_____		_____ through _____	
8. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Self-Funded Candidate's Expenditure Statement for the period covered is true, accurate and complete.			
_____ SIGNATURE OF CANDIDATE		_____ PRINTED NAME OF CANDIDATE	_____ DATE (mm/dd/yyyy)
SUMMARY			
	COLUMN A This Period	COLUMN B Aggregate	
9. Expenditures Paid by Candidate (Section A - Page 2)			
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)			
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			
Detailed instructions for the SEEC Form 23 are available on the Commission website at www.ct.gov/seec or at the Commission's offices.			
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION 20 Trinity Street · Hartford, Connecticut 06106-1628			

EXPENDITURES

NAME OF CANDIDATE				TYPE OF REPORT	
A. Expenses Paid by Candidate					
Name of Payee					Amount
Street Address			City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate?
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
Name of Payee					Amount
Street Address			City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate?
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
Name of Payee					Amount
Street Address			City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate?
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
Name of Payee					Amount
Street Address			City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate?
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
Name of Payee					Amount
Street Address			City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate?
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
SUBTOTAL Section A - This Page					
TOTAL of additional Section A Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 9 of Cover Page)</i>					

NAME OF CANDIDATE				TYPE OF REPORT	
B. Expenses Incurred by Candidate this Period but Not Paid					
Name of Creditor					Amount Incurred
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Creditor					Amount Incurred
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Creditor					Amount Incurred
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Creditor					Amount Incurred
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Creditor					Amount Incurred
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>			Office Sought		
SUBTOTAL Section B - This Page					
TOTAL of additional Section B Pages					
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 10 of Cover Page)</i>					
Previous Reported Expenses Unpaid and Still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE BUT NOT PAID <i>(Enter total on Line 11 of Cover Page)</i>					

EXPENDITURES

NAME OF CANDIDATE			TYPE OF REPORT	
C. Itemization of Reimbursements to Candidate Workers and Consultants				
Last Name of Worker/Consultant		First		MI
Secondary Payee			Amount	
Street Address		City		State Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			Amount	
Street Address		City		State Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			Amount	
Street Address		City		State Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			Amount	
Street Address		City		State Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
SUBTOTAL Section C - This Page				
TOTAL of additional Section C Pages				
TOTAL OF ALL REMIBURSEMENTS TO CANDIDATE WORKERS AND CONSULTANTS				

EXPENDITURE CODE ADDENDUM

For use with Sections A, B and C of the SEEC Form 23

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

Warning: *The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, individuals must read these instructions and Chapters 155 and 157 of the Campaign Finance Laws or contact the State Elections Enforcement Commission at 860-256-2940.*

Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising. Include the costs for *both* the **development and the delivery** of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, *not* as **Professional Consultant (CNSLT)**, which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use **A-OTH** for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used.

A-DM: expenditure to **advertise** through **direct mail**.

A-MAG: expenditure to **advertise** through a **magazine**.

A-NEWS: expenditure to **advertise** through a **newspaper**.

A-ATM: expenditure to advertise using an **automated telephone/fax message**, or an **automated telemarketing message**.

A-PH-BNK: expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (*above*) and polls and surveys (*below*).

A-RAD: expenditure to **advertise** on **radio**.

A-SIGN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard **signs** visible from any street or highway.

A-TV: expenditure to **advertise** on **television**.

A-WEB: expenditure to advertise on the **World Wide Web**. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. *See WEB for other web-related expenditures.*

A-OTH: expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, etc. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ads placed in ad books, in schools or civic organizations' ad book pamphlets or bulletins; or (e) ads placed in ad books for fundraising events held by other committees.

***ATT:** expenditure for **attendance fee or entrance fee** for any person to a (1) fundraiser held by *any* committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar; etc. In the text box of the **Description Field**, which is **mandatory** under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

CNSLT: expenditures to a professional **consultant**. Professional consultants are individuals or entities that are paid by the candidate as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the candidate as volunteers. Examples: management firms, public relations firms, lawyers and accountants, etc. However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. **A-DM**, **A-OTHR**, **POLLS**). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section C, "Itemization of Reimbursements to Candidate Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

***EFV:** expenditures for **equipment, furniture, and vehicles**. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, etc. The text box of the **Description Field**, which is **mandatory** in this situation, must list the item, and whether the expenditure is a purchase, rental or lease.

FOOD: expenditures paid directly to a vendor for food and beverage.

EXPENDITURE CODE ADDENDUM

For use with Sections A, B and C of the SEEC Form 23

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

OFFICE: expenditures for **office supplies** such as paper, pens, printer cartridges, etc.

OVHD: expenditures of **overhead operating** costs, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with candidate activities, related insurance, utility payments for candidate headquarters, subscriptions and similar overhead operating expenses.

POC: expenditures to record a **payment to another committee** at fair market value for goods, services or other things of value provided by that other committee as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were loaned to the committee, etc. **Please Note:** Absent payment to the other committee at fair market value for such benefits received, **within 45 days of receipt**, the candidate would be receiving an **In-Kind Contribution** from the other committee which would make the candidate ineligible to continue as a self-funded candidate and would **require** the formation of a candidate committee.

POLLS: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from phone banks (**A-PH-BNK**) because the information is not just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing **and** conducting the poll or survey, use **POLLS** as the expenditure code, not **CNSLT** (*see above*).

POST: expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT: expenditures associated with the costs of **printing**, photocopying or reproducing literature, stationery, invitations and the like.

RCW: expenditures to **reimburse candidate workers**. This is when the cost of payment for something needed by the candidate is advanced by the candidate worker and reimbursement is sought and obtained from the candidate who authorized the payment within 45 days of receipt of the paid for item. **Please Note:** Absent reimbursement to the worker **within 45 days of receipt** of the paid for item, the candidate would be receiving an **In-Kind Contribution** from the worker, which would make the candidate ineligible to continue as a self-funded candidate and would **require** the formation of a candidate committee. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the worker. Go immediately to Section C, "Itemization of Reimbursements to Candidate Workers and Consultants," and follow the instructions for reporting of Secondary Payees.

TRVL: expenditures for an individual's **transportation** costs and **lodging** authorized by the candidate, such as the cost of gasoline, other transportation fare, and lodging. The cost of **attending** any event should be coded as **attendance** (*see ATT above*) and **any separate payment** for **food** outside the cost of the attendance fee should be coded as **FOOD**.

WAGE: expenditures for **wages and benefits** paid to the candidate's staff. This is to be distinguished from payments to professional consultants (**CNSLT**) who are independent contractors.

WEB: expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a website and homepage; (b) an internet provider; (c) a domain name on the internet; and (d) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web (*see A-WEB above*).

***MISC:** expenditures of **Miscellaneous** items that are not listed above. The text box of the **Description Field**, which is mandatory in this situation, must explain in narrative form, with sufficient clarity, the purpose of this expenditure.

If additional pages are needed to complete all information required in each section of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the section.

For Sections A, B and C, reproduce the "Addendum Page" for the appropriate section if a transaction is coordinated with more than one candidate.

Section A. ADDITIONAL PAGE

_____ of _____

NAME OF CANDIDATE			TYPE OF REPORT	
A. Expenses Paid by Candidate				
Name of Payee				Amount
Street Address		City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Name of Payee				Amount
Street Address		City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Name of Payee				Amount
Street Address		City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Name of Payee				Amount
Street Address		City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Name of Payee				Amount
Street Address		City	State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section A. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
SUBTOTAL Section A - This Page				

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

Section B. ADDITIONAL PAGE _____ of _____

NAME OF CANDIDATE			TYPE OF REPORT	
B. Expenses Incurred by Candidate this Period but Not Paid				
Name of Creditor				Amount Incurred
Street Address		City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Name of Creditor				Amount Incurred
Street Address		City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Name of Creditor				Amount Incurred
Street Address		City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Name of Creditor				Amount Incurred
Street Address		City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Name of Creditor				Amount Incurred
Street Address		City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
SUBTOTAL Section B - This Page				

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

Section C. ADDITIONAL PAGE

_____ of _____

NAME OF CANDIDATE			TYPE OF REPORT	
C. Itemization of Reimbursements to Candidate Workers and Consultants				
Last Name of Worker/Consultant		First		MI
Secondary Payee			Amount	
Street Address		City		State Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			Amount	
Street Address		City		State Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			Amount	
Street Address		City		State Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
Last Name of Worker/Consultant		First		MI
Secondary Payee			Amount	
Street Address		City		State Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section C. Addendum</i>
Name of Candidate <i>(if applicable)</i>		Office Sought		
SUBTOTAL Section C - This Page				

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK