

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015



| |
|---|
| Do Not Mark in This Space For Official Use Only |
|---|

COVER PAGE

| | | | | |
|--|---|---|--|---------------------------|
| 1. NAME OF COMMITTEE | | | | |
| | | | | |
| 2. TREASURER NAME | | | | |
| First | MI | Last | Suffix | |
| 3. TREASURER ADDRESS | | | | |
| Street Address | City | State | Zip Code | |
| 4. ELECTION/REFERENDUM DATE | | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> | | 6. DISTRICT NUMBER |
| (mm/dd/yyyy) | | | | <i>(if applicable)</i> |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i> | | | | |
| First | MI | Last | Suffix | |
| 8. TYPE OF REPORT <i>(Check One Box)</i> | | | | |
| <input type="checkbox"/> January 10 filing | <input type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> | |
| <input type="checkbox"/> April 10 filing | <input type="checkbox"/> 30 days following primary | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to | |
| <input type="checkbox"/> July 10 filing | <input type="checkbox"/> 7th day preceding election | <input type="checkbox"/> Deficit | Type of Report: | |
| <input type="checkbox"/> October 10 filing | <input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i> | <input type="checkbox"/> Termination | _____ | |
| <input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="checkbox"/> 45 days following election not held in November | | | |
| 9. PERIOD COVERED | | | | |
| Beginning Date | | Ending Date | | |
| _____ | | _____ | | |
| thru | | | | |
| 10. CERTIFICATION | | | | |
| 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. | | | | |
| _____ TREASURER OR DEPUTY TREASURER (SIGNATURE) | | _____ PRINT NAME OF SIGNER | | |
| | | _____ DATE (mm/dd/yyyy) | | |
| <i>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.</i> | | | | |

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT | |
|---|-------------------------|-----------------------|
| | COLUMN A This Period | COLUMN B Aggregate |
| 11. 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 | | |
| 12. Balance on hand at the beginning of Reporting Period | | |
| 13. Contributions Received from Individuals (Sections A and B) | | |
| 14. Receipts from Other Committees (Sections C1 and C2) | | |
| 15. Other Monetary Receipts (Sections D through K) | | |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | | |
| 16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i> | | |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) | | |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | | |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | | |
| 19. Expenses Paid by Committee (Section P) | | |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | | |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | | |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | | |
| 23. In-Kind Contributions Received (Section M) | | |
| 24. Refundable Deposit to Telephone Company (Section N) | | |
| 25. Loan Balance | | |
| 25a. + Loans Received (Section D) | | |
| 25b. + Interest and Penalties on Loan | | |
| 25c. - Payments on Loan | | |
| 25d. Total Outstanding Loan Amount | | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | | |
| 27. Expenses Incurred on Committee Credit Card (Section R) | | |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|---|------------------|-------------------------------|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | | | | \$ | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name | | First | | MI | |
| Residential Street Address | | City | | State | Zip Code |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | Date Received | Aggregate Contributions | |
| Last Name | | First | | MI | |
| Residential Street Address | | City | | State | Zip Code |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | Date Received | Aggregate Contributions | |
| Last Name | | First | | MI | |
| Residential Street Address | | City | | State | Zip Code |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | Date Received | Aggregate Contributions | |
| SUBTOTAL Section B — This Page | | | | | |
| TOTAL of additional Section B Pages | | | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | | |
|---|---|---|--|-------------------|---------------|-------------------------------|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | | | TYPE OF REPORT | |
| C1. Contributions from Other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i> | | | Amount of Contribution | |
| City | | State | Zip Code | | Date Received | Aggregate Contributions | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i> | | | Amount of Contribution | |
| City | | State | Zip Code | | Date Received | Aggregate Contributions | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i> | | | Amount of Contribution | |
| City | | State | Zip Code | | Date Received | Aggregate Contributions | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | City | | | State | Zip Code |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution | | | | Amount of Receipt | |
| Description | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | City | | | State | Zip Code |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution | | | | Amount of Receipt | |
| Description | | | | | | | |
| SUBTOTAL Section C — This Page | | | | | | | |
| TOTAL of additional Section C Pages | | | | | | | |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i> | | | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
|---|----------------|

D. Loans Received this Period

| | | | | |
|---|------|--|----------|--|
| Name of Lender | | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee | | Date of Receipt |
| Street Address | City | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | Amount Received |
| Street Address | City | State | Zip Code | |
| Name of Lender | | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee | | Date of Receipt |
| Street Address | City | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | Amount Received |
| Street Address | City | State | Zip Code | |
| Name of Lender | | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee | | Date of Receipt |
| Street Address | City | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | Amount Received |
| Street Address | City | State | Zip Code | |

TOTAL SECTION D

E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

| | | | | |
|----------------|-------|---------------|-------------------------|------------------------|
| Name of Entity | | | | |
| Street Address | | Date Received | | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |
| Name of Entity | | | | |
| Street Address | | Date Received | | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |
| Name of Entity | | | | |
| Street Address | | Date Received | | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |

TOTAL SECTION E

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| | |

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

| | | |
|-----------------|---|---------------|
| Date of Receipt | Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> | Amount |

TOTAL SECTION F

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

| | | |
|-----------------|-----------------|-----------------|
| Date of Receipt | Date of Receipt | Date of Receipt |
| Amount | Amount | Amount |

TOTAL SECTION G

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

| | | |
|-----------------|--|---------------|
| Date of Receipt | Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | Amount |

TOTAL SECTION H

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

| | |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| | |

J. Interest from Deposits in Authorized Accounts

| | | | | |
|---------------------|------|---------------|----------|---------------|
| Name of Institution | | Date Received | | Amount |
| Street Address | City | State | Zip Code | |
| Name of Institution | | Date Received | | Amount |
| Street Address | City | State | Zip Code | |

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

| | | | | |
|----------------|------|---------------------|----------|------------------------|
| Name | | Date of Transaction | | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Name | | Date of Transaction | | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Name | | Date of Transaction | | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Name | | Date of Transaction | | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

| | | |
|---|---|--|
| Total Loans Received this Period (Section D) | | |
| Total Receipts from Entities other than Individuals or Other Committees (Section E) | + | |
| Total Amount Transferred from Affiliated Business Treasury (Section F) | + | |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) | + | |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) | + | |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) | + | |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) | + | |

| |
|--|
| Total of Other Monetary Receipts <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i> |
|--|

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | |
|--|--------|-------------|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | |
| L1. Event Information | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address | | City | State | Zip Code |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? <input type="checkbox"/> Yes <i>(If yes, go to Section L5 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.)</i> <input type="checkbox"/> No | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="checkbox"/> No | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="checkbox"/> No | | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="checkbox"/> No | | | | |
| Subpart 3: (Town Committees ONLY) | | | | |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="checkbox"/> No | | | | |
| | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address | | City | State | Zip Code |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? <input type="checkbox"/> Yes <i>(If yes, go to Section L5 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.)</i> <input type="checkbox"/> No | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="checkbox"/> No | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="checkbox"/> No | | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="checkbox"/> No | | | | |
| Subpart 3: (Town Committees ONLY) | | | | |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="checkbox"/> No | | | | |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page | | | | |
| SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page | | | | |
| TOTAL of additional Section L1 Pages | | | | |
| TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i> | | | | |

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

| | |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| | |

L3. Purchases of Advertising in a Program Book or on a Sign

| | |
|-------------------|---|
| Name of Purchaser | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship |
|-------------------|---|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

| | | | | |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | |
|-------------------|---|
| Name of Purchaser | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship |
|-------------------|---|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

| | | | | |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | |
|-------------------|---|
| Name of Purchaser | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship |
|-------------------|---|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

| | | | | |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | |
|-------------------|---|
| Name of Purchaser | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship |
|-------------------|---|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

| | | | | |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | |
|-------------------|---|
| Name of Purchaser | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship |
|-------------------|---|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

| | | | | |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | |
|---|--|
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page | |
|---|--|

| | |
|---|--|
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page | |
|---|--|

| | |
|---|--|
| TOTAL of additional Section L3 Pages | |
|---|--|

| | |
|--|--|
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i> | |
|--|--|

II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | | |
|--|-------------------------|---------|--------------------------------|--------------------------------------|----------|
| L4. In-Kind Donations Not Considered Contributions | | | | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship | Date Received | Event # | Aggregate Value for this Event | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship | Date Received | Event # | Aggregate Value for this Event | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship | Date Received | Event # | Aggregate Value for this Event | | |
| Name of Donor | | | | | |
| Street Address | | City | | State | Zip Code |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation | |
| <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship | Date Received | Event # | Aggregate value for this Event | | |
| SUBTOTAL Section L4 — This Page | | | | | |
| TOTAL of additional Section L4 Pages | | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i> | | | | | |

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | |
|--|---|---|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | |
| L5. In-Kind Donations Not Considered Contributions Associated with a House Party | | | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | Zip Code |
| Description of Donation | | | Fair Market Value of Donation | |
| Event # | Aggregate Value of this Event— <i>all hosts</i> | Aggregate Value of all Events— <i>this host/candidate</i> | | |
| SUBTOTAL Section L5 — This Page | | | | |
| TOTAL of additional Section L5 Pages | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY | | | <i>(Enter total on Line 22, Column A of Summary Page Totals)</i> | |
| | | | | |

III. NONMONETARY RECEIPTS (Sections M—O)

| | | | | | | | |
|--|--|---|-------------------------|----------------|-------------------------------------|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | | | |
| M. In-Kind Contributions | | | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | | Date Received | Aggregate Contributions | | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | | Date Received | Aggregate Contributions | | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | | Date Received | Aggregate Contributions | | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | | Date Received | Aggregate Contributions | | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | | Date Received | Aggregate Contributions | | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| SUBTOTAL Section M — This Page | | | | | | | |
| TOTAL of additional Section M Pages | | | | | | | |
| TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i> | | | | | | | |

| | | | | | | | |
|---|--|--|--|-------|--|-------|--------------------------|
| N. Refundable Deposit to Telephone Company | | | | | | | |
| Last Name of Individual | | | | First | | MI | Date Deposit Made |
| Residential Street Address | | | | City | | State | Zip Code |
| Name of Telephone Company | | | | | | | Amount of Deposit |
| Street Address | | | | City | | State | |
| TOTAL SECTION N <i>(Enter total on Line 24, Column A of Summary Page Totals)</i> | | | | | | | |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
|---|---|---------|-----------------|--|
| P. Expenses Paid by Committee | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure (<i>Itemization in Addendum P Required unless "None of the below" is checked</i>) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Name of Payee | | | Date of Payment | Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure (<i>Itemization in Addendum P Required unless "None of the below" is checked</i>) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Name of Payee | | | Date of Payment | Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure (<i>Itemization in Addendum P Required unless "None of the below" is checked</i>) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| Name of Payee | | | Date of Payment | Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address | | City | | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure (<i>Itemization in Addendum P Required unless "None of the below" is checked</i>) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| SUBTOTAL Section P — This Page | | | | |
| TOTAL of additional Section P Pages | | | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals) | | | | |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | |
|--|----------------------------------|-------------|-----------------|---|
| Q. Campaign Expenses Paid by Candidate | | | | |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | City | | State |
| Zip Code | Purpose of Expenditure (by code) | Description | | Event # |
| | | | | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | City | | State |
| Zip Code | Purpose of Expenditure (by code) | Description | | Event # |
| | | | | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | City | | State |
| Zip Code | Purpose of Expenditure (by code) | Description | | Event # |
| | | | | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | City | | State |
| Zip Code | Purpose of Expenditure (by code) | Description | | Event # |
| | | | | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | | Date of Payment | Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address | | City | | State |
| Zip Code | Purpose of Expenditure (by code) | Description | | Event # |
| | | | | Amount |
| SUBTOTAL Section Q — This Page | | | | |
| TOTAL of additional Section Q Pages | | | | |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i> | | | | |

| | | | | |
|--|--|--|----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
|--|--|--|----------------|--|

R. Expenses Incurred on Committee Credit Card

| | | | | |
|-----------------------------|--|--|--|--|
| Name of Issuing Institution | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other: | | | |
|-----------------------------|--|--|--|--|

| | | | | |
|----------------------------------|--|------|---------------------|----------|
| Name of Vendor, Person or Entity | | | Date of Transaction | |
| Street Address | | City | State | Zip Code |

| | | | |
|----------------------------------|--|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |

| | | | | |
|----------------------------------|--|------|---------------------|----------|
| Name of Vendor, Person or Entity | | | Date of Transaction | |
| Street Address | | City | State | Zip Code |

| | | | |
|----------------------------------|--|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |

| | | | | |
|----------------------------------|--|------|---------------------|----------|
| Name of Vendor, Person or Entity | | | Date of Transaction | |
| Street Address | | City | State | Zip Code |

| | | | |
|----------------------------------|--|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |

| | | | |
|--|--|--|--|
| SUBTOTAL Section R — This Page | | | |
| TOTAL of additional Section R Pages | | | |
| TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27, Column A of Summary Page Totals)</i> | | | |

| |
|--|
| |
|--|

| | | | | | |
|--|--|--|---------|----------------|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| S. Expenses Incurred by Committee but Not Paid During this Period | | | | | |
| Name of Creditor | | | | Date Incurred | |
| Street Address | | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount Incurred (Estimate or Actual) |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) | | | | |
| <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | | |
| Name of Creditor | | | | Date Incurred | |
| Street Address | | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount Incurred (Estimate or Actual) |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) | | | | |
| <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | | |
| Name of Creditor | | | | Date Incurred | |
| Street Address | | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount Incurred (Estimate or Actual) |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) | | | | |
| <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) | | | | | |
| SUBTOTAL Section S-This Page | | | | | |
| TOTAL of additional Section S Pages | | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID | | | | | |
| <i>(Enter total on Line 28, Column A of Summary Page Totals)</i> | | | | | |
| Previously reported Expenses Unpaid and still Outstanding | | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID | | | | | |
| <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i> | | | | | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|---|---|-------|---------|---|---|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| T. 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 P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| 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 P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| 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 P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section T — This Page | | | | | |
| TOTAL of additional Section T Pages | | | | | |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | | | | | |

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20

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, treasurers must read the committee guide applicable to their type of committee.*

Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. 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. **Please Note:** The one **exception** to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. **Fundraising Event** advertising must be coded **FNDR** (*see explanation below*) irrespective of the advertising delivery method.

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: any 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) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins; or (e) 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.

BNK: expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Section R of the SEEC Form 20, entitled "Expenses Incurred on Committee Credit Card."

CCP: expenditure to record **any payment of the Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Section R of the Form 20, entitled "Expenses Incurred on Committee Credit Card," to record actual charges made against the credit card account, including any finance charges.

CEF: expenditure to record any payment to the State of Connecticut's **Citizens Election Fund (CEF)**. **Checks should be made payable to the Citizens' Election Fund and sent to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106.** This expenditure code does not apply to the surplus distribution (**SRPLS**) expenditure code explained below.

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20

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

CNSLT: expenditures to a professional **consultant**. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee 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 T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

CNTRB: expenditures that are **contributions to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee (POC)** for shared expenses or fair market value of goods or services provided to the committee by another committee acting as a vendor. *See explanation of POC below.*

***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. *Please Note:* Vehicles may only be leased and may not be purchased.

FOOD: expenditures paid directly to a vendor for food and beverage, **except** if the vendor is paid for these items in association with the committee's own sponsored **fundraiser** (*see FNDR below*) or the committee's own sponsored **inaugural event** (*see INAUG below*).

***FNDR:** expenditures associated with holding a committee **fundraising event** (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.). Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must, however, be coded **FNDR** irrespective of the advertising delivery method. *Please Note:* This expenditure category **must not include** expenditures of the committee's funds for the **attendance fees (ATT) of any persons** attending **any** other committee's fundraising event.

***GIFT:** record the purchase of any item that is to be given as a **gift** to any individual or entity. Gifts to committee workers are limited to an aggregate of \$100 per recipient. The text box of the **Description Field**, which is **mandatory** in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

INAUG: expenditures relating to the committee's costs for hosting an **inaugural event** for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as an **attendance fee** (*see ATT above*).

LOAN: expenditures to record the payment of committee's **LOAN**, whether principal, interest or both. *Please Note:* Any penalties assessed for non-payment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Section S of the SEEC Form 20.

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 committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.

Party Building Activity: Each expenditure code beginning with "**PBA-**" is to be used to identify party building activity, which includes but is not limited to, any political meeting, conference, convention and other event, attendance or involvement at which promotes or advances the interests of the party at a local, state or national level, and any associated expenses.

The text box of the Description Field, which is mandatory for all "**PBA-**" codes, must identify the name, date and location of the political meeting or event, the name of the entity sponsoring the event, as well as the number of individuals that this reported expense covered.

***PBA-ATT:** Expenditure for an **attendance or admission fee** for a political meeting, conference, convention, or other event, attendance or involvement at which promotes or advances the interests of the party at a local, state or national level.

***PBA-TRVL:** Expenditure for the costs of **travel and lodging** associated with attendance at a political meeting, conference, convention or other event, attendance or involvement at which promotes or advances the interests of the party.

***PBA-OTH:** **Other party building expenditures** such as meals associated with attendance at a political meeting, conference, convention or other event, attendance or involvement at which promotes or advances the interests of the party.

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20

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

PETTY: expenditure to replenish the committee's **petty cash fund**.

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 acting as a vendor or 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. Absent payment to the other committee at fair market value for such benefits received, **within 45 days of receipt**, the committee would be receiving an **In-Kind Contribution** from the other committee. **Please Note: In-Kind**

Contributions do not require an expenditure code because they are receipts of the committee, not expenditures. The **POC** expenditure code category must be distinguished from expenditures that are coded as **contributions to another committee (CNTR)**.

POLLS: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from phone banks (**A□PH-BNK**) because the information isn't 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 committee workers**, which may include a candidate. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's treasurer who authorized the payment within 45 days of receipt of the paid for item. **Please Note:** Absent reimbursement to the committee worker **within 45 days of receipt** of the paid for item, the committee would be receiving an **In□Kind Contribution** from the committee worker. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. **Further Note:** When reimbursing the candidate, report the purchase in Section Q of the SEEC Form 20, entitled "Campaign Expenses Paid by the Candidate."

REF: **refunds** are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.

SRPLS: expenditures which are **surplus distributions** in connection with the termination and dissolution of the committee.

TRAIN: expenditures for **campaign training events**, and associated materials, provided to multiple individuals by a legislative caucus committee.

TRVL: expenditures for an individual's **transportation** costs and **lodging** authorized by the treasurer, 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 committee'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 committee web site and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) 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*).

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.

Additional Pages are located at the back of the SEEC Form 20.

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|----------------|
|-------------------|----------------|

| | |
|--|--|
| | |
|--|--|

L5. In-Kind Donations Not Considered Contributions Associated with a House Party — *Addendum*

| | |
|---------|--------------------------------|
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |
| Event # | Name of Candidate or Committee |

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

