

SEEC FORM 20

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



RECEIVED
EAST HAVEN, CT.

2023 JAN 23 A 11:29

Chris Batters
TOWN CLERK

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
Castroja Feb Mayor Exploratory Committee			
2. TREASURER NAME			
First Richard	MI A	Last DePalma	Suffix
3. TREASURER ADDRESS			
Street Address 10 Seaview Ave	City East Haven	State CT	Zip Code 06512
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT (Complete only if Candidate Committee) Mayor		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Joseph	MI A	Last Castroja	Suffix
8. TYPE OF REPORT (Check One Box)			
<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 (PACs ONLY)
<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 (State Central Committees Only)	<input checked="" type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure O Primary O Election	<input type="checkbox"/> 45 days following election not held in November	of Exploratory Committee	
9. PERIOD COVERED			
Beginning Date 8-24-22		thru	Ending Date 1/20/23
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.			
		<i>Richard DePalma</i>	<i>1/20/23</i>
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
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.			

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	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		0
12. Balance on hand at the beginning of Reporting Period	100.00	
13. Contributions Received from Individuals (Sections A and B)	1770.00	1870.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
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)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	1770.00	1870.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	1870.00	1870.00
19. Expenses Paid by Committee (Section P)	77.20	77.20
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	1792.80	1792.80
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	0
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	0
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	0
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	0

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Caffery For Mayor</i>	TYPE OF REPORT <i>Exploratory Report</i>
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 <i>Luzzi</i>		First <i>Michael</i>		MI <i>J</i>	
Residential Street Address <i>3 - Whales Point Rd</i>		City <i>203-675-9999</i>		State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>lawyer</i>		Name of Employer <i>Law Offices of Michael J Luzzi LLC</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution <i>100.-</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>6-27-12</i>	Aggregate Contributions <i>100.-</i>		

Last Name <i>Arneinto</i>		First <i>Lucille</i>		MI	
Residential Street Address <i>263 Riverside Dr.</i>		City <i>Hamden</i>		State <i>CT</i>	Zip Code <i>06518</i>
Principal Occupation <i>Retiree</i>		Name of Employer <i>Retired</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		Amount of Contribution <i>500.00</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>9-23-2012</i>	Aggregate Contributions <i>500.00</i>		

Last Name W... <i>Sanford</i>		First <i>Wayne</i>		MI	
Residential Street Address <i>350 Mansfield Ave Rd</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		Amount of Contribution <i>50</i>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>1-12-23</i>	Aggregate Contributions <i>50.</i>		

SUBTOTAL Section B — This Page	<i>650.00</i>
TOTAL of additional Section B Pages	<i>1870.00</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<i>14570.00</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Cathara Feb May 6</i>	TYPE OF REPORT
A. Total Contributions from Small Contributors Received this Period ONLY (See Instructions for definition of Small Contributor)	\$

B. Itemized Contributions from Individuals

Last Name <i>Duzzi</i>		First <i>Michael</i>		MI <i>5</i>	
Residential Street Address <i>3 - Whales Point Road</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Attorney</i>		Name of Employer <i>Law Offices of Michael Duzzi LLC</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		250	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>1-17-23</i>	Aggregate Contributions <i>250</i>		
Last Name <i>Deke</i>		First <i>Joseph</i>		MI	
Residential Street Address <i>147 Sakona Ave.</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Freightier</i>		Name of Employer <i>Town of Guilford</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		50	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>1/12/23</i>	Aggregate Contributions <i>50</i>		
Last Name <i>Kot</i>		First <i>Anna</i>		MI	
Residential Street Address <i>133 Foxon Hill Rd.</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>Data Scientist</i>		Name of Employer <i>KPMG LLP</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		250	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>1/12/23</i>	Aggregate Contributions <i>250</i>		
SUBTOTAL Section B — This Page				<i>550.00</i>	
TOTAL of additional Section B Pages				<i>1220.00</i>	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				<i>1470.00</i>	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Canaan Feb Mayor</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 <i>Bysiewicz</i>		First <i>Susan</i>		MI	
Residential Street Address <i>15 Tall Timbers Rd</i>		City <i>Middle Town</i>		State <i>CT</i>	Zip Code <i>06457</i>
Principal Occupation <i>LT Governor Attorney</i>		Name of Employer <i>State of CT</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No			Amount of Contribution <i>50.00</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No				
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>1-12-73</i>	Aggregate Contributions <i>50</i>		

Last Name <i>Frascono</i>		First <i>Benedict</i>		MI	
Residential Street Address <i>81 Eddon Drive</i>		City <i>East Haven</i>		State <i>CT</i>	Zip Code <i>06512</i>
Principal Occupation <i>PI</i>		Name of Employer <i>Ben met Investigations LLC</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No			Amount of Contribution <i>20-</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No				
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>1-13-73</i>	Aggregate Contributions <i>20.-</i>		

Last Name <i>Thompson</i>		First <i>Debbie</i>		MI	
Residential Street Address <i>10 B Harbor Village</i>		City <i>Beauford</i>		State <i>CT</i>	Zip Code <i>06405</i>
Principal Occupation <i>Administrative Assistant</i>		Name of Employer <i>Town of East Haven</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No			Amount of Contribution <i>100-</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No				
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <i>1-13-73</i>	Aggregate Contributions <i>100-</i>		

SUBTOTAL Section B — This Page	<i>170.00</i>
TOTAL of additional Section B Pages	<i>670.00</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<i>1870.00</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>Provide Complete Name as Registered with Filing Repository</i> Cattaraugus Feb March	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 Pompano	First Raymond	MI	Residential Street Address 105 Sorento Ave	City East Haven	State CT	Zip Code 06512
Principal Occupation Retired			Name of Employer BI			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Amount of Contribution 500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1-13-23
		Aggregate Contributions 500

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"/> 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"/> 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	500
TOTAL of additional Section B Pages	0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	1870.00

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? <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? <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? <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	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address					Amount Received	
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	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address					Amount Received	
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	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address					Amount Received	
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.

I. MONETARY RECEIPTS (Sections A—K)

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 (Add Sections D through K) <i>(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 style="width: 100px;" type="text"/> <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 style="width: 100px;" type="text"/> <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 style="width: 100px;" type="text"/> <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 style="width: 100px;" type="text"/> <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: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation	
Date Received	Event #	Aggregate Value for this Event	

Name of Donor			
Street Address	City	State	Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation	
Date Received	Event #	Aggregate Value for this Event	

Name of Donor			
Street Address	City	State	Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation	
Date Received	Event #	Aggregate Value for this Event	

Name of Donor			
Street Address	City	State	Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	Fair Market Value of Donation	
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	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	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	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	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>					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
SUBTOTAL Section M — This Page							
TOTAL of additional Section M Pages							
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)							

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							
Street Address				City		State	Zip Code
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)							

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Ontario Fed May 6, 2014</i>				TYPE OF REPORT	
P. Expenses Paid by Committee					
Name of Payee <i>Aredot</i>			Date of Payment <i>1/18/13</i>		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address <i>1920 McKinney Ave</i>		City <i>Dallas</i>		State <i>Tx</i>	Zip Code <i>75201</i>
Purpose of Expenditure (by code) <i>BNK</i>	Description <i>Fee's for Electronic Deposit.</i>		Event # <i>—</i>		Amount <i>53.20</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" 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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee <i>Key Bank</i>			Date of Payment <i>12/31/12</i>		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address <i>P.O. Box 93885</i>		City <i>Cleveland</i>		State <i>OH</i>	Zip Code <i>44101-5885</i>
Purpose of Expenditure (by code) <i>BNK</i>	Description <i>Bank Fee</i>		Event #		Amount <i>24.00</i>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" 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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 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 (Itemization in Addendum P 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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
SUBTOTAL Section P — This Page					
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, 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	
Q. Campaign Expenses Paid by Candidate					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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 (Name of Vendor, Person or Entity who candidate paid directly)			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>				

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				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 <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<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 <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<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 <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
	<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				
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					