

# SEEC FORM 20

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




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TOWN CLERK  
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Page 1 of 17

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Carfora 2019			
<b>2. TREASURER NAME</b>			
First	MI	Last	Suffix
Richard		Esposito	
<b>3. TREASURER ADDRESS</b>			
Street Address	City	State	Zip Code
56 Morgan Ave	East Haven	CT	06512
<b>4. ELECTION/REFERENDUM DATE</b>	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i>		<b>6. DISTRICT NUMBER</b>
(mm/dd/yyyy)			<i>(if applicable)</i>
11/05/2019	Mayor		
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Joeseeph		Carfora	
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input checked="" type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure	<input type="radio"/> 45 days following election not held in November		
<input type="radio"/> Primary	<input type="radio"/> Election		
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
01/01/2020		thru 12/31/2020	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
		Richard Esposito	3/2/2021
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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Carfora 2019	TERMINATION	
	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		0.00
12. Balance on hand at the beginning of Reporting Period	1508.79	
13. Contributions Received from Individuals (Sections A and B)	2600.00	2600.00
14. Receipts from Other Committees (Sections C1 and C2)	2500.00	2500.00
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)	5,100.00	5,100.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6,608.79	6,608.79
19. Expenses Paid by Committee (Section P)	6,608.79	6,608.79
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0.00	0.00
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)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>				<b>TYPE OF REPORT</b>	
Carfora 2019				TERMINATION	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name LUZZI		First Claire		MI	
Residential Street Address 434 Thompson ave		City East Haven		State CT	Zip Code 06512
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		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="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/27/2020	Aggregate Contributions 1000.00		
Last Name LUZZI		First Michael		MI	
Residential Street Address 3 Whalers Point		City East Haven		State CT	Zip Code 06512
Principal Occupation Attorney		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		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="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/28/2020	Aggregate Contributions 1000.00		
Last Name Deiso		First Rose		MI	
Residential Street Address 17 Taylor Pl		City Branford		State CT	Zip Code 06405
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		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="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/30/2020	Aggregate Contributions 600.00		
<b>SUBTOTAL Section B — This Page</b>				2600.00	
<b>TOTAL of additional Section B Pages</b>				2600.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				2600.00	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Carfora 2019						TERMINATION	
<b>C1. Contributions from Other Committees</b>							
Name of Committee					Name of Treasurer		
East Haven Democratic Town Committee					Richard Esposito		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
PO Box 120446				If yes, list Event # _____		2500.00	
City		State	Zip Code	Date Received		Aggregate Contributions	
East Haven		CT	06512	10/09/2020		2500.00	
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				If yes, list Event # _____			
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="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				If yes, list Event # _____			
City		State	Zip Code	Date Received		Aggregate Contributions	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
<b>SUBTOTAL Section C — This Page</b>						2500.00	
<b>TOTAL of additional Section C Pages</b>						2500.00	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)						2500.00	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Carfora 2019	TERMINATION

## D. Loans Received this Period

Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> 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		
Name of Entity				
Street Address		Date Received	Amount Received	
City	State	Zip Code		
Name of Entity				
Street Address		Date Received	Amount Received	
City	State	Zip Code		

### TOTAL SECTION E

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Carfora 2019	TERMINATION

## 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="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	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="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> 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.

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Carfora 2019	TERMINATION

**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				
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)**

<b>Total Loans Received this Period (Section D)</b>	
<b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>	+
<b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>	+
<b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b>	+
<b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>	+
<b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>	+
<b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>	+
<b>Total of Other Monetary Receipts</b>	
<b>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</b>	

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT											
Carfora 2019			TERMINATION											
<b>L1. Event Information</b>														
Event # Date of Event	Letter	Description	Was this a fundraising event? <div style="text-align: center;"><input type="radio"/> Yes   <input type="radio"/> No</div>											
Location: Street Address		City	State	Zip Code										
<b>Subpart 1: (All Committees)</b> Was this event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes (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.)  <input type="radio"/> No         </div>														
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? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  <input type="radio"/> No         </div>														
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) —————→ <span style="border: 1px solid black; padding: 2px 20px;">\$</span>  <input type="radio"/> No         </div>														
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  <input type="radio"/> No         </div>														
<b>Subpart 3: (Town Committees ONLY)</b> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) —————→ <span style="border: 1px solid black; padding: 2px 20px;">\$</span>  <input type="radio"/> No         </div>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Event # Date of Event</td> <td style="width: 10%; padding: 2px;">Letter</td> <td style="width: 55%; padding: 2px;">Description</td> <td colspan="2" style="width: 20%; padding: 2px;">Was this a fundraising event? <div style="text-align: center;"><input type="radio"/> Yes   <input type="radio"/> No</div></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Location: Street Address</td> <td style="padding: 2px;">City</td> <td style="padding: 2px;">State</td> <td style="padding: 2px;">Zip Code</td> </tr> </table>					Event # Date of Event	Letter	Description	Was this a fundraising event? <div style="text-align: center;"><input type="radio"/> Yes   <input type="radio"/> No</div>		Location: Street Address		City	State	Zip Code
Event # Date of Event	Letter	Description	Was this a fundraising event? <div style="text-align: center;"><input type="radio"/> Yes   <input type="radio"/> No</div>											
Location: Street Address		City	State	Zip Code										
<b>Subpart 1: (All Committees)</b> Was this event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes (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.)  <input type="radio"/> No         </div>														
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? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  <input type="radio"/> No         </div>														
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) —————→ <span style="border: 1px solid black; padding: 2px 20px;">\$</span>  <input type="radio"/> No         </div>														
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)  <input type="radio"/> No         </div>														
<b>Subpart 3: (Town Committees ONLY)</b> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes (If yes, enter Total Receipts here.) —————→ <span style="border: 1px solid black; padding: 2px 20px;">\$</span>  <input type="radio"/> No         </div>														
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>														
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>														
<b>TOTAL of additional Section L1 Pages</b>														
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> (Enter total on Line 16a, Column A of Summary Page Totals)														



## 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
Carfora 2019	TERMINATION

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

Name of Purchaser				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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**  
*(Enter total on Line 16c, Column A of Summary Page Totals)*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carfora 2019		TERMINATION	
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="radio"/> Business Entity			
<input type="radio"/> Individual			
<input type="radio"/> 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="radio"/> Business Entity			
<input type="radio"/> Individual			
<input type="radio"/> 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="radio"/> Business Entity			
<input type="radio"/> Individual			
<input type="radio"/> 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="radio"/> Business Entity			
<input type="radio"/> Individual			
<input type="radio"/> 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="radio"/> Business Entity			
<input type="radio"/> Individual			
<input type="radio"/> 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="radio"/> Business Entity			
<input type="radio"/> Individual			
<input type="radio"/> 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="radio"/> Business Entity			
<input type="radio"/> Individual			
<input type="radio"/> 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 (Enter total on Line 21, Column A of Summary Page Totals)			

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Carfora 2019			TERMINATION	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> 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—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> 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—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> 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—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> 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—all hosts	Aggregate Value of all Events—this host/candidate		
<b>SUBTOTAL Section L5 — This Page</b>				
<b>TOTAL of additional Section L5 Pages</b>				
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				

# III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Carfora 2019				TERMINATION	
<b>M. In-Kind Contributions</b>					
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No				Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative				
<b>SUBTOTAL Section M — This Page</b>					
<b>TOTAL of additional Section M Pages</b>					
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>					
<b>N. Refundable Deposit to Telephone Company</b>					
Last Name of Individual		First	MI	Date Deposit Made	
Residential Street Address		City	State	Zip Code	Amount of Deposit
Name of Telephone Company					
Street Address		City	State	Zip Code	
<b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>					

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Carfora 2019			TERMINATION	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
DNA Campaigns		11/05/2020	<input checked="" type="radio"/> Check # <u>30842</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
800 Village Walk #248		Guilford	CT	06437
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	Final Invoice 19-230 Canvass Robo Call Mailer		5,090.66	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> 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:	
Wix.com		06/30/2020	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
		Tel Aviv, Isreal		
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	Re-occurring web page payment. Services turned off.		14.95	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> 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:	
Key Bank			<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
245 Main St		East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Bank Fess incurred		50.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> 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:	
East Haven DTC		11/05/2020	<input checked="" type="radio"/> Check # <u>30843</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
PO Box 120446		East Haven	CT	06512
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNTB	Remaining funds RMB to EHDTC		1453.18	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			6608.79	
TOTAL of additional Section P Pages				
TOTAL OF ALL EXPENSES PAID BY COMMITTEE				
(Enter total on Line 19, Column A of Summary Page Totals)				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Carfora 2019						TERMINATION	
<b>Q. Campaign Expenses Paid by Candidate</b>							
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)					Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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 (Enter total on Line 26, 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
Carfora 2019	TERMINATION

## R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:
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Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

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

SUBTOTAL Section R — This Page	
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TOTAL of additional Section R Pages	
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<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>	
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Carfora 2019				TERMINATION	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount Incurred</b> <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> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None of the below  <input type="radio"/> Coordinated with reimbursement sought (joint expenditure)  <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)         </div> <div> <input type="radio"/> Independent  <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D         </div> </div>				
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount Incurred</b> <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> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None of the below  <input type="radio"/> Coordinated with reimbursement sought (joint expenditure)  <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)         </div> <div> <input type="radio"/> Independent  <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D         </div> </div>				
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount Incurred</b> <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> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> None of the below  <input type="radio"/> Coordinated with reimbursement sought (joint expenditure)  <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)         </div> <div> <input type="radio"/> Independent  <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D         </div> </div>				
<b>SUBTOTAL Section S-This Page</b>					
<b>TOTAL of additional Section S Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
<b>Previously reported Expenses Unpaid and still Outstanding</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, 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	
Carfora 2019				TERMINATION	
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> 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="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> 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="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> 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="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section T — This Page</b>					
<b>TOTAL of additional Section T Pages</b>					
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>					

