# SEEC'FORM 20

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

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Page 1 of 17

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#### COVER PAGE

		ER TAGE		
1. NAME OF COMMITTEE				
Caff a	Fac 1	Mayo(		
2. TREASURER NAME				
Richald	A	Last Dela Ima		Suffix
3. TREASURER ADDRESS				
10 Seavien		City East thurn	State	- Zip Code - 06512
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete	only if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 1/- 7 - 27	May	106		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First Joseph	A	Last Cafas		Suffix
8. TYPE OF REPORT (Check One Box)				
January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Con	tribution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendmer	nt to
□ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Rep	
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	n ☐ Termination	3	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
:=	10/31/23	thru 12/31/2	7	
10. CERTIFICATION				
10. CERTIFICATION				
I hereby certify and state, under per Disclosure Statement for the per	enalties of false statement, the iod covered is true, accura	at all of the information set forth on thi te and complete.	s <b>Itemized Ca</b>	mpaign Finance
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	Chaco Dela Ima RINT NAME OF SIGNER		1-10 -04 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.

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	a isantin senti
*	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		1792.80
12. Balance on hand at the beginning of Reporting Period	25456.76	
13. Contributions Received from Individuals (Sections A and B)	4130.00	42745
14. Receipts from Other Committees (Sections C1 and C2)	3700.00	5600.00
15. Other Monetary Receipts (Sections D through K)	0	1500,00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	12400
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	7830,00	62245,00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	33286.76	64037.80
19. Expenses Paid by Committee (Section P)	29790.89	60541.93
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Colum	nns) 3495.87	34/95, 87
21. In-Kind Donations not Considered Contributions Received (Section L4)	G	270.15
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	
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	
26. Campaign Expenses Paid by Candidate (Section Q)	0	C
27. Expenses Incurred on Committee Credit Card (Section R)	$\mathcal{C}$	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	C	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

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/ //	T / O ~ /	N 1913 (Ass. 17 S. C. 27 S. C. 27 S. 2	TYPE OF REPORT	
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A. Total Contributions from Sm (See instructions for definition of Small Co		ed this Period ONLY UBTOTAL SECTION A ==	36/	
post monomonojor koji mnostoji britani (c)	onicialitori).	UDIO RALLOEU FIGNA		
CANAL TO CARROLL AND A	B. Itemized Con	tributions from Indivi	duals	
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16662		FOVGE	00	
Residential Street Address	0161	City O . A	/	State Zip Code
Principal Occupation —	16Ct7God Pd	DEGUTE 60	~	07 00405
Pool Galal	e to who al Mi	Name of Employer	4	
Is contributor a lobbyist, spouse,	f contribution is in excess of \$400 to	a candidate for a chief executive	c officer of a municipality	, Amount of Contribution
or dependent child of a lobbyist?	loes contributor or business he/she is valued at more than \$5,000?			
Is this contribution associated with an  Ye	Is contributor a principal of a sta	ate contractor or prospective state		1
event reported in Section L1?  If yes, list Event #	o If yes, indicate which branc of government the contract	ch or branches is with:	Legislative No	50000
Method of Contribution:		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	i □Payroll Deduction □Money (	Order 1/4/23	500,00	
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		(6)	(4	
Residential Street Address	C	ity		State Zip Code
			*C (36)	
Principal Occupation	<u> </u>	Name of Employer		
or dependent child of a lobbyist?	contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an Yes		ate contractor or prospective stat		
event reported in Section L1?  No If yes, list Event #	If yes, indicate which branch of government the contract		☐ No☐ Legislative	
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or dependent child of a lobbyist?   No de	oes contributor or business he/she is alued at more than \$5,000?			Amount of Contribution
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event reported in Section L1?	If yes, indicate which brance of government the contract	h or branches	☐ No ☐ Legislative	
Method of Contribution:	tu Susannica ne muran		Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money O	Order Order		
	SUBTO	OTAL Section B - This	Rage	00.00
		of additional Section B.P.	ages L	1130.00
TOTAL OF ALI	CONTRIBUTIONS FROM	INDIVIDUALS (Sections A	+B)	112 = =
	(Enter total on Eine 13	Column A of Summary Page 1	lotals)	130.00

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NAME OF COMMITTEE Provide Co.	mplete Name as	Registered (with Filling Repository)		TYPE OF REPORT	
(G6 A	100	206 /11aff	6	LED 10	Filler
A. Total Contributions i	rom Smal	l Contributors Recei	ved this Period ONLY	6	
(Seeinstructions) for definition	of Small Conti	ributor);	SUBTOTAL SECTION A	<b>.</b>	_/
				*	
		B. Itemized Co	ontributions from Indiv	iduals	4
Last Name Sign Cas	a	ď.	First M. CF	rael	MI
Residential Street Address 19 Cake	me K	d	City East Hau	rn -	State Zip Code
Principal Occupation ReTit	rs/		Name of Employer	Tisel	-
	No doe:		to a candidate for a chief executive is associated with have a contract Yes	t with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a  If yes, indicate which bra of government the contra	state contractor or prospective sta	Legislative No	100.00
Method of Contribution:	t/Debit Card [	☐Payroll Deduction ☐Mone	Date Received by Order	Aggregate Contributions	
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Residential Street Address / 62	FIST	Al	City Enst H	ower	State Zip Code CT 06712
Principal Occupation	CDE	160	Name of Employer	e	
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Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Yes	Is contributor a principal of a If yes, indicate which broad of government the control		☐ Legislative	40.00
Method of Contribution:  Cash Personal Check Credit	/Debit Card	☐ Payroll Deduction ☐ Mone	y Order 10-6-27	Aggregate Contributions	
Last Name Mac Lle	·/		First Dan	21	MI
Residential Street Address P. C. Box	50	2	Docth Hover		State Zip Code  CT 06473
Principal Occupation Powak		stisstion	Name of Employer	le Invest	igiters Inc
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o does does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a candidate for a chief executive is associated with have a contract \( \sum \) Yes	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	□ Yés No	Is contributor a principal of a If yes, indicate which bra of government the contra	et is with:   Recutive	☐ Legislative	500.00
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Perdit	/Debit Card   E	Payroll Deduction  Money	y Order 1/-3 -23	Aggregate Contributions	
		SUB	ROTAL Section B — This	Page G	40.00
		TOTAL	L of additional Section B	Pages 3	630.00
TOTA	L OF ALL C	CONTRIBUTIONS FROM (Enter total on Elne	M INDIVIDUALS (Sections) 13, Column A. of Summary Page	A # B) Totals)	130.00

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NAME OF COMMITTEE Provide Com	nlata Nama asib	anteton Martin Citis - B		TYPE OF REPORT	
	La	Tro Ma	4/	Oct 10	2 F/12
A. Total Contributions for	om Small	Contributors-Rece	/c 0 ived this Period ONLY	1991 10	11113
(See instructions for definition of			SUBTOTAL SECTION A	\$ \$	
				35	
		B. Itemized C	ontributions from Indi	viduals»	
Last Name	1-0		First /	0	MI
Residential Street Address	1//	11151	City		State Zip Code
12 / Cov.	ntsy/	4/13 /1	trane	err -	of ash
Principal Occupation  AHC6	Day		Name of Employer	orner lance	Carplin
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No does		0 to a candidate for a chief execute is associated with have a contra	ct with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of If yes, indicate which br of government the contr		tate contractor? Yes Yes The Legislative	100.00
Method of Contribution:			Date Received	Aggregate Contributions	
Cash Personal Check Credit/	Debit Card	Payroll Deduction  Mon	First Print	100,00	MI
Citare,	//j		John John	7	IVII
Residential Street Address	10/4	11/ Pd	Bogn L	766	State Zip Code  CT 06405
Principal Occupation	dest	ti	Name of Employer	Year Clean	n + Restrection
	-No does	ntribution is in excess of \$40 contributor or business he/sh d at more than \$5,000?	0 to a candidate for a chief execute is associated with have a contra	ct with said municipality 🗸	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of If yes, indicate which be of government the contri	a state contractor or prospective s ranch or branches ract is with:	tate contractor? Yes	1000.00
Method of Contribution:		1/40	Date Received	Aggregate Contributions	
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Residential Street Address  22	EA.	Spart	City Eq. 74/91	en	State Zip Code
Principal Occupation Differ +1			Name of Employer	sa Ahlor	396
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	No does	ntribution is in excess of \$400 contributor or business he/sh d at more than \$5,000?	O to a candidate for a chief execut e is associated with have a contra Yes D No	ct with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yos, list Event #	☐ Yes ☐ No	Is contributor a principal of a If yes, indicate which broof government the contri		□ No e □ Legiolative	25000
Method of Contribution:	Debit Card 🛚	Payroll Deduction	Date Received by Order 10-8-33	Aggregate Contributions	
		STATE OF THE PROPERTY.	TOTAL Section B — Th	10	50.00
		and the state of t	L of additional Section B		990.00
TOTAL	ÖF ALL C	ONTRIBUTIONS FRO	M INDIVIDUALS (Sections 13, Column A of Summary Pag	A+B) U	130.00

NAME OF COMMITTREE (Provide Complete Name as Registered with filling Repository))	TYPE OF REPORT
Casting For Mald	Sen 10 Film
A. Total Contributions from Small Contributors-Received this Period ONL	N o
(See instructions) or definition of Small Contributor). SUBTOTAL SECTION	A   \$
B. Itemized Contributions from Inc	dividuals
Last Name First	MI
Residential Street Address	real
43 Footes Place East Ha	State Zip Code
Principal Occupation Name of Employer	7-1
	Home 1
or dependent child of a lobbyist?  does contributor or business he/she is associated with have a convalued at more than \$5,000?	tract with said municipality
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective If yes, indicate which branch or branches	e state contractor? Yes
If yes, list Event # of government the contract is with:	tive 🗆 Legislative
Method of Contribution: 650  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions
Last Name   First   Credit/Dept Card   Payroll Deduction   Money Order   10-30-2	7 2520
France Took	n /v
Residential Street Address City	State Zip Code
8/ Edden Drive Eggt Ho	aven CT 3512
Principal Occupation Name of Employer	P
Self- Solf	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief exect does contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is associated with have a contributor or business he/she is a second or business he/she is a sec	ract with said municipality
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective of the section L1?	state contractor? Yes
If yes, list Event # F10/873 of government the contract is with:	tive 🗆 Legislative
Method of Contribution:  Date Received	Aggregate Contributions
Last Name Credit/Debit Card Payroll Deduction Money Order 10 16	4000
Mose Juliv	S   MI
Residential Street Address  24 5/1/40 Da City Fat to	State Zip Code CO CO 2
Principal Occupation Name of Employer	16 Com 1 Mars
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief execution is executed by the	utive officer of a municipality, Amount of Contribution
or dependent child of a lobbyist?  does contributor or business he/she is associated with have a contributed valued at more than \$5,000?	ract with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective  If yes, indicate which branch or branches  of government the contract is with.	No No
Method of Contribution: Date Received	Aggregate Contributions .
Sash Personal Check Credit/Debit Card Payroll Deduction Money Order 16 16	3 500
SUBTOTAL Section B — TI	nis Page /15.00
TOTAL; of additional Section 1	B Pages 1640.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Entertotal on Eine 13, Column A. of Summany Pa	

NAME OF COMMITTHE (Recylide Complete Name as Registered will) Filling Repository).	TYPE OF REPORT
Castola Feb Mayor	Jan 10 Felia
A. Total Contributions from Small Contributors-Received this Period ONLY	July 1
(See instructions) or definition of Small Contributor) SUBTOTAL SECTION A	•
	*
B. Itemized Contributions from Individ	luals:
Last Name First	MI
Residential Street Address City	State Zip Code
538 horsepond 2d Madisor	- CT C6443
Principal Occupation Name of Employer	6 / Jana
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	
or dependent child of a lobbyist? does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state event reported in Section L1?  If yes, indicate which branch or branches	contractor? Yes
If yes, list Event # of government the contract is with:	□ Legislative 3
Method of Contribution; 2013:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received	Aggregate Contributions
Last Name First	MI
Grille Antim	0
Residential Street Address  (City Cart 1/a	State Zip Code
Principal Occupation Name of Employer	7 06517
De Tiled Rotio	roll .
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract v valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches	contractor? Yes
If yes, list Event # of government the contract is with:   Executive	
Method of Contribution: 152/ Date Received  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Aggregate Contributions
Last Name   First	MI
13 Tao Kman Tan	E
Residential Street Address 97 Social Garden Sto. Hamden	State Zip Code
Principal Occupation Name of Employer	7
Lawel Soft.	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract we valued at more than \$5,000?	officer of a municipality, Amount of Contribution with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:	contractor?
digovoriment die vontagen is man	□ Legislative QNo SCO.CC
Method of Contribution: 5397  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order  Date Received	Aggregate Contributions .
SUBTIOTAL/Section B ← This I	Page 1200.00
TOTAL, of additional Section B.P.	iges 1585.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Eine 13, Column A of Summary Page T	+ B) 4/3C.00

Revised Jeaucry 2015

NAME OF COMMITTEE Browlde Complete Name as Registered with Filling Reposite	00))	TYPE OF REPORT	
Cattering For Majel		Jan. 10 F	Tim
A. Total Contributions from Small Contributors-Re-	ceived this Period ONLY. SUBTOTAL SECTION A	\$	0
	degramamana, spirit		
R: Itemized	Contributions from Individ	walis	
Last Name	First	uais	MI
Residential Street Address	Frederic	K	
521 Thompson Ave	East Have		Itate Zip Code
Principal Occupation	Name of Employer	n	
Is contributor a lobbyist, spouse,	\$400 to a candidate for a chief executive	officer of a municipality	Amount of Contribution
	e/she is associated with have a contract w		Amount of Contribution
	of a state contractor or prospective state	contractor?	
If yes, list Event # of government the co	ntract is with:	Legislative	25
Method of Contribution.  ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ M		Aggregate Contributions	
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	400 to a candidate for a chief executive s/she is associated with have a contract w ☐ Yes ► No		Amount of Contribution
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Tocalla	An Th	ral.	171
Residential Street Address mill 51c.	East Haver	,	tate Zip Code  O 65 W
Principal Occupation	Name of Employer	10011	Vann
s contributor a lobbyist, spouse,	400 to a candidate for a chief executive	officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist?  No does contributor or business he valued at more than \$5,000?	/she is associated with have a contract w	ith said municipality	fillionia of Calantin
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of If yes, indicate which of government the contributor apprincipal of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which of government the contributor apprincipal of If yes, indicate which	of a state contractor or prospective state of branch or branches nitract is with:	₩o	200,00
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	AL of additional Section B Pa		525. CV
TOTAL OF ALL CONTRIBUTIONS FR	OMINDIVIDUALS (Sections A : ine 13; Column A of Summary Page: To	(4)	130.00

# I. MONETARY RECEIPTS (Sections A—K)

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The state of the s	WTEE Provide Complete Na	ne as Registered wi	th Filing Repositor	p) /		TYPE OF REPORT	T
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	The second second	Cı, C	ontribution	s from Ot			
Name of Committee		/ ,	0 (	212	Name of Treasu	rer	
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Address		,	1		oution associated d in Section L1	d with an Yes No	Amount of Contribution
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City	11 0	State	Zip Code	Date Receiv	ved	Aggregate Contributions	1000,00
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Name of Committee	6 - 0	11/1	=	11 ,	Name of Treasu	520	21
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/	496 DOG W	10/108.	12.	Date Recei		st Event #	
City	300	State	Zip Code			50c.a	500.00
Beo L	17	01	0605 1	16-	P-23 Name of Treasu		
Name of Committee			15 5	>	Traine of Trease		
Address	*			To this contail	aution associate	d with an ☐ Yes ☐ No	Amount of Contribution
Address				event reporte	d in Section L1	? st Event #	
City		State	Zip Code	Date Recei		Aggregate Contributions	1
					ä		
	Co Rei	nhursement	s or Surplu	s Distribu	tions from	other Committees	
Name of Committee	02, 100	nour semen.		Y MERCENTER	Name of Treas		
							20
							2
Address				City			State Zip Code
Address				City			State Zip Code
Address  Date Received	Expenditure #	Payment Type					State Zip Code  Amount of Receipt
	Expenditure # (If applicable)	Payment Type  ☐ Reimburseme	ent for shared ex		urplus Distribut	ion	Amount of Receipt
	Expenditure # ((f applicable)		ent for shared ex		urplus Distribut	ion	Amount of Receipt
Date Received  Description	Expenditure # (If applicable)		ent for shared ex		urplus Distribut		Amount of Receipt
Date Received	Expenditure # (If applicable)		ent for shared ex				Amount of Receipt
Date Received  Description  Name of Committee	Expenditure # (If applicable)		ent for shared ex				Amount of Receipt
Date Received  Description	Expenditure # (If applicable)		ent for shared ex	pense □S			Amount of Receipt
Date Received  Description  Name of Committee	((f applicable)		ent for shared ex	pense □S			Amount of Receipt
Date Received  Description  Name of Committee  Address	((f applicable)	Reimburseme	ent for shared ex	pense S		urer	Amount of Receipt  State Zip Code
Date Received  Description  Name of Committee  Address	((f applicable)	Reimburseme		pense S	Name of Treas	urer	Amount of Receipt  State Zip Code
Date Received  Description  Name of Committee  Address  Date Received	((f applicable)	Reimburseme		pense S	Name of Treas	oution	Amount of Receipt    State   Zip Code     Amount of Receipt
Date Received  Description  Name of Committee  Address  Date Received	((f applicable)	Reimburseme	ment for shared	pense S	Name of Treas	oution	Amount of Receipt    State   Zip Code     Amount of Receipt
Date Received  Description  Name of Committee  Address  Date Received  Description	((f applicable)	Reimburseme	ment for shared	pense S City expense □	Name of Treas	oution	Amount of Receipt    State   Zip Code     Amount of Receipt
Date Received  Description  Name of Committee  Address  Date Received	((f applicable)	Payment Type Reimburse	SUBTO	pense Solutions  City  expense   I'A'L Sections	Name of Treas  Surplus Distrib  n.C.—This	oution	Amount of Receipt  State Zip Code

NAME OF COM	IMITTEE: Provide Complete	Manyoas Registered with Filling Repositions		TYPE OF REPORT	and the second of the
	. 6.56	4069 Fol May	fel .	1 6010	Filip
Charles Charles	<b>1</b>	Ct, Contributions	The second secon		$\mathcal{O}$
Name of Committee	1 01	110///	Name of Treasu	An and a second	- 1.
Ko	pofers Polit	heil Educational L	2 stathe	Kenn Gre	Amount of Contribution
Address	10 0	1 20/ 1	this contribution associate event reported in Section L1	? ->	Amount of Contribution
0.0	19 Bern		· If yes, li	st Event # Aggregate Contributions	
City	11.11	State Zip Code		Aggregate contributions	30,00
	oth Haven	0 0640	10 25-23 Name of Treasu	5000	
Name of Committee	_ ^	O M		1 - 1	
Address	I-501).	-1/90-904		resept D.50	Amount of Contribution
Address	5 Bean ho		s this contribution associate event reported in Section L1' If yes, lis	d with an Tyes No?  st Event #	Amount of Contribution
City	3	State Zip Code	Date Received	Aggregate Contributions	200,00
1 170	oth Haver	et obusts	102473	200cc	
Name of Committee	A		Name of Treasu	•	
1	1108 loca	1 47870 Hed Actor	Comilee	back by	180125
Address		, , , ,	s this contribution associate event reported in Section L1	d with an 🔲 Yes 🗖 No	Amount of Contribution
	1965	Dixwell Ave	If yes, lis	st Event #	
City	, /	State Zip Code	Date Received	Aggregate Contributions	1510,00
1	an den	01 06514	10-96-23	1500cc	
18 18 18 18 18 18 18 18 18 18 18 18 18 1	2. Re	imbursements or Surplus	Handley Control of the State of	THE PARTY OF THE P	
Name of Committee			Name of Treasu	rer	
Address			City		State Zip Code
Addiess			Chy		540 Jap 5555
Date Received	Expenditure #	Payment Type			Amount of Receipt
į.	((f applicable)	☐ Reimbursement for shared expe	nse Surplus Distributi	on	Timount of Acoust.
Description					
Name of Committee			Name of Treasu	rer	
				Committee of the Commit	
Address			City		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type			Amount of Receipt
		☐ Reimbursement for shared exp	pense 🔲 Surplus Distribu	ition	
Description		W	(*,1)		
		SUBTOTA	LiSection $C \rightarrow This$	Page 22	00,00 0 0.00
		TOTAL of a	dditional Section C F	ages	$\alpha$
	THE PERSON OF TH	AND THE REAL PROPERTY OF THE P	ACCEPTANCE NO VIEW OF THE PROPERTY OF STREET		
	TOTALOUX	LL COMMITTEE CONTRIL	TIDIONS AND DECK	IDTC	-0

Revised January 2015 1. IVIO	NE IARY R	ECEIPTS (Section	ons A—K)		rage 5 01 17
NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repository)		TYPE OF	REPORT	
	D. Loans Re	eceived this Period			
Name of Lender		Source of Loan:	late 🗌 Individua	I ☐ Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)	· · · · · · · · · · · · · · · · · · ·			,	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Candid	ate □ Individual	Other Committee	Date of Receipt
Streel Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if npplicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:	ate  Individual	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor <i>(if applicable)</i>				L	Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECTIO	ND		
E. Receipts from Entities other	than Individu	als or Other Commi	ttees (Referen	dum Committee	es ONLY)
lame of Entity					
treet Address		71917	Date Received		Amount Received
ity	State	e Zip Code	Aggregate Contribu	utions	
ame of Entity					
treet Address			Date Received		Amount Received
ity	State	Zip Code	Aggregate Contribu	itions	
ame of Entity					
reet Address			Date Received		Amount Received
ty	State	Zip Code	Aggregate Contribu	itions	
A STATE OF THE STA		TOTAL SECTIO	NE		

### I. MONETARY RECEIPTS (Sections A-K)

Page 6 of 17 11/3/23, 11:24 AM

of Receipt	F. Amount Transferred from Is this transaction associated		If yes, list Event #	Amount
*1	event reported in Section L1		2) year, not 2 tone ii	
of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event#	Amount
of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event #	Amount
of Receipt	Is this transaction associated event reported in Section L1		If yes, list Event#	Amount
			TOTAL SECTION	I.F.
				5.1 S.H.
	E 16 LORIS ( )	Y L Prod	Other Commission	Typopusy (Ouranization Committees ON
	The state of the s	e of Receipt	Other Organization	Treasury (Organization Committees ONI Date of Receipt
of Receipt	Dat	e of Receipt		Date of Recorpt
	Amount	A	mount	Amount
			TOTAL SECTION	G
		Activities //	TOTAL SECTION	G
		Activities		G
	H. Personal Funds of the		Voter Registration	
of Receipt	H. Personal Funds of the		Voter Registration	
e of Receipt	THE CONTROL OF THE PARTY OF THE PARTY OF THE		eived this Period (Can	adidate Committees ONLY) Amount
7.	Method of payment:	e Candidate Rec	eived this Period (Can	adidate Committees ONLY) Amount
Υ.	Method of payment:	e Candidate Rec	eived this Period (Can	Amount Card Amount
of Receipt	Method of payment:  Cash  Method of payment:	e Candidate Rec	eived this Period (Can	Amount Card Amount
of Receipt	Method of payment:  Cash  Method of payment:  Cash	e Candidate Rec	eived this Period (Can	Card Amount Card Amount Card Amount
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Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete	Name as Registered with Filling Repository)	TYPE	OF REPORT	STREET, HEADY
	J. Interest from Deposits in Authorized	Accounts		
Name of Institution	Address Commission (Sept. Sept. Sept	Date Re	ceived	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Re	ceived	Amount
Street Address	City	State	Zip Code	
	TOTAL S	ECTION J		
K. M	liscellaneous Monetary Receipts not Conside	ered Contribu	itions	
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		D	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	-
Description				
Name		Г	ate of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description			200	
Name			Pate of Transaction	Amount Received
Street Address	City	State	Zip Code	-
Description				
	TOTAL SECT	ION K		
SUMMA	RY OF OTHER MONETARY RECEIPTS	(Sections D t	hrough K)	
Total Loans Received this Period (Sec	ction D)			
Total Receipts from Entities other tha	n Individuals or Other Committees (Section E)	+		
Total Amount Transferred from Affil	iated Business Treasury (Section F)	+		
Total Amount Transferred from Affil	iated Labor Union or Other Organization Treasury (S	Section G) +		
Total Amount of Personal Funds of th	ne Candidate Received this Period (Section H)	+		
Total Amount of Interest from Depos	its in Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary Receip	ots not Considered Contributions (Section K)	+		
	ots not Considered Contributions (Section K)  Total of Other Mo Sections D through K) (Entertotal on Line 15, Column A of	onetary Rece		

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

NAME OF COMMITTE	E (Provide Complete Name-as Registered with Filing Repository	TYPE OF REPORT	
	L1. Evel	nt Information	
Event # Date of Event Letter	Description		Was this a fundraising event
Location: Street Address	- <b>1</b>	City	State Zip Code
Subpart 1: (All Comm Was this event hosted a	ittees) at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Donations  Associated with a House Party and comple purchases made by host(s) for food, beverage  No	ete required information for any
	ude goods or services donated by a business entity donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) ☐ No	not Considered Contributions
	g sale, auction, or other sale of donated items individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Subpart 2: (Party Con Were there purchases of sign associated with thi	mittees, Municipal Candidates and Political Comf f advertising space in a program book or on a s fundraiser?	mittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform No	
	nmittees ONLY)  I food or beverage at a fair or similar mass me state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Event # Date of Event Letter	Description		Was this a fundraising event ☐ Yes ☐ No
Location: Street Address		City	State Zip Code
Subpart 1: (All Comm Was this event hosted a		☐ Yes (If yes, go to Section L5 In-Kind Donations  Associated with a House Party and comple purchases made by host(s) for food, beverage  No	te required information for any
	ade goods or services donated by a business entity donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Donations and complete required information.) ☐ No	not Considered Contributions
	g sale, auction, or other sale of donated items individual of up to \$100?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
Subpart 2: (Party Com Were there purchases o sign associated with thi	mittees, Municipal Candidates and Political Com f advertising space in a program book or on a s fundraiser?	mittees other than Exploratory Committees)  Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform No	
	unittees ONLY) I food or beverage at a fair or similar mass e state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$
SUBTOTAL Sect	ion L1—Subpart 1 (All Committees) Total Receipts f	rom Sale of Donated Items — This Page	
		tion L1—Subpart 3 (Town Committees ONLY) eipts from Food Purchases — This Page	
TO STATE OF THE ST		TOTAL of additional Section L1 Pages	
Will be a second		EIPTS FROM SMALL PURCHASES	

# II. EVENT ACTIVITY (Sections L1—L5)

		s, effective January 1, om a committee tag sal						
NAME OF COMMI	TTEE (Provide Complete Name	as Registered with Filing Repository	)		TYPE OF REPO	RT		
Name of Purchaser	L3. Pt	ırchases of Advertising	g in a Prog	ram Book or o	n a Sign	D1	- Made Day	
Name of Furchaser							e Made By; siness Entity	☐ Other
							smess Emmy lividual/Sole P	
Street Address			City				State	Zip Code
			,				Siaio	2.5 0000
Date Received	Event #	Aggregate Purchases fo	r All Eyents	Amount of Prop	gram Ad Purcha	se .	Amount of Sig	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases fo	r All Events	Amount of Prog	gram Ad Purcha	se	 Amount of Sig	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole P	roprietorship
Street Address			City		<del></del>		State	Zip Code
Date Received	Event #	Aggregate Purchases fo	r All Events	Amount of Prog	gram Ad Purcha	se .	Amount of Sig	zn Purchase
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases fo	r All Events	Amount of Prog	gram Ad Purcha	se .	Amount of Sig	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	ividual/Sole P	roprietorship
Street Address	7X		City				State	Zip Code
Date Received	Event #	Aggregate Purchases for	r All Events	Amount of Prog	ram Ad Purcha	se	Amount of Sig	n Purchase
	2.500 11	17991 oBaro 1 dioneses 10		Amount of 1 (og	. am ziu i uitila		LANGUIL UI DIE	, a wa vando
	SUBTOTAL Sect	ion L3 Total Purchases of A	dvertising in	Program Book —	This Page	- X		
	SUBTOT	AL Section L3 Total Purcha	ises of Adver	tising on a Sign —	This Page			
			TOTAL of	additional Sectio	n L3 Pages			
T	OTAL OF ALL PURCH	ASES OF ADVERTISING (Enter total on Li		RAM BOOK or On A of Summary P				

VME OF COMMITTE	EE (Provide Complete Name as	Registered with Filing Repo	osito(3)	TYPE OF REP	ORT .	597.15	85 E.M. 871
	No. 11 de la companya				of soffine and		17 17
	L4.	In-Kind Donatio	ins Not Consi	dered Contributions	Yar D	11	0 N 60
e of Donor							
at Address			City			State	Zip Code
ation Given By:	Description of Donation				Fair I	Market Va	lue of Donation
Business Entity	P.						
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
ne of Donor	ě						***************************************
et Address			City	<del></del>		State	Zip Code
nation Given By: Business Entity	Description of Donation				Fair N	L	lue of Donation
Individual	Date Received	Event#		Aggregate Value for this Event	_		
Sole Proprietorship							
ne of Donor		ï	ewaising a substitute of			·	
et Address			City	9		State	Zip Code
nation Given By: Business Entity	Description of Donation				Fair l	Market Va	lue of Donation
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
ne of Donor				*		28	
et Address			City			State	Zip Code
nation Given By: Business Entity	Description of Donation				Fair I	Market Va	lue of Donation
Individual Sole Proprietorship	Date Received	Event #	-	Aggregate value for this Event			
		- S	UBTOTAL Sec	tion L4 — This Page			-
		TO	TAL of addition	onal Section L4 Pages			
TO	TAL OF ALL IN-KIND	DONATIONS NOT	CONSIDEREI	CONTRIBUTIONS.	-		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Enter total on Line 2	1, Column A of S	Summary Page Totals)			
				(2)			

NAME OF COMMITTEE (Pro	ovide Complete Name as Registered with Filing Repo	ository)	- P &		TYPE OF RE	PORT	
	In-Kind Donations Not Conside	red (	Contributions Associa				
Name of Host		74		committee?	supporting m  Yes N  mplete Itemiz	lo	le candidate o
Street Address			City			State	Zip Code
Description of Donation					Fair Mai	rket Value (	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this he	ost/candidate	1		
Name of Host	· · · · · · · · · · · · · · · · · · ·		·	committee?		o	e candidate of
Street Address			City			State	Zip Code
Description of Donation					Fair Mai	rket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate			
Name of Host	•			committee?		o	e candidate or
Street Address			City			State	Zip Code
Description of Donation					Fair Mai	rket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ha	ost/candidate			
Name of Host		!		committee?		0	e candidate or
Street Address	· · · · · · · · · · · · · · · · · · ·		City	<b>.</b>		State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events— <i>this ho</i>	st/candidate			
0.00		GUD	TOTAL Section L5 — I	This Page			
	Т	OTA	L of additional Section	L5 Pages			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on 1		ONSIDERED CONTRII 2, Column A of Summary I	and the second second			

							10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		Mica House
treet Address				Cit	v				
					<b>y</b>			State	Zip Code
Type of contributor: □Committee ☐ Individual / Sole Proprietorship □Othe	Date Re	eceived	Aggregate Contribution	ns	Description of In-K	ind Contr	ibution	Maria de la companya della companya della companya della companya de la companya della companya	
Is contributor a lobbyist, spouse,	If con does o value	tribution is contributor of d at more that	in excess of \$400 to a ca or business he/she is asso an \$5,000?	CIALCU V	for a chief executivith have a contrac	ve officer t with sai	of a municipality, d municipality	Fair	Market Value
Is this contribution associated with an event reported in Section L17  If yes, list Event #	☐ Yes ☐ No		butor a principal of a states, indicate which branch vernment the contract is	te contra	actor or prospection		□ No		s Contribution
lame			-			• <u>С</u>	gistative		
treet Address			·						
				City				State	Zip Code
ype of contributor:	Date Rec	cived	Aggregate Contributions	$\perp$	Description of In-Kir	nd Contrib	ution		
Individual / Sole Proprietorship Other									
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist?		tribution is i ontributor o I at more tha	in excess of \$400 to a car or business he/she is asso an \$5,0007	cialed w	for a chief executivith have a contract  Yes  No	e officer with sai	of a municipality, d municipality	Fair I	Market Value Contribution
this contribution associated with an vent reported in Section L1?  If yes, list Event #	☐ Yes ☐ No		utor a principal of a state indicate which branch o ernment the contract is w	contrac	tor or prospective				
me		·		7611.	Executive	L] Leg	islative		
eet Address									
et Address				City				State	Zip Code
	Date Recei	ved	Aggregate Contributions		Description of In Viv			State	Zip Code
	Date Recei	ved	Aggregate Contributions		Description of In-Kind	l Contribu	tion	State	Zip Code
pe of contributor:	If contr	ibution is in	excess of \$400 to a cano	didate fo	or a chief executive	90		Fair M	arket Value
pe of contributor:	If contr does co valued	ibution is in intributor or at more than Is contribut	excess of \$400 to a cano	didate for interest of branch	or a chief executive th have a contract Yes No or or prospective sines	officer (with said	of a municipality, municipality actor?	Fair M	
pe of contributor:	If contr does co valued :	ibution is in intributor or at more than Is contribut	excess of \$400 to a cano business he/she is associ a \$5,000? for a principal of a state on dicate which branch or nument the contract is wit	didate for interest of the contractor of the con	or a chief executive th have a contract Yes No or or prospective si hes Executive	officer (with said sate contr	of a municipality, municipality actor?	Fair M	arket Value
pe of contributor:	If contr does co valued :	ibution is in intributor or at more than Is contribut	excess of \$400 to a cano business he/she is associ a \$5,000? for a principal of a state on indicate which branch or imment the contract is with	didate for interest of the contractor branchth:	or a chief executive th have a contract Yes No or or prospective si ties Executive This Pa	e officer owith said tate contr	of a municipality, municipality actor?	Fair M	arket Value
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be of contributor: Committee Individual / Sole Proprietorship Other Contributor a lobbyist, spouse, dependent child of a lobbyist? No his contribution associated with an ant reported listed in Section L1?  yes, list Event #	If control does control valued and the second of the secon	ibution is in ntributor or at more than Is contribut If yes, i of gover	excess of \$400 to a cane business he/she is associan \$5,000?  for a principal of a state condicate which branch on ment the contract is with SUBTOTAL TOTAL of addititer total on Line 23, Columns	didate for interest of the contractor branch the:  Sectional	or a chief executive th have a contract Yes No or or prospective si nes Executive on M — This Pa I Section M Pag	officer of with said sate control Legions ge	of a municipality, municipality actor? Yes No slative	Fair M	arket Value Contribution
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individual / Sole Proprietorship Other Contributor a lobbyist, spouse, dependent child of a lobbyist? No his contribution associated with an intreported listed in Section L1?  I yes, list Event #	If control does control valued and the second of the secon	ibution is in ntributor or at more than Is contribut If yes, i of gover	excess of \$400 to a cane business he/she is associan \$5,000?  for a principal of a state condicate which branch on minent the contract is with SUBTOTAL TOTAL of addition total on Line 23, Columbia able Deposit to T	didate for interest of the contractor branch the:  Sectional	or a chief executive th have a contract Yes No or or prospective si nes Executive on M — This Pa I Section M Pag	officer of with said sate control Legions ge	of a municipality, municipality actor? Yes No slative	Fair M of this (	farket Value Contribution  fade
De of contributor: Committee Individual / Sole Proprietorship Other Contributor a lobbyist, spouse, dependent child of a lobbyist? No This contribution associated with an ent reported listed in Section L1?  Tyes, list Event #  DTAL OF ALL IN-KIND CONT	If control does control valued and the second of the secon	ibution is in ntributor or at more than Is contribut If yes, i of gover	excess of \$400 to a cane business he/she is associan \$5,000?  for a principal of a state condicate which branch on the contract is with SUBTOTAL TOTAL of additional conditions on the 23, Columbia able Deposit to T	didate for interest of the contractor branch the:  Sectional	or a chief executive th have a contract Yes No or or prospective si nes Executive on M — This Pa I Section M Pag	e officer of with said tate control Legis ge es otals)	of a municipality, municipality actor?	Fair M of this (	farket Value Contribution
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Revised January 2015	IV. EXP <del>END</del>	[TURES (Sections	PT)	Page 13 of 17
NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repositor		TYPE OF REPORT	
the state of the s	Particia Text 11	10/1/	40-10	7-Films
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	HNellal	i.	11-3-23	☐ Debit Card ☐ EFT
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/	19 20 Mckimila	e Dall95		TX 7520
Purpose of Expenditure (by code)	Description Fee's for E	Heckanic Dell	Event #	Amount
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(і) иррисавіе)	None of the below			101,70
	Coordinated with reimbursement sought (joint expendit		dent	, , , ,
N. OD	Coordinated without reimbursement sought (in-kind co	ntribution)	ation: OA OB OC OD	N. d. J. CD
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(if applicable)	Type of Expenditure (Itemization in Addendum P Required	untess Trone of the below is	cneckeu)	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expendit	ture) 🔲 Indepen	dent	(90)
141	Coordinated with reimbursement sought (in-kind co	•	ation: OA OB OC OD	
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Purpose of Expenditure	Description		Event #	Amount
(by code)	Description		Divin.	Amount
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(if applicable)	□ None of the below	_	124	
	☐ Coordinated with reimbursement sought (joint expend	iture) 🔲 Indepe		(30)
	☐ Coordinated without reimbursement sought (in-kind co	ontribution)	zation: OAOBOCOD	
Name of Payee			Date of Payment	Method of Payment:
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Purpose of Expenditure	Description		Event #	Amount
(by code)	2 total prom			8
			-	102
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below" i	s checked)	
(if applicable)	☐ None of the below			
	Coordinated with reimbursement sought (joint expendi	iture) 🔲 Indepe	ndent	
	☐ Coordinated without reimbursement sought (in-kind co	ntribution)	ation: OA OB OC OD	
	The state of the s	SUBTOTAL Section P -	— This Page	01,70
	1	OTAL of additional Sect	ion P Pages 2	7790,89
	TOTAL OF ALL EXE	PENSES PAID BY CO	MMITTEE 2	790.89

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#### IV. EXPENDITURES (Sections P-T)

terked January 2015	IV. EATEIVEL UKES (Sections I-	1)	1 age 13 01 x7
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
		300-	11/2/10/2
Contract to the Contract of	Cabtrog Tel playof	1611-1	10 7:1112
	P. Expenses Paid by Committee		
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	-01/10/53PUS 11/E016 07 (1 MC	1 2 09	Debit Card DEFT
Street Address	City		State Zip Code
4	140 1. Man les Front Whilting	<i>{</i>	DT RAUGI
	10 W/166/1863 Paper 1/1/1000		00901
Purpose of Expenditure	Description	#	Amount
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HK90	KGO10/1905	,	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	rd)	5000000
(if applicable)		**/	1000,00
	None of the below		
	Coordinated with reimbursement sought (joint expenditure)	: 22 .70 .70	
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○	A OB OC OD	
Name of Payee	· 1	Date of Payment	Method of Payment:
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	אונוף ו כ	11-1-0	Debit Card DEFT
Street Address	City	/	State Zip Code
46	O'll in Street Roll		(1) OSU C
0 0	1/06/11/19/0 //(C) Dign +080		0) 00101
Purpose of Expenditure	Description Event	#	Amount
(by code)	1 /2 / 2 / 2 / 2 /		
1651	1057 82 C, 1057 (9105 - 87011)		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	d)	160,32
(if applicable)		,	160,32
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent		
	1 1 2 2	A O B O C O D	
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	Karah Sida Vestical	11-17-23	
	Deach live Kestyani	1 1 1 2	Debit Card DEFT
Street Address	City		State Zip Code
/	40 Silver Sands Vd Post Haver	2	(1) 065 11
	To the state of th		01
Purpose of Expenditure	Description Event	#	Amount
(by code)	Elect in Hall alabort		
FOCO	(1801 100 1/4) DETERICA		120 11
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	114 94 00
(if applicable)	- and a second to be	100	1 / / 1/00
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent		"
		A OB OC OD	
	Coordinated without reminerations sought (in mine countries)	Date of Payment	Method of Payment:
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	1) N/A (GMDGICAS	11-7-28	☐ Debit Card ☐ EFT
inches a se		101	State Zip Code
Street Address	Carp 1/1/// Li City C CC /		
	800 Villae Wdk Guilford		(C) 1645%
		<del></del>	7 7 7 7
Purpose of Expenditure	Description Description Event	#	Amount
(by code)	1/201/f. 1/1/2 C-11/10		ing spanie
UN'5 41	(1/150/1.1/10/1/1/1 586V/ a		0.00
Expenditure #	Type of Expenditure (Itemization Addendum P Required unless "None of the below" is check	ed)	X1/3.03
(if applicable)			0, -
	☐-None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
		AOBOCOD	
Control of the second	I — contamined attribute total control or particular and control of the control o	и ов ос ов	2 - 52 -
	SUBTOTAL Section P — This	Page /	137432
Section of the section	SOFT STREET	1 / 0	XJAIIJA
A Colored To Make		0.0	100019
	TOTAL of additional Section P I	ages	1089.11
nat v stare viretnest Primar than			070
	TOTAL OF ALL EXPENSES PAID BY COMMIT	TEE /	9 190.84
	Enter total on Line 19, Column A of Summany Page	Totals)	11001

SEEC FORM 20 Revised January 2015

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Joine as Registered with Filing Repository)	TYPE OF REPORT	2 3
	1 axtesa too major	Jan 10	TTIN
	P. Expenses Paid by Committee		
Name of Payee	1	Date of Payment	Method of Payment:
/	- Malon	11-6-23	Debit Card DEFT
Street Address	City	1 1	State Zip Code
4/	O Teacy fre florth Sp	atle	WA 98109
Purpose of Expenditure (by code)	Description Event #		Amount
office	Office + Hesda asto (Syplie)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	i)	148.37
	None of the below Coordinated with reimbursement sought (joint expenditure)  Independent		/ 0/0/
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○	A OB OC OD	90
Name of Payee	Yobby Jobby	Date of Payment  1 +6 +3	Method of Payment:  Check #  Debit Card  EFT
Street Address	City		State Zip Code
	58 Frantise Kol East Haven		05 06512
Purpose of Expenditure (by code)	Description Event #	no de	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	GIN	000 50
(if applicable)	None of the below	, ,	DOD, 31
	Coordinated with reimbursement sought (joint expenditure)		10
Name of Payee		A O B O C O D  Date of Payment	Method of Payment:
	151 Dive Bac & Restaurant	14/-27	Check #
Street Address	City	11000	Debit Card EFT State Zip Code
/	24 Organ Ave West Hav	er	05 065 16
Purpose of Expenditure (by code)	Description Event #		Amount
tocol	Food to Clection day Heal quebes		,
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless from of the below" is checke	d)	84/00
	None of the below Coordinated with reimbursement sought (joint expenditure)  Independent		0/000
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o	AOBOCOD	
Name of Payee	$C \setminus C \subset C \setminus C$	Date of Payment	Method of Payment:
	Ttop & Thon	11-1-15	Debit Card DEFT
Street Address	City		State Zip Code
	Heming was Ave East Have	n	9 065/2
Purpose of Expenditure (by code)	Description   Event #		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	<i>i</i> )	
(if applicable)	□ None of the below	*	24 64
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O		0.0.01
m Valence	SUBTOTAL Section P — This	Page 7/	5360
1 10 10 1 5 AN	TOTAL of additional Section P Pa	20	259 87
			))[:0]
	TOTAL OF ALL EXPENSES PAID BY COMMIT  (Enter total on Line 19, Column A of Summary Page T		796.89

SEEC FORM 20 Revised January 2015

### IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE_(Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	Caltrea Fob Mayel	200/0	CF-Incl
	P. Expenses Paid by Committee	3 3	
Name of Payee		Date of Payment	Method of Payment:
100	ises Home made Food + Bodel sads	11-6-23	Check #
Street Address	City	11011	Debit Card EFT State Zip Code
/	1 000 100		
	UCEAN FIVE WEST/YOU	(1)	01 46516
Purpose of Expenditure (by code)	Description Event:	*	Amount
Feed	Food to Headquatel Wolker	_	0-
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addiendum P Required unless "None of the below" is checked	d)	93.6/
	None of the below  ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		17001
	Coordinated with out windows and the state of the state o	A O B O C O D	1.
Name of Payee		Date of Payment	Method of Payment:
[	) 1 2 1 ) 2 4 C	11/2-23	☐ Check #
Street Address	City	, , , ,	Debit Card DEFT State Zip Code
	Mars Street Coddless		11 06512
n	11/01/1 ) 1 (a.) 605/17/01/1	/ 1	-1 000
Purpose of Expenditure (by code)	Description Event i		Amount
FOCO	1 Denvis & Cottec 40 Helobach	1-deds	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the Volow" is checked	i)	1701
(і) иррпсиоле)	None of the below		6 1,98
	Coordinated with reimbursement sought (joint expenditure)  Independent  Coordinated without reimbursement sought (in-kind contribution)		
Name of Payee	Organization; o	A O B O C O D  Date of Payment	Method of Payment:
	and day some	. 1 22	☐ Check #
Street Address	1/0466703 /-1/17/8	11675	Debit Card DEFT
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	88 FOXONKA East Have	n	0) 065/2
Purpose of Expenditure (by code)	Description Event #	<b>!</b>	Amount
7000	Fact Fol Clection Day wolkers		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	ed)	3// 1/
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		10000
		AOBOCOD	
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d	1. 1. 16.2		PA
	en70 1912 San 16913CI	300	15/
Purpose of Expenditure (by code)	Description	**	Amount
WID	Vace Dec L/A		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	d)	1 80 m
(if applicable)	L. None of the below		1071
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O		
V. TELLES	Organization: o	A O B O C O D	100
	SUBTOTAL Section P — This	Page 6	11/15
a Joseph	TOTAL of additional Section P P	ages //	796.27
	TOTAL OF ALL EXPENSES PAID BY COMMIT		100.20
	(Enter total on Line 19, Column A of Summary Page	Totals)	10.01

Revised January 1888	IV. EXPENDITURES (Sections P—	T)	rage 13 of 17
NAME OF COMMI	TUBE (Provide Complete Name as Registered with Filling Repository)	TYPE OF REPORT	
	Linktoon Ins Mayor	2010	75/M1
1833 T POLISON	P. Expenses Paid by Committee		7
	F. Expenses Faid by Committee	Date of Payment	Method of Payment:
Name of Payee	$\Lambda$ / $\Lambda$ ./		D.Check #32637
/-	manda (295G)	11-21-73	Debit Card DEFT
Street Address	City		State Zip Code
	8 - Felicia Drive East Have	'n	01 06517
7			0,000
Purpose of Expenditure	Description	t#	Amount
(by code)	Election day store wooled	_	-
7/1/5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	140.00
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	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: C	A O B O C O D	
Name of Payee	Coordinated without reimbursement sought (in-kind contribution) Organization:	Date of Payment	Method of Payment:
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	Heranda Lesck	1/	☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
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/	0 7011/06 1600 Carr 1/010	//	-) -0-2
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	Cooldinated with formbutachions bought down orbitality	A O B O C O D	
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	1) ) ( 955 snova Entofairment	11-00	Debit Card DEFT
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	Byer	ıt#	Amount
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misc	DJ Service Fol Medica Digitieleous	100	330.00
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ched	cked)	320.00
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	Coordinated with reimbursement sought (joint expenditure) Independent		
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	OA OB OC OD	
Name of Payee	1 11	Date of Payment	Method of Payment:
	Tuba 1/2 day	11-7-28	Debit Card DEFT
	1110 110119	11110	State Zip Code
Street Address	al land Place City East Hay	~ ^	N. OCT
4	SU LOSO 10 1/900 8957 HOW		0 00510
n en liter	re Description Eve	nt#	Amount
Purpose of Expenditur (by code)			
IRMB	Keim busgment to Val Disortaldes		1150 de
Expenditure #	Type of Expenditure (Itomination in Addendum P Required unless "None of the below" is chec	ked)	45.0.00
(if applicable)	None of the below	385	
	Coordinated with reimbursement sought (joint expenditure) Independent		
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	OA OB OC OD	
	SUBTOTAL Section P — Th	is Page 13	60.00
are to the second of the		37 37	200100
	TOTAL of additional Section I	Pages /6	3/8/5/
1111	TOTAL OF ALL EXPENSES PAID BY COMM	ITTEE 79	796.49
	Enter total on Line 19, Column A of Summary Pag	e rotais)	11.01

SEEC FORM 20 Revised January 2015

### IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	*	TYPE OF REPORT	
	Castels Fob Major		Jan 10	Filips
61	P. Expenses	Paid by Committee		
Name of Payee	0		Date of Payment	Method of Payment:
11 16	a Vine Diame		11.7-23	Check #
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	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	0	n:OAOBOCOD	
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	Anall' x V:200 9	7.1. 7.	1	☐ Check #
Street Address	111110110 11209 6	City	7	Debit Card EFT State Zip Code
-	1/ 1/2 10	Carl 11		and an
34	6 Heningray Al	CIST HOW	(Non	C/ 005/
Purpose of Expenditure (by code)	Description	E	vent #	Amount
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Expenditure #	Type of Expenditure (Itemization in Addendum P Required un.	less "None of the below" is che	ecked)	1000
(if applicable)	None of the below	0.0		133.06
1	Coordinated with reimbursement sought (joint expenditure			
Name of Payee	Coordinated without reimbursement sought (in-kind contri	bution)	Date of Payment	Method of Payment:
Ivaine of Fayer	2100 Dad	7	1 , '	Check #
j	Youtding Kestausan		11-18-23	Debit Card DEFT
Street Address		City	/	State Zip Code
9	3/ State HoraT	New H	aupr	0/06511
Purpose of Expenditure (by code)	Description	E-	vent #	Amount
VCCV)	Inavarvalka day	Colobater		
Expenditure #	Type of Expenditure (Memization in Addendum P Required un	nless "None of the below" is cl	iecked)	
(if applicable)	None of the below		122	200.00
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)			
Name of Bayes	Coordinated without reimoursement sought (in-kind conti	Organization)	Date of Payment	Method of Payment:
Name of Payee	1110210	1 1	Date of Laymont	Check #
	LUGAL ITSTAN KM	- SGA	11-18-23	☐ Debit Card ☐ EFT
Street Address	7 /	City	1	State Zip Code
28	se blockway	1/0/1/ /	taun	01 06971
Purpose of Expenditure	Description	0 / / E	vent #	Amount
(by code)	I - Tim W/	blokant in		
Expenditure #	1 Jack (G/161 NG) CA	elean (None of the Later (12 - 1	aakad)	200
(If applicable)	Type of Expenditure (Memization in Addendum P Required un  None of the below	uess "Ivone of the below" is ch	ecneuj	1286,15
	☐ Coordinated with reimbursement sought (joint expenditur		nt	
	Coordinated without reimbursement sought (in-kind contr	ibution)	n:oA oB oC oD	
	Market State of the State of th	SUBTOTAL Section P — T	Chis Page 20	603.90
	то	TAL of additional Section	P Pages 150	18.52
	TOTAL OF ALL EXPE	NSES PAID BY COMN		790. 89

C FORM 20	IV. EXPENDITURES (Sections P—	T)	rage 13 or
	Provide Complete Name as Registered with Filling Repository)	TYPE OF REPORT	OFibo.
WIR OF COMMITTEE	6// 60 // // // // // // // // // // // // //	) (II) 1	
	P. Expenses Paid by Committee	Date of Payment	Method of Payment:
me of Payee	2	11-24-23	Check#2/6/
$\Omega$	VA CARDOUNT	11-01-23	State Zip Code
eet Address	1 City City		CS 114137
800	Willage Unvall Writing	nt#.	Amount
rpose of Expenditure	Description / Dala di Cur		
421	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	ked)	7778.64
cpenditure # 'applicable)	<b>2</b>		///////////////////////////////////////
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	OA OB OC OI	Method of Payment:
	Coordinated without reimbursement sought (in this	Date of Payment	Decheck #_ 997
ame of Payce	1/4 520000	11-82-23	Debit Card DEF
treet Address	1/h/G ) PGG ON City	<b>.</b>	0 0651
W C	2 Cacoline 20 East Hover	vent#	Amount
urpose of Expenditure	Description O O I		
Dy code)	(Pim busse for 165tg/ 6 Index Cold	ecked)	134.65
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is che	5UN54/	19700
(if applicable)	None of the below Independer	nt	n
	None of the below  ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	Date of Payment	Monton or and
Name of Payee		1177	3 Check #B
Name of Payor	Zacal cida. Vestaulan	11-1-1-	State Zip Code
	) (GC1) 510 C +1 )1 990 41. City		05 OBS.
Street Address	Gilver Sands Rd East Ha	Event#	Amount
Purpose of Expenditur	Description	_	
(by code)	Clark a Dight of the Section		1501.3
4000	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is	checked)	1501,0
Expenditure # (If applicable)	Clare Clare Post (Breeco)	dent	9
1965 Petis		ation: OA OB OC	O D Method of Payment:
	☐ Coordinated with reimbursement sought (in-kind contribution) ☐ Organiza	Date of Payment	Method of Payhor.
Name of Payee	a	12-1-2	B Debit Card
	Storage Time City	III W	State Zip Code
Street Address	Cartha Cartha	IN	065
44	14 Short Beach KO Emillion	Event #	Amount
Purpose of Expendi	ure Description		
(by code) HD	2-16 Repts/tel Tto Case (M) T.	's checked)	3000,0
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" i		,
(if applicable)	☐ None of the below ☐ Indepe	endent zation: OAOBOC	0 D
	Coordinated without reimoursement sought (	S250400 ( C5407500360	101/11/19
	SUBTOTAL Section P	- This Page	12914.65
	TOTAL of additional Sec	tion P Pages	0
	DATE DATE	MMITTEE	19790.89
	TOTAL OF ALL EXPENSES PAID BY CO	ary Page Totals) 6	X////
	(Enter wat on the 2)		

NAME OF COMMIT	TBE (Provide:Complete Name as Registered with Filling	Repository)	TYPE OF	REPORT			
Test - Tonis 72-1.	O. Campai	gn Expenses Paid l	ov Candidate				
Q. Campaign Expenses Paid by Candidate  Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)  Date of Payer  Date of Payer  Date of Payer  Date of Payer			nent	Is reimbursement claimed?			
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 Pa			Date of Payı	ment	Is reimbursement claimed?		
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Name of Payce (Name of	Name of Payce (Name of Vendor, Person or Entity who candidate paid directly)  Date of Payment			ment	Is reimbursement claimed?		
Street Address	Street Address City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			Amount	
Name of Payee (Name of	l Vendor, Person or Entity who candidate pald directly)		Date of Pay	ment	Is reimb	oursement claimed?	
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 Pay	ment		oursement claimed? Yes   No	
Street Address City		City			State	Zip Code	
Purpose of Expenditure (by code)	Description	1	Event #		Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)  Date of Payment			ment	Is reimbursoment claimed?			
Street Address		City	k		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			Amount	
		SUBTOTAL S	ection Q — This Page	*			
		TOTAL of additi	onal Section Q Pages				
			D BY CANDIDATE of Summary Page Totals)				

Tara or oominin	EE (Provide Complete Name as Registered with Filing Repository)	)	TYPE OF REPORT		
	R. Expenses Incurre	d on Committee Cre	dit Card	-,	
Name of Issuing Instit		Type of Credit Card:	ar cara		
		☐ Visa ☐ Master C	ard Discover Ameri	can Express	☐ Other:
Name of Vendor, Person of	or Entity			Date of Trai	nsaction
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)	-	
(у иррпсионе)	□ None of the below □ Coordinated with reimbursement sought (joint expenditure) □ Coordinated without reimbursement sought (in-kind contribution) □ Organization: O A O B O C O D				æ
Name of Vendor, Person o	r Entity			Date of Trai	nsaction
Street Address City			State	Zip Code	
Purpose of Expenditure (by code)	Description	L	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture) 🔲 Indepe		D	
Name of Vendor, Person o	r Entity			Date of Tran	saction
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum R Required	unless "None of the below" i	's checked)	1	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expendi ☐ Coordinated without reimbursement sought (in-kind co.		ndent ration: OAOBOCOI		
	su	BTOTAL Section R — I	his Page		
	тот	AL of additional Section	R Pages	W.	
	OF ALL BURENCHS WIGHT DES	COMMITTEE CREDI	T CARD		

NAME OF COMMI	TBE (Provide Complete Name as Registered with Filing I	Repository)	TYPE OF REPORT		
Lay Missi	S. Expenses Incurred by	Committee but Not Paid	During this Period	7 8.9	
Name of Creditor	•			Date Incu	rred
Character 1.1.1					
Street Address		City	<u> </u>	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S II  None of the below Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (	Indep	of is checked) bendent aization: O A O B O C O	D	
Name of Creditor				Date Incur	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred timate or Actual)
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Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		ount Incurred timate or Actual)
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum S Re    None of the below   Coordinated with reimbursement sought (joint   Coordinated without reimbursement sought (in	Indepe			
		SUBTOTAL Section S	S-This Page		
		TOTAL of additional Sec	tion S Pages		
FOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE (Enter 10)	DURING THIS PERIOD BUT	NOT PAID  ry Page Totals)		
	Previously reporte	ed Expenses Unpaid and still Or	utstanding		
	TOTAL OF ALL EXPENSES INCU (Enter total	RRED BY COMMITTEE BUT	NOT PAID by Page Totals)		
- 1400 - AZBU BIATO)	(isnter total	on tine 28a, Column A of Summa	ny Page Totals)		

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	9 <i>)</i>	T	YPE 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		I.		Payment to Reimburso reported in Section P:	e Committee Worker/Consultant as  Debit Card 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 (Itemization in Addendum T Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization: O A O B O C O D						
Last Name of Worker/Cons	ultant	First		MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse reported in Section P:	e Committee Worker/Consultant as			
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant	City			State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	V	Amount		
Expenditure, # (If applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization: O A O B O C O D						
Last Name of Worker/Cons	ultant	First	,	MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburs reported in Section P:	c Committee Worker/Consultant as		
Street Address of Vendor, F	erson 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 (Itemization in Addendum T Require  None of the below  Coordinated with reimbursement sought (joint expended)  Coordinated without roimbursement sought (in kind	nditure)	Independent	, ов ос о р			
SUBTOTAL Section T — This Page							
TOTAL of additional Section T Pages							
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS							