SEEC FORM 20

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

evised January 2015

RECEIVED EAST HAVEN, ST. Page 1 of 17

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Do Not Mark in This Space For Official Use Only

COVER PAGE

	COVE	R IAGE	Nation 1995年 1
1. NAME OF COMMITTEE			
Castos	a too Ma	406	
2. TREASURER NAME			Suffix
First Richard	MI	Delalma	Julia
3, TREASURER ADDRESS			State Zip Code
Street Address 10 Scavjew Ave	City	East Haven	0 06512
4. ELECTION/REFERENDUM DATE:	5. OFFICE SOUGHT (Complete only	If Candidate Committee)	6. DISTRICT NUMBER (If applicable)
(mm/dd/yyyy) 11/7/23	Maya	and the second s	
7. CANDIDATE NAME (Complete only If C			Suffix
First	\mathcal{A}	Castosa	THE PERSON OF TH
8. TYPE OF REPORT (Check One Box)			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement (PACs ONLY)
☐ April 10 filing	□ 30 days following primary	☐ 45 days following referendum	☐ Amendment to
☐ July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	Termination	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November		
9. PERIOD COVERED		and the state of t	
	Beginning Date	Ending Date	· v
,	1/1/24	thru 3/6/24	
10. CERTIFICATION	3		
	W. W. S.		
I hereby certify and state, under possible Disclosure Statement for the possible Disclosure Disclosure Statement for the possible Disclosure Statement for the possible Disclosure Disc	penalties of false statement, tha eriod covered is true, accurat	at all of the information set forth on t e and complete.	his Itemized Campaign Finance
- 0/			1/3
	13	Richard Delalmo	B/4/24
9/1/1/11	DD (ATOMA MITTE) DD	INT NAME OF SIGNER	DATE (mm/dd/yyyy)
TREASURER OR DEPUTY TREASUR	(ER (SIGNATURE)	MILI TUBIAD OF STOT.	The second secon

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		1792.80
12. Balance on hand at the beginning of Reporting Period	3495-87	
13. Contributions Received from Individuals (Sections A and B)	0	42745.00
14. Receipts from Other Committees (Sections C1 and C2)	0	5600,00
15. Other Monetary Receipts (Sections D through K)	C	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	12400.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	62245.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3495.87	64037.80
19. Expenses Paid by Committee (Section P)	3495.87	64037.80
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0.0	0.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	270. 8
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	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A-K)

Revited January 1015				A CARRON	9-50-50	VISION COMPANY OF THE
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Property of the Property of th	TYPE OF REPORT		2.61	Total State
A. Total Contributions from Small Contributors Received	ed thi	s Period ONLY	\$			
(See instructions for definition of Small Contributor)	SUBTO	TAL SECTION A	Ψ		_	
D Physical Co	ntrib	itions from Individ	luals			
	Fin			P		MI
Last Name						
Residential Street Address	City			State	Zip	Code
			[]			
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/sho	to a can	didate for a chief executive	e officer of a municipality with said municipality	, Am	ount o	of Contribution
valued at more than \$5,000?		□Yes □No				
Is this contribution associated with an Yes Is contributor a principal of a event reported in Section L1? No If yes, indicate which bra	state con anch or h	oranches	LJ No			
event reported in Section L17	act is with	h: Executive	☐ Legislative	4		
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order					1.0
Last Name	Fir	st				MI
				Charles	7in	Code
Residential Street Address	City			State	Zip	Code
÷		Name of Employer			1_	
Principal Occupation		Hattle of Employer				
Is contributor a lobbyist, spouse,	O to a cor	udidate for a chief executiv	e officer of a municipalit	v. Am	ount (of Contribution
or dependent child of a lobbyist? No does contributor or business he/sh	e is assoc	ciated with have a contract	with said municipality	" ````		
valued at more than \$5,000?		☐ Yes ☐ No	te contractor?	_		
Is this contribution associated with an	ranch or	branches	☐ No			
If yes, list Event # of government the contr	ract is wi	th: Executive	☐ Legislative Aggregate Contributions	-		
Method of Contribution:	ar Ordan	Date Received	Aggregate Continuations			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	The second second	rst				MI
Last Name	1					
Residential Street Address	City			State	Zir	Code
Residential Street Address						
Principal Occupation		Name of Employer				
,						
Is contributor a lobbyist, spouse,	0 to a ca	ndidate for a chief executiv	ve officer of a municipali	ty, An	nount	of Contribution
or dependent child of a lobbyist? No loss contributor or business he/sh valued at more than \$5,000?	ne is asso	ciated with have a contrac	t with said municipality			
Is this contribution associated with an Yes Is contributor a principal of	a state co	ontractor or prospective sta	te contractor?			
event reported in Section L1?	ranch or	branches	☐ No ☐ Legislative	·		
If yes, list Event # of government the contractions of government the contraction of government the contraction of government the government the contraction of government the government of government of government the government of	ract is wi	Date Received	Aggregate Contributions	=		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mon	ey Order					
the second of th	To begin the	E \$105层型图 - 约30000		- Ja		
SUI	BTOTA	AL Section B — Thi	s Page			
Thom	AL of a	dditional Section B	Pages			
TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	1.24	是中国民族。由于阿里·桑西斯(E	MATERIAL ST.			
TOTAL OF ALL CONTRIBUTIONS FRO	OM INI	DIVIDUALS (Sections	A.+ B)			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MITTEE (Provide Complet	e Name as Registered	with Filing Reposi	ilory)		TYPE OF REPORT		
		C1. (Contributio	ns from Ot	her Comm	rittees	111111111111	1007.57
Name of Committee		Cii (Johnstoano	ons if one of	Name of Treas			
Address			100	Is this contril	d in Section L1	ed with an Yes No?	Amount o	f Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions		
Name of Committee					Name of Treas	urer		
					L		1 Amount o	f Contribution
Address				Is this contri-	ed in Section L1	ed with an Yes No? st Event#	Amount o	i Contribution
City		State	Zip Code	Date Recei	ved	Aggregate Contributions		
Name of Committee					Name of Treas	urer		
Address					ed in Section Ll	ed with an TYes No?	Amount o	f Contribution
City		State	Zip Code	Date Recei		Aggregate Contributions		
	C2. R	eimbursemen	its or Surp	lus Distribu	itions from	other Committees		
Name of Committee					Name of Treas	urer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type					Amoun	t of Receipt
	(g applicable)	☐ Reimburser	nent for shared	expense \square S	urplus Distribu	tion	. 6	
Description						SS. 344-04- 1(8)		
Name of Committee					Name of Treas	urer		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	sement for share	ed expense	Surplus Distril	bution	Amoun	t of Receipt
Description								
			SUBTO	OTAL Section	on C — This	s Page		
v ar i dia			TOTAL	of additiona	l Section-C	Pages		
	TOTAL OF	ALL COMMIT s C1 + C2) (Enter	TEE CONT	RIBUTION	Summary Page	EIPTS e Totals)		
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I MONETARY RECEIPTS (Sections A-K)

SEEC FORM 20 Revised January 2018	I. MONETARY F	WUL	II ID (Been	TYPE OF	MOOPT	
NAME OF COMMITTEE (Provide	Complete Name as Registered with Filing Repositor	No organic	April September 1999	PYPEORI	NEF GIOI	general aus install spring is no vocation of
	D. Loans R		this Period	Zar - Fellesbacker	Rept Contracture	Date of Receipt
Name of Lender		15.	☐ Bank ☐ Candi	date 🗌 Individual	Other Committee	
a'	City		241-111	State	Zip Code	Is there a Cosigner or
Street Address	7					Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applica	5(a)					Amount Received
Name of Cosigner/Guarantor (if applica	oney .					
Street Address	City			State	Zip Code	
	=					
Name of Lender		S	ource of Loan:		C Othor	Date of Receipt
			Bank Cand	idate 🔲 Individual	Committee	
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?
						☐ Yes ☐ No
Name of Cosigner/Guarantor (If applica	ble)					Amount Received
					Tate On to	
Street Address	City			State	Zip Code	_
						Date of Receipt
Name of Lender		5	Source of Loan:	lidate 🔲 Individua	1 🔲 Other	Date of Receipt
				State	Committee Zip Code	Is there a Cosigner or
Street Address	City			State	Liposis	Guarantor of this loan?
Name of Cosigner/Guarantor (If applica	able)					Amount Received
	City			State	Zip Code	
Street Address	City	*2		1		
	2015/00/00/00/00/00/00/00/00/00/00/00/00/00	versioners	Det 15 COVERE 4 25 TV 4	etr advanta		
	ra carangalo, menggan c	40.00	FOTAL SECTI	ION D		
had and have a parallel and have and	AND DESCRIPTION OF STREET OF STREET	navienski je	98500/2802/39 <u>0.4040</u> 6	anggewaactelland		ONLY
E. Receipt	s from Entities other than Indivi	duals o	r Other Com	nittees (Referei	iaum Commu	ees UNLT
Name of Entity				4		
				Date Received		Amount Received
Street Address						55.44 F-55-5 522-5-5-5
City		State	Zip Code	Aggregate Contri	butions	
City				æ		
Name of Entity						
lyanic of Linky						
Street Address	and the second s			Date Received		Amount Received
City		State	Zip Code	Aggregate Contri	ibutions	
Name of Entity		- 2				
Street Address				Date Received		Amount Received
			i.e.l			
City		State	Zip Code	Aggregate Contr	ibutions	

TOTAL SECTION E

I. MONETARY RECEIPTS (Sections A-K)

Page :	6 (of	17
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of Receipt	E. Amount Transferred fr	The state of the s	Total Street Street Street Street	Amount
•	Is this transaction associate event reported in Section L		s, list Event #	
of Receipt	Is this transaction associate event reported in Section L.		s, list Event#	Amount
of Receipt	Is this transaction associated event reported in Section L		s, list Event#	Amount
of Receipt	Is this transaction associated event reported in Section L.	— - · · · · · · · · · · · · · · · · · ·	s, list Event#	Amount
			TOTAL SECTION F	
~	Same Carried Communication	LL abes Unfor or Of	har Organization Tv	easury (Organization Committees ONL
of Receipt	Contraction of the Authority State of the Contraction of the Contracti	te of Receipt	The second secon	te of Receipt
	16			9
i.	Amount	Amoun	t	Amount
		1	OTAL SECTION G	
av. Turk sa dejerik (j.	17.5 Part of the state of the s	704/35 7 TO 10	agging to be a series of the series of the	76]
(A)	H. Personal Funds of th	e Candidate Receive	d this Period (Candid	ate Committees ONLY)
	A CONTROL OF THE PARTY OF THE P	Additional to the same of the	HT -30F 10 10 10 10 10 10 10 10 10 10 10 10 10	Amount
f Receipt	Method of payment:			Amount
Receipt		☐ Personal Check	☐ Credit/Debit Card	
**************************************	Method of payment:	☐ Personal Check	☐ Credit/Debit Card	
**************************************	Method of payment: ☐ Cash	☐ Personal Check	☐ Credit/Debit Card	Amount
Receipt Receipt	Method of payment: Cash Method of payment:			Amount
Receipt	Method of payment: Cash Method of payment: Cash			Amount Amount
Receipt Receipt	Method of payment: Cash Method of payment: Cash Method of payment:	Personal Check	☐ Credit/Debit Card	Amount Amount
Receipt	Method of payment: Cash Method of payment: Cash Method of payment: Cash	Personal Check	☐ Credit/Debit Card	Amount Amount Amount

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.

Ja18-7. ...

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)	TY	PE OF	REPORT	
	J. Interest from Deposits in Authorized	Accounts			
Name of Institution			te Receiv	red	Amount
Street Address	City	State		Zip Code	
Name of Institution		Da	te Receiv	ved	Amount
Street Address	City	State		Zip Code	
	TOTAL S	ECTION J	50		
K. Misc	ellaneous Monetary Receipts not Conside	red Contr	ibuti	ons	
Name			-	of Transaction	Amount Received
Street Address	City	S	tate	Zip Code	-
Description					
Name			Date	of Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name	19.07104		Date	of Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description		•			
Name			Date	of Transaction	Amount Received
Street Address	City	5	State	Zip Code	
Description					
	TOTAL SECT	ION K			
SUMMARY	OF OTHER MONETARY RECEIPTS	(Sections l) thr	ough K)	
Total Loans Received this Period (Section	n D)				
Total Receipts from Entities other than In	dividuals or Other Committees (Section E)	-	۲		
Total Amount Transferred from Affiliate	d Business Treasury (Section F)	-	-		
Total Amount Transferred from Affiliate	d Labor Union or Other Organization Treasury (S	ection G)	۲		
Total Amount of Personal Funds of the C	andidate Received this Period (Section H)		+		
Total Amount of Interest from Deposits in	1 Authorized Accounts (Section J)		+		
Total Miscellaneous Monetary Receipts n	ot Considered Contributions (Section K)		+		
(Add Sec	Total of Other Me				

SELECTICORON 20 Revised January 2015	II. EVENT ACTI	VITY (Sections L1—	–no)	The state of the state of	4 A		
NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	44. Gel 7. si			
COLUMN TO THE STATE OF THE	To place	Information .	Annual Company	ollarkiri.	(中央)(1825)(1874)		
Carpor all styles in		emgriration	AND STATE OF	We ship a fu	aduoisina suone?		
Event # Date of Event Letter	Description			Was this a lui	ndraising event?		
		Total		State	Zip Code		
Location: Street Address		City					
Subpart 1: (All Committee Was this event hosted at		☐ Yes (If yes, go to Section L Associated with a Ho purchases made by hos ☐ No	5 In-Kind Donations nuse Party and completest(s) for food, beverage	e required info	rmation for any		
Did this fundraiser includ of up to \$200 or items do	e goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (If yes, go to Section I and complete required ☐ No	4 In-Kind Donations r information.)	not Considered	Contributions		
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	☐ Yes (If yes, enter Total Rec	eeipts here.)	\$			
Subpart 2: (Party Comm. Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory Yes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		Program Book		
Subpart 3: (Town Comm	nittees ONLY) food or beverage at a fair or similar mass	☐ Yes (If yes, enter Total Rec	ceipts here.)	\$			
	state with this fundraiser?	□ No					
as to many charges and Ziggs are	a was proposition of probability to publish the	CORNELL CONTROL	Section of the section of	414-1875 T	of Chinada and		
Event # Date of Event Letter	Description		<u> </u>	Was this a fu	ndraising event?		
Location: Street Address	*	City		State	Zip Code		
Subpart 1: (All Committee Was this event hosted at a		☐ Yes (If yes, go to Section L Associated with a Ho purchases made by hos	5 In-Kind Donations r use Party and complet st(s) for food, beverage	te required info	rmation for any		
Did this fundraiser include of up to \$200 or items do	le goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (If yes, go to Section I and complete required ☐ No		not Considered	Contributions		
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	☐ Yes (If yes, enter Total Re☐ No	ceipts here.) ——→	\$			
Subpart 2: (Party Comm Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	☐ Yes (If yes, go to Section I	Committees) 3 Purchases of Advert		a Program Book		
Subpart 3: (Town Comm Did your committee sell if gathering held within the	nittees ONLY) Food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Red	ceipts here.)	\$			
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page				
	SUBTOTAL Sect	ion L1—Subpart 3 <i>(Town Comm</i> ipts from Food Pürchases —	ittees ONLY) This Page				
7. 1977 1977 1977 1977 1977 1977 1977 19		TOTAL of additional Section	n Li Pages				
	TOTAL OF ALL RECE	IPTS FROM SMALL PU	RCHASES				

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

Contract Courses and Property of the Contract	Action of a Part Colors	ene Malakanara N	A STATE OF THE STATE		TYPE OF REPOR	er -		建设数据
NAME OF COMMITTEE	(Provide Complete Name as Registere	d with Filing Repositor	W1.5 S. S. C. C.	4	The Control of the Co		4.100 2.1002	and the second
Commentions Parking	L3. Purchase	of Advertisin	g in a Program	m Book or o	n a Sign		TO THE	
At	Lo. runchase.	S.O. PEG. OF CIGIT		KILLINE BY TELEP		Purchase	Made By:	
Name of Purchaser						☐ Bus	iness Entity	☐ Other
						☐ Indi	ividual/Sole Pi	
Street Address			City				State	Zip Code
	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se A	Amount of Sig	n Purchase
Date Received	DAGIII M	Tiggiogate 1 accounts			J	ı		
						Downhau	Made By:	
Name of Purchaser							siness Entity	☐ Other
							ividual/Sole P	_
And the state of t			City				State	Zip Code
Street Address			City					
							1222 4	Duyahasa
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	se 2	Amount of Sig	gn Purchase
		1						
Name of Purchaser							e Made By:	
. 1000000					1		siness Entity	☐ Other
						☐ Ind	ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ise .	Amount of Si	gn Purchase
						Purchas	e Made By:	
Name of Purchaser					1		siness Entity	☐ Other
2							lividual/Sole F	roprietorship
Street Address			City				State	Zip Code
Officer Madress								
	(Aggregate Purchases	for All Fuents	Amount of P	rogram Ad Purchs	ase	Amount of Si	on Purchase
Date Received	Event #	Aggregate Purchases	10t Wil Evellis	Amount of 1	ogram Ad I diem			6 4 • • • • • • • • • • • • • • • • • •
Name of Purchaser							e Made By:	
							siness Entity	Other
			T.			LJ Inc	lividual/Sole I State	Zip Code
Street Address			City				State	Lip cour
Date Received	Event #	Aggregate Purchases	for All Events	Amount of P	rogram Ad Purch	ase	Amount of S	gn Purchase
	THE STREET, CHEROSON PROJECT NOW MORE THAN	THE WASHINGTON THE SET OF THE SET	e Makif is in the make the	Vicinities Card	等4位为9年6月			
	SUBTOTAL Section La T	otal Purchases of	Advertising in P	rogram Book	— This Page			
		The second second	The state of the s	Agranda Maria	Law the Tax Alex Last			
	SUBTOTAL Sect	ion La Total Purc	chases of Adverti	sing on a Sign	— Luis Page			
4			77 S.M. GHZ-VEEL	104,500.26				
		in 1984 Million Internal	TOTAL of a	additional Sec	tion L3 Pages			
TOTA.	L OF ALL PURCHASES (F ADVERTISIN	IG IN A PROGR	AM BOOK o	r ON A SIGN			
		(Finter total on	Line life Column	A of Summar	v Page Totals)			

NAME OF COMMITTE	EE (Provide Complete Name	as Registered with Filling Repa	stlony)	TYPE OF RE	PORT		
	,	1.0					
, 23/4,233	L	4. In-Kind Donatio	ns Not Cons	idered Contributions		Territor	
Name of Donor	2.9 April	Or golden					
							у-
Street Address			City		1	State	Zip Code
Donation Given By:	Description of Donation				Fair Ma	arket Va	lue of Donation
☐ Business Entity					8.		
☐ Individual	Date Received	Event #		Aggregate Value for this Event			
☐ Sole Proprietorship							
lame of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair M	arket Va	lue of Donation
☐ Business Entity		46.3					
☐ Individual	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship							
Vame of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation			110	Fair M	arket Va	lue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate Value for this Event			
☐ Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Oonation Given By:	Description of Donation				Fair M	arket Va	lue of Donation
☐ Business Entity							
☐ Individual	Date Received	Event #		Aggregate value for this Event			
Sole Proprietorship							
		'S	UBTOTAL Sec	tion L4 — This Page			
		TO	TAL of additi	onal Section L4 Pages			
The San San	Particular test from the spirit	White the state of	eta-right (65)	And the second second			
ŢŌ.	TAL OF ALL IN-KIN	D DONATIONS NOT	CONSIDERE	O CONTRIBUTIONS Summary Page Totals)			
尼州的使用党 型的原理	Ethory Sold Palacette	(Enter total on Line 2	a, Column A Of	Jummury 1 age Totals			

FIG. 281. A S. W. In. W. In. W. In. 197	z Nasana a mangana katawa na mangana katawa kat	allean A	· La a profesi i registrati	OL MARKET	TYPE OF RE	PORT	
NAME OF COMMITTEE (Pr	ovide Complete Name as Registered with Filling Repo	ository)	1988 B. J. V. S. C. V. J. 288 S. D.				
	In-Kind Donations Not Consider	rod C	ontributions Associa	ted with a H	ouse Part	y	
${f L5}$. Name of Host	nu-izing houstions not consider	1 CU	VOLUME AND COMPOSITE	Is this event so committee?	upporting mo	ore than of O	ne candidate or
		-	City	3,1.,		State	Zip Code
Street Address			City				
Description of Donation			¥6		Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event-all hosts	Ag	gregate Value of all Events— <i>this he</i>	ost/candidate			
Name of Host				committee?	upporting m □ Yes □ N mplete Itemiz	0	ne candidate or
				If yes, con	mprete Hennz	State	Zip Code
Street Address	100		City			State	Zip Code
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Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FÖRM 20 Revited January 2015

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

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IV. EXPENDITURES (Sections P-T)

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Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant			reported	l in Section P: neck #	☐ Debit Card ☐ EFT
	or, Person or Entity Paid by Committee Worker/Consultant	City			- T	State Zip Code
Street Address of Vendo	r, Person of Britty Faid by Committee Worker Committee					
	Description		Event #			Amount
Purpose of Expenditure (by code)	Description	200	1			
		1 1 In What	of the helow" is check	ad)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requ	ured uniess Avone	of the below is check	uiy		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint ex	(penditure)	☐ Independent			
	Coordinated without reimbursement sought (in-k	ind contribution)	Organization: o	AOB	0 C 0 I	
		SUBTOTA	5 Section T — This	Page		
		TOTAL of a	iditional Section T	Pages	尚	
	L REIMBURSEMENT TO COMMITTEI	WORKERS	AND CONSULTA	NTS		
TOTAL OF AL	T KEIKIBUKARKENT TO COKEMITTE			W. 1974		

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period		Elektrica (n. 1
13. Contributions Received from Individuals (Sections A and B)		
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed	1965 4 J b =	
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		21
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		
19. Expenses Paid by Committee (Section P)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)	2	
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		al.
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)		

SEEC FORM 20

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

Page	1	of 17	
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Do Not Mark in This Space For Official Use Only

The state of the s		COV	ER PAGE				
1. NAME OF COMMITTEE							
2. TREASURER NAME							
First		MI	Last				Suffix
3. TREASURER ADDRESS						*	
Street Address		С	ity		State	Zip Co	ode
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete o	nly if Candidate Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy)		196 11				(if applicable	
7. CANDIDATE NAME (Complete only if C	Candidate or Explorator	y Committee)					
First		MI	Last				Suffix
8. TYPE OF REPORT (Check One Box)			 				l
☐ January 10 filing	☐ 7th day preced	ling primary	☐ 7th day preced	ing referendum	☐ Initial Co		r Disbursement
April 10 filing	☐ 30 days follow	ing primary	☐ 45 days follow	ing referendum	☐ Amendm		
☐ July 10 filing	☐ 7th day preced	ling election	☐ Deficit		Type of R	eport:	
☐ October 10 filing	☐ 12th day prece		☐ Termination		(E		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days follow not held in No						
9. PERIOD COVERED							
	Beginning Dat	te	End	ing Date			
_			thru				
10. CERTIFICATION							
I hereby certify and state, under pe Disclosure Statement for the per				on set forth on th	nis Itemized C	ampaign F	inance
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	PR	INT NAME OF SIGNER			DATE (mm/dd/yyyy)
	l'sv		willfully violated any				

faces a civil penalty or imprisonment or both.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	AITTEE (Provide Comple	ete Name as Registered	with Filing Pancai	itory)		TYPE OF REPORT	
NAME OF COMM	ITTEL (Frontae Compa	ete tvame as Registerea	wiin Filing Reposi			TITE OF REFORM	
	11 11 11 11 11	C1. (Contributio	ns from O	ther Con	nmittees	
lame of Committee					Name of Tr	reasurer	
ddress				Is this contrevent report	ed in Section	iated with an Yes No L1? s, list Event #	Amount of Contribution
ity		State	Zip Code	Date Rece	rived	Aggregate Contributions	
lame of Committee				•	Name of Tr	reasurer	
ddress					ed in Section	iated with an Yes No L1?	Amount of Contribution
ity		State	Zip Code	Date Reco		Aggregate Contributions	
ame of Committee					Name of Tr	easurer	
ddress					ed in Section	iated with an Yes No L1? s, list Event #	Amount of Contribution
ity		State	Zip Code	Date Rece		Aggregate Contributions	
	C2. I	Reimbursemen	ts or Surpl	us Distribi	itions fro	om other Committees	
ame of Committee					Name of Tr	reasurer	
ddress				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type	nent for shared e	expense \square S	urplus Distri	bution	Amount of Receipt
Description							
ame of Committee					Name of Tr	easurer	
ddress				City			State Zip Code
ate Received	Expenditure # (if applicable)	Payment Type	ement for shared	i expense 🗆	Surplus Dis	tribution	Amount of Receipt
escription							
			SUBTO	TAL Section	on C — Tl	nis Page	
		1	TOTAL	of additiona	l Section (C Pages	
	mom . v or	ALL COMMIT	man corre	DIDITOTA	4 A REEL TO THE	CEIDEC	

NAME OF COMMITTEE (Provide Complete Name as Registered with			EII I D (BCC)			REPORT	
	D. Loans	Receiv	ed this Period				
Name of Lender			Source of Loan: Bank Can			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:	didate 🔲 1	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 (if applicable)					-		Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan:	didate 🔲 1	Individual	Other Committee	Date of Receipt
Street Address	City			5	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	
			TOTAL SECT	ION D	8	J	
E. Receipts from Entities other the	han Indiv	iduals (or Other Com	mittees (Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date Re	ceived		Amount Received
City		State	Zip Code	Aggrega	nte Contrib	utions	
Name of Entity							
Street Address				Date Rec	ceived		Amount Received
City		State	Zip Code	Аддгеда	ite Contribi	utions	
Name of Entity							
Street Address				Date Red	ceived		Amount Received
Tity		State	Zip Code	Aggrega	te Contrib	utions	
	A WALL	L a Com	TOTAL SECT	ION E	1		

I. MONETARY RECEIPTS (Sections A—K)

Page 6 of 17

			TOTAL SEC	CTION H	-
	☐ Cash	☐ Personal (Check Credit/D	Debit Card	
of Receipt	Method of payment:				Amount
-	☐ Cash	Personal (Check	Pebit Card	
of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal (Check	ebit Card	
of Receipt	Method of payment:	Li Totsonal C	- CAUGIST		Amount
or manihi	Cash	☐ Personal C	Check Credit/D	ebit Card	
of Receipt	H. Personal Funds of	the Candidate Re	eceived this Period	(Candidate Comm	ittees ONLY) Amount
				10 - 11 - 17 - 11 - 12 - 12 - 12 - 12 - 12	
	A - Barrier		TOTAL SECTION	ON G	
e	Amount		Amount		Amount
of Receipt		Date of Receipt		Date of Reserve	
	ransferred from Affilia	ed Labor Union Date of Receipt	or Other Organizati	Date of Receipt	Organization Committees ONLY
			TOTAL SECT	ION F	
e of Receipt	Is this transaction associate event reported in Section				Amount
e of Receipt	Is this transaction association event reported in Section				Amount
,	event reported in Section				
e of Receipt	event reported in Section Is this transaction associated in the section as section	L1?			Amount
e of Receipt	F. Amount Transferred Is this transaction associated in the second seco			usiness ismity con	Amount
	Amount Transferred	from Attiliated B	highness Treasury ℓR	usings Entity Con	imittees (INLY)

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.

Revised January 2015	II. EVENTACT	TALL (Sections I			
NAME OF COMMITTEE	F COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT				
	L.1. Even	t Information			
Event # Date of Event Letter	Description			Was this a fu	ndraising event?
Location: Street Address	I	City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a	•	Associated with	on L5 In-Kind Donations a a House Party and complet y host(s) for food, beverage	te required info	rmation for any
	e goods or services donated by a business entity nated by an individual of up to \$100?		ion L4 In-Kind Donations uired information.)	not Considered	Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items idividual of up to \$100?	☐ Yes (<i>If yes</i> , enter Tota ☐ No	Receipts here.)	\$	
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	☐ Yes (<i>If yes</i> , go to Secti	ntory Committees) on L3 Purchases of Advert complete required inform		a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (<i>If yes</i> , enter Tota	l Receipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fu □ Yes	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		Associated with a	on L5 In-Kind Donations in House Party and complete y host(s) for food, beverage	te required info	rmation for any
	e goods or services donated by a business entity nated by an individual of up to \$100?		ion L4 In-Kind Donations uired information.)	not Considered	Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items dividual of up to \$100?	☐ Yes (<i>If yes</i> , enter Tota ☐ No	l Receipts here.)	\$	
	ittees, Municipal Candidates and Political Communications space in a program book or on a fundraiser?	☐ Yes (If yes, go to Secti	tory Committees) on L3 Purchases of Adver- complete required inform		a Program Book
Subpart 3: (Town Comm Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	☐ Yes (<i>If yes</i> , enter Tota ☐ No	Receipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Item	s — This Page		
		ion L1—Subpart 3 <i>(Town Co</i> ipts from Food Purchase			
		TOTAL of additional Se	ction L1 Pages		
	TOTAL OF ALL RECE	IPTS FROM SMALL			

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

mary ra	aar parenases from a	committee tag	sare, auction	, or a sale or		ы. Бе		10110101
NAME OF COMMITTE	E (Provide Complete Name as Regi	stered with Filing Reposi	tary)		TYPE OF REPO	RT		
	L3. Purcha	ses of Advertisi	ing in a Prog	ram Book or	on a Sign	1		
Name of Purchaser						ı	se Made By:	-
						l	siness Entity	Other
C4 4 4 14			T =:			∐ Inc	lividual/Sole F	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pr	ogram Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser		!				Dyrohoo	se Made By:	
Name of Purchaser							siness Entity	☐ Other
							lividual/Sole P	
Street Address			City				State	Zip Code
Silect Addiess			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pr	ogram Ad Purcha	ise .	Amount of Si	gn Purchase
N f D l						Di vi	M. J. D	
Name of Purchaser							se Made By: siness Entity	☐ Other
							_	_
Street Address			I cim			п по	lividual/Sole P	Zip Code
Sirect Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pr	ogram Ad Purcha	ise .	Amount of Si	gn Purchase
Name of Purchaser						Durahas	e Made By:	
Name of Futchaser							siness Entity	☐ Other
							lividual/Sole P	_
Street Address			City				State	Zip Code
54.001,150.000			City				June	
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pr	ogram Ad Purcha	ise .	Amount of Si	gn Purchase
Name of Purchaser						Durchas	e Made By:	
ivanic of i declaser							siness Entity	☐ Other
							lividual/Sole P	_
Street Address			City				State	Zip Code
Silvet / Iddiess			City				J. State	S.p code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	ise 4	Amount of Sig	gn Purchase
	SUBTOTAL Section L3	Total Purchases of	Advertising in	Program Book -	— This Page			
					40.00			
	SUBTOTAL Sec	ction L3 Total Purc	chases of Advert	tising on a Sign -	— This Page			
		The last section of the		1111	ARTHUR E			
			TOTAL of	additional Secti	on L3 rages			
TOTA	L OF ALL PURCHASES							
				n A of Summary				

ME OF COMMITTE	3E (Provide Complete Name a	ns Registered with Filing Repos	sitory)	TYPE OF RE	PORT	TS.	Lip I	
- Au	L4	. In-Kind Donatio	ns Not Consid	lered Contributions	X=0.7(00.8			
ie of Donor								
et Address			City			State	Zip Code	
lation Given By: Business Entity	Description of Donation			*	Fair M	 Iarket Va	lue of Donation	
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event				
ie of Donor								
et Address			City			State	Zip Code	
nation Given By: Business Entity	Description of Donation				Fair M	Iarket V	alue of Donation	
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event				
ne of Donor					- In-			
et Address			City			State	Zip Code	
nation Given By: Business Entity	Description of Donation				Fair N	/Iarket V	alue of Donatio	
Individual Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event				
ne of Donor						A		
et Address			City			State	Zip Code	
nation Given By: Business Entity	Description of Donation				Fair N	/Iarket V	alue of Donatio	
Individual Sole Proprietorship	Date Received	Event #		Aggregate value for this Event				
		SI	UBTOTAL Secti	on L4 — This Page				
		TO	TAL of addition	al Section L4 Pages				
TO	TAL OF ALL IN-KIN	D DONATIONS NOT Enter total on Line 2:	CONSIDERED 1. Column A of Su	CONTRIBUTIONS immary Page Totals)				
		A MERCHANICA TO ANNUAL	TO THE REPORT OF THE PERSON					

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Rep	pository)		TYPE OF RE	EPORT	
	L5. In-Kind Donations Not Consideration	ered Contributions Assoc	iated with a I	House Par	ty	
Name of Host			committee?		No.	ne candidate or
Street Address		City	'		State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host		•	committee?		10	ne candidate or
Street Address		City	_, , , , , , ,	<u> </u>	State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host			committee?		lo	ne candidate or
Street Address		City	· ·		State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host	•	•	committee?		lo	ne candidate or dendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mai	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
		SUBTOTAL Section L5 —	- This Page			
		FOTAL of additional Sectio	n L5 Pages			
	TAL OF ALL IN-KIND DONATIONS NO WITH A HOUSE PARTY (Enter total on	OT CONSIDERED CONTR Line 22, Column A of Summary				

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

ised January 2015	1110	1 (1.10)	. (13 21 2								
NAME OF COMMITTEE (Provide Complete	Name-as Re	gistered with	Filing Repo	sitory)			TYPE C	F REP	ORT		
·			M In	-Kind Con	teri	hutions		-			
√ame		V	1V1. 111	-Killu Coll	UI I	buttons					
treet Address					City	ø Ø				State	Zip Code
Type of contributor: Committee	Date Rece	ived	Aggregate	Contributions		Description of In-Kind	Contributio	n			
☐ Individual / Sole Proprietorship ☐ Other	70		0.0	11004	1.4.	Constitution of the second sec	fc on of o	munio	inolity		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does cor	bution is in atributor or l at more than	business he	s400 to a candic e/she is associat	ted v	for a chief executive o vith have a contract wi ☐ Yes ☐ No	th said mu	munic inicipal	ity		Iarket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate w	cipal of a state conhich branch or e contract is wit	· bra	actor or prospective stanches Executive			□Yes □No		
√ame											
treet Address	,,				City					State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate	Contributions		Description of In-Kind	Contributio	n			
☐ Individual / Sole Proprietorship ☐ Other											
Is contributor a lobbyist, spouse,	does co	ribution is in ontributor or at more than	business h	\$400 to a candine/she is associa	ated	e for a chief executive with have a contract w Yes No	officer of vith said m	a muni nunicipa	cipality, ility		Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate w	ipal of a state co hich branch or contract is with	bra	actor or prospective stanches Executive			□Yes □No		
Name											
treet Address					City	n:			-	State	Zip Code
Type of contributor: □Committee □Individual / Sole Proprietorship □Other	Date Rece	ved	Aggregate	Contributions		Description of In-Kind	Contributio	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or at more than	business h	\$400 to a cand ne/she is associa	ated	e for a chief executive with have a contract w Yes No	officer of vith said m	a muni nunicipa	cipality, ility		Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	indicate w	ipal of a state co hich branch or contract is with	bra	actor or prospective stanches Executive			□Yes □ No		
			5	SUBTOTAL	Sec	tion M — This Pag	ge				
	es e le		TC	OTAL of add	itio	nal Section M Pag	es				
TOTAL OF ALL IN-KIND CON	TRIBU'	TIONS (H	inter total o	on Line 23, Colu	unn.	A of Summary Page To	otals)				
	N	. Refund	dable D	eposit to T	`ele	phone Compan	ıy				
ast Name of Individual				First					MI	Date Deposi	t Made
esidential Street Address			T	City			State	Zip C	ode	1	Amount of
											Deposit
lame of Telephone Company								<u> </u>		\neg	
treet Address				City			State	Zip C	ode		

SEEC IOORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Revised January 2015	TV. EXXI ETIDI	ti Citab (Beetlon	31 1)	- 6
NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repositor	עכ	TYPE OF REPORT	
	P. Expense	es Paid by Committe	e	
Name of Payee		January Committee	Date of Payment	Method of Payment:
			Bute of Laymont	Check #
				☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
				2.5 3345
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below" i	is checked)	-
(if applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expendit☐ Coordinated without reimbursement sought (in-kind cor	ture) 🔲 Indepe		
Name of Payee			Date of Payment	Method of Payment:
				☐ Check #
				☐ Debit Card ☐ EFT
Street Address		City	· ·	State Zip Code
Purpose of Expenditure	Description		Event #	Amount
by code)	·			Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u	unless "None of the below" is	s checked)	7
(if applicable)	☐ None of the below	-		
	Coordinated with reimbursement sought (joint expending	ure) 🔲 Indeper	ndent	
9	Coordinated without reimbursement sought (in-kind con		ration: OAOBOCOD	
Name of Payee			Date of Payment	Method of Payment:
				☐ Check #
				☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
urpose of Expenditure	Description	***	Event #	Amount
by code)				
			ļ	_
Expenditure # "if applicable"	Type of Expenditure (Itemization in Addendum P Required	unless "None of the below"	is checked)	
2 -K/	☐ None of the below			
	☐ Coordinated with reimbursement sought (joint expendi		endent	
	Coordinated without reimbursement sought (in-kind co	ntribution) 🔲 Organi	zation: OA OB OC Ol	D
Name of Payee			Date of Payment	Method of Payment:
				☐ Check #
				☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
urpose of Expenditure by code)	Description		Event #	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required 1.	unless "None of the helow" i	s checked)	
if applicable)		income of the better vi		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind con		ndent zation: o A o B o C o D	
		SUBTOTAL Section P -		
	To	OTAL of additional Sect	ion P Pages	
	TOTAL OF ALL EXPI (Enter total on Lin	ENSES PAID BY COI ne 19, Column A of Summar		

IV. EXPENDITURES (Sections P-T)

Page 15 of 17

	R. Expenses Incurre	ed on Committee Ci	redit Card		
Name of Issuing Inst	itution	Type of Credit Card:			
		☐ Visa ☐ Master	Card Discover	American Express	Other:
Name of Vendor, Person	or Entity			Date of T	ransaction
Street Address		City		State	Zip Code
		1			
Purpose of Expenditure	Description		Event #		
by code)	Bescription		Event #		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum R Required	d unless "None of the below	" is checked)		
(if applicable)	□ None of the below	,	,		
	☐ Coordinated with reimbursement sought (joint expend				
	J,	Ontribution) Li Orga	nization: O A O B O C		
Name of Vendor, Person of	or entity			Date of T	ransaction
treet Address		City		State	Zip Code
meet Address		City		State	Zip Code
urpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required	d unless "None of the below	" is checked)		
	□ None of the below	liture) 🗀 Inde	nondont		
	☐ Coordinated with reimbursement sought (joint expended)☐ Coordinated without reimbursement sought (in-kind coordinated)	,	nization: OAOBOC	. o D	
Name of Vendor, Person o	or Entity				ransaction
treet Address		City		State	Zip Code
urpose of Expenditure	Description		Event #		1
by code)	Description		Event #		Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R Required	d unless "None of the below	" is checked)		
	□ None of the below	u. y			
	☐ Coordinated with reimbursement sought (joint expend		pendent nization: OAOBOC	0.0	
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	TEE (Provide Complete Name as Registered with Filin	ng Repository)	TYPE OF REPO	RT	2
	S. Expenses Incurred	by Committee but Not Paid	d During this Period	d Proposition	SHOW INSERT
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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	ا (بر	TY	PE OF RE	PORT			
	T. Itemization of Reimb	oursements and Seco	ndary Pa	vees				
Last Name of Worker/Cons		First	nan j	jees	МІ	Date of I Person o	Payment to V	Vendor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Section P:	Committee V	Worker/Cons	
Street Address of Vendor, F	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 None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind)	nditure) 🔲 Indep) C			
Last Name of Worker/Cons	ultant	First			MI	Date of I Person o	Payment to V	Vendor,
	Entity Paid by Committee Worker/Consultant				Section P:		bit Card	□ EFT
Street Address of Vendor, P	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 Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	nditure)			o C o D			
Last Name of Worker/Cons	ultant	First			MI	Date of Person of	Payment to ' or Entity	Vendor,
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				n Section P:	Committee	Worker/Con	
Street Address of Vendor, P	erson or Entity Paid by Committee Worker/Consultant	City				State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			E	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure) 🔲 Inde			OC O D			
		SUBTOTAL Section T	— This Pa	ige				
is constant		TOTAL of additional Se	ction T Pag	ges				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CON	ISULTAN	TS				