SEEC FORM 30

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

RECEIVED EAST HAVEN, CT.

Page 1 of 16

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COVER PAGE

1. NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Carfaco For March	Candidate Committee
7 TREASUMER NAME	☐ Exploratory Committee
3. TREASURER NAME First MI Last	Suffix
Richard A Doralma	Sumx
4. TREASURER ADDRESS	A DESTRUCTION OF THE PARTY OF
Street Address City State	Zip Code
10 Seaview Are East Haven 0	06512
5. ELECTION DATE 6. OFFICE SOUGHT (Complete only if Candidate Committee)	7. DISTRICT NUMBER
(mm/dd/yyyy) 11/2/21 MaVa((if applicable)
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)	
First MI Last O O	Suffix
Joseph A Castaca	
9. TYPE OF REPORT (Check One Box)	
☐ January 10 filing ☐ 7th day preceding primary ☐ Initial Itemized Statement accompanying application ☐ Supplemental Statement (Specify Type)	nt Deficit
☐ April 10 filing ☐ 30 days following primary for Public Grant ○ Primary ○ Election	Termination
☐ July 10 filing ☐ 7th day preceding election ☐ Additional Itemized Statement in further Expenditures	☐ Amendment to
Statement in further Statement in further support of application (Specify Type) ☐ October 10 filing ☐ 7th day preceding special election for Public Grant ○ Primary ○ Election	Type of Report:
Post Primary Itemized Statement accompanying request for General Election Grant	
10. PERIOD COVERED	
Beginning Date Ending Date	
$\frac{1025-2}{}$ thru $\frac{2-1}{-22}$	
11. CERTIFICATION	
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Disclosure Statement for the period covered is true, accurate and complete.	d Campaign Finance
Richard A Delalme	2-17-22
TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes	faces a civil penalty of up

to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
	COLUMN A This Period	COLUMN B Aggregate		
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0		
12. Balance on hand at the beginning of Reporting Period	10335.92			
13. Contributions Received from Individuals (Sections A and B)	3950.21	26481-26		
14. Receipts from Other Committees (Sections C1 and C2)	0.0	3600.00		
15. Other Monetary Receipts (Sections D through K)	0.0	0.0		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.0	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)	0.0	4125.00		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3950.21	34206.26		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	14286.13	3/206-26		
19. Expenses Paid by Committee (Section P)	14286.13	34206,26		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0,0	0.0		
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.0	0.0		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.0	0.0		
23. In-Kind Contributions Received (Section M)	131.99	131.99		
24. Refundable Deposit to Telephone Company (Section N)	0.0	0.0		
25. Loan Balance	0.0			
25a. + Loans Received (Section D)	0.0	0,0		
25b. + Interest and Penalties on Loan	0.0	0.0		
25c Payments on Loan	0,0	0,0		
25d. Total Outstanding Loan Amount	0.0			
26. Campaign Expenses Paid by Candidate (Section Q)	0.0	0.0		
27. Expenses Incurred on Committee Credit Card (Section R)	0.0	0,0		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.0			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0,0			

I. MONETARY RECEIPTS (Sections A—K)

and a common of the common of	Pagistared with Filing Repository	TYPE OF REPORT
NAME OF COMMITTEE (Provide Complete Name of	is registered with Filing repository)	TOCMINATION
Carrica to	U.C. + That a Passived this Period ONLY	1 96 1111111111111111111111111111111111
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributor's-Received this Period ONLY SUBTOTAL SECTION A	\$
(See that actions for definition of similar		
		• 1
	B. Itemized Contributions from Indi	viduals
STein	()12aDe	
Residential Street Address Mansfield	acove Ra City East Ho	aven State Zip Code CT 06512
Principal Occupation Ws, tel	Name of Employer Seven	to Child Inc
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate for a chief executors contributor or business he/she is associated with have a contributor or than \$5,000?	act with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event #	If yes, indicate which branch or branches	ve 🗆 Legislative
Method of Contribution:	Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	rd Payroll Deduction Money Order 10-3-21	
Last Name Sqchs	First Handle	A. MI
Residential Street Address 57 Island	View Are City BCGA	Local C) Zip Code C) 06405
Principal Occupation Constavet,	Name of Employer Hm	s holding 11C
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	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 contributed at more than \$5,000?	ract with said municipality
Is this contribution associated with an event reported in Section L1?	Jo If yes, indicate which branch or branches	tive Legislative 1000. Co
Method of Contribution:	Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca		1 1000 MI
Last Name Ha Tan	First	4
Residential Street Address 60 HKh	Skoet City East;	Haven State Zip Code CJ 06512
Principal Occupation Petros	Name of Employer	col .
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	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 convalued at more than \$5,000?	tract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes, indicate which branch or branches of government the contract is with:	e state contractor?
Method of Contribution: ☐ Cash ☐ Personal Check ☐ redit/Debit C	Date Received Pard Payroll Deduction Money Order	
Li Cash Li Personai Check Fedit/Debit C	and English Deduction Enfoncy Order	700
	SUBTOTAL Section B — 7	This Page 1200.00
	TOTAL of additional Section	B Pages 2750. 21
TOTAL OF	ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary 1)	ons A + B) Page Totals) 39 50 21

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
· Color I/ Make	
Garag for Indian	TANGOTICA
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
, , , , , , , , , , , , , , , , , , ,	
B. Itemized Contributions from Indivi	duals
Last Name Balle Har First 50 A	Cay MI_
Residential Street Address 14 PGracess DC. City Medison	State Zip Code CI O6443
Principal Occupation Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 valued at more than \$5,000?	re officer of a municipality, with said municipality Amount of Contribution
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? No If yes, indicate which branch or branches	□ Legislative
Method of Contribution: □ Date Received □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Aggregate Contributions
Last Name First	MI
Leefe Hush	F
Residential Street Address 666 Ocanie Store I Ven Have	State Zip Code
Principal Occupation Name of Employer	a b Hale Elinate Par
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves does contributor or business he/she is associated with have a contract	e officer of a municipality, with said municipality
valued at more than \$5,000?	
event reported in Section L1? If yes, indicate which branch or branches	le contractor?
Method of Contribution: Date Received	Aggregate Contributions
□ Cash □ Dersonal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 10-25-24	1000-
Last Name Hatter SHe66Y	MI
Residential Street Address 6 CHe65 LeeKer City Egst Have	State Zip Code
Principal Occupation Name of Employer	0) 06517
Clainel All	Anelican VC
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? 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 valued at more than \$5,000?	officer of a municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the state of	e contractor?
Method of Contribution: Date Received /	Aggregate Contributions
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order ////2)	500-
SUBTOTAL Section B — This	Page 2000.—
TOTAL of additional Section B P	ages 750.21
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 1)	(1+B) 39 50-21

I. MONETARY RECEIPTS (Sections A—K)

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
· Cachda Fd Mayor	Termination
A. Total Contributions from Small Contributors-Received this Per (See instructions for definition of Small Contributor) SUBTOTAL	
(See instructions for definition of Small Contributor) SUBTOTAL	SECTION A
	2 2
B. Itemized Contributions	s from Individuals
st Name Bowden	DOVCE
Sidential Street Address 76 Buckess Steet City	Cost Haven State Zip Code
	of Employer
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes dependent child of a lobbyist? Yes does contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated we valued at more than \$5,000?	ith have a contract with said municipality
s this contribution associated with an Yes Is contributor a principal of a state contractor	□ Yes □No or prospective state contractor? □ Yes
vent reported in Section L1? No If yes, indicate which branch or branches of government the contract is with:	S DExecutive Degislative No 20,2/
	eceived Aggregate Contributions
lCash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	1-1-21 80.89
st Name De Ko	SUSGO MI
sidential Street Address City	
131 Salecne Are E	155 Haven State Zip Code Of 06512
	of Employer
nv(ge	_
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	or a chief executive officer of a municipality, the have a contract with said municipality Yes No
this contribution associated with an ent reported in Section L1? Yes Is contributor a principal of a state contractor If yes, indicate which branch or branche of government the contract is with:	or prospective state contractor?
fethod of Contribution: Date Re	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	0-87-21 150
St Name Do Palma First Z	Schold MI A
isidential Street Address 10 Seavow Ave City Eg.	State Zip Code
	57 7743671 (7) 06519 of Employer
Ret, ad	ReTised.
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for does contributor or business he/she is associated with valued at more than \$5,000?	or a chief executive officer of a municipality, th have a contract with said municipality Yes No
this contribution associated with an vent reported in Section L1? Yes Is contributor a principal of a state contractor of fyes, list Event # Is contributor a principal of a state contractor of government the contract is with:	or prospective state contractor?
Method of Contribution: Date Re	0
Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	31-21 80-
SUBTOTAL Sect	ion B — This Page 250. H
TOTAL of addition	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUA (Enter total on Line 13, Column A o	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)		TYPE OF REPORT				
· Castag	Fol Ma	101	Telmin	Telmination			
A. Total Contributions from S (See instructions for definition of Small		ved this Period ONLY SUBTOTAL SECTION A	\$				
		4					
	B. Itemized Co	ntributions from Indiv	iduals				
Last Name RYGO		First David-	<	MI			
Residential Street Address 3 Deec	Rin Ridge	City Wood ba	des	State Zip Code C) 06 525			
Principal Occupation A Hocci	7	Name of Employer	2 Elyes AH	! of law			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract to a sociated with have a contract to a candidate for a chief execution.	ve officer of a municipality	Amount of Contribution			
		state contractor or prospective stanch or branches	ate contractor?	500-			
Method of Contribution:		Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit (Card Payroll Deduction Money	Order 16-36-21	500 -				
Last Name	9	First		MI			
Residential Street Address		City		State Zip Code			
Principal Occupation		Name of Employer					
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executivis associated with have a contrac	we officer of a municipality t with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra		ate contractor? Yes				
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	1				
Last Name		First		MI			
Residential Street Address	2	City		State Zip Code			
Principal Occupation	-	Name of Employer		,			
Is contributor a lobbyist, spouse, □ Yes or dependent child of a lobbyist? □ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	ve officer of a municipality t with said municipality	Amount of Contribution			
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a significant which brain of government the contract		□ No				
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order					
	SUBT	TOTAL Section B — This	Page	500.			
		of additional Section B		0			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page	A+B) Totals) 30	750.21			

· I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MITTEE (Provide Comple	te Name as Registered	with Filing Repost	itory)	-	, TYPE C	F REPORT		in the second se
	ut. The		~ontributio	ns from Ot	her Cor	nmittees	, ua − _e a a _	, in the contract of the contr	
Name of Committee	s v v v v v v v v v v v v v v v v v v v	,011	<u> </u>		Name of T		i'		<u> </u>
Address				Is this contrib	Is this contribution associated with an event reported in Section L1? If yes, list Event			Amount of	f Contribution
City		State	Zip Code	Date Receiv	ed.	Aggregate Contri	outions		
Name of Committee					Name of T	reasurer		1	
Address				Is this contrib	l in Section	piated with an Ye 1 L1? 25, list Event #	s 🗆 No	Amount of	Contribution
City		State	Zip Code	Date Receiv	ed	Aggregate Contri	outions	1	
Name of Committee					Name of T	reasurer			
Address		<u> </u>		Is this contrib	l in Section	ciated with an ☐ Ye 1 L1? 25, list Event #		Amount of	Contribution
City		State	Zip Code	Date Receiv	ed	Aggregate Contri	outions		
, _p = ,	C2. F	Reimbursemen	its or Surpl	us Distribu	tions fr	om other Com	nittees	1 h ha + + + + + + + + + + + + + + + + +	
Name of Committee		*			Name of T				•
Address				City				State	Zip Cođe
Date Received	Expenditure # (if applicable)	Payment Type	nent for shared o	expense Su	rplus Distr	ibution		Amount	of Receipt
Description									
Name of Committee					Name of T	reasurer			
Address		<u> </u>		City				State	Zip Code
Date Received	Expenditure # (if applicable) Payment Type □ Reimbursement for shared			d expense Surplus Distribution			Amount	of Receipt	
Description	· ·	1							
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			322 28 (8666				
NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposit	ory)			PE OF	REPORT	3
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	. Loans		ed this Period			Eliner L	
Name of Lender			Source of Loan: Bank Candidate Individual Other Committee				Date of Receipt
Street Address	City	•		St	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	Amount Received						
Street Address	City		·	S	tate	Zip Code	
Name of Lender	1		Source of Loan: Bank Cand	lidate 🔲 In	dividual	☐ Other Committee	Date of Receipt
Street Address	City		-	St	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					-		Amount Received
Street Address	City			s	tate	Zip Code	
Name of Lender	-		Source of Loan: Bank Cand	lidate 🔲 In	ndividual	☐ Other Committee	Date of Receipt
Street Address	City			St	ate	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	,			<u> </u>			Amount Received
Street Address	City		,	S	tate	Zip Code	
i i i i	.L	han Turanga dan	TOTAL SECTI	ON D			
E. Receipts from Entities other tha	n Indiv	iduals c	or Other Comm	nittees (1	Referen	dum Committe	es ONLY)
Name of Entity							
Street Address				Date Rec	eived		Amount Received
City		State	Zip Code	Aggregat	te Contrib	utions	
Name of Entity							
Street Address				Date Rec	eived	-	Amount Received
·		T-					
City		State	Zip Code	Aggregat	te Contrib	utions	
Name of Butity			•	•			
Street Address				Date Rec			Amount Received
City		State	Zip Code	Aggrega	te Contrib	utions	
			TOTAL SECT	ION E			

I. MONETARY RECEIPTS (Sections A-K)

ME OF COMMITTE	Tr Managara Ca	molete Name as Regis	tered with Filing I			PATA	
	SE, Provide Co			(epository):		HIPE	OF REPORT.
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i je	. Amoun	t Transferred	from Affil	iated Bu	siness Treasury (Busi	ness Enti	ty Committees ONLY)
of Receipt		is transaction assoc		☐ Yes	If yes, list Event #		Amount
	ever	nt reported in Sectio	n L1?	☐ No			
- CD i-t							A-100004
of Receipt	_	nis transaction assoc nt reported in Sectio		☐ Yes ☐ No	If yes, list Event #		Amount
of Receipt	Is th	is transaction assoc	iated with an	☐ Yes	If yes, list Event #		Amount
	ever	nt reported in Sectio	n L1?	□ No			
CD III	_		 _				
of Receipt		nis transaction assoc nt reported in Sectio		☐ Yes ☐ No	If yes, list Event #		Amount
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-				3			
G. Amount T	ransferre	d from Affilia	ted Labor	Union o	Other Organization	Treasi	ry (Organization Committees ONLY)
of Receipt	e e e e e e e e e e e e e e e e e e e		Date of Receipt		· · · · · · · · · · · · · · · · · · ·	Date of I	
•							•
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Amount		Amount				Amount	
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12 W	alleged to Interpret			y V.	TOTAL SECTION	G	
•	H., Pers	onal Funds of	the Candi	date Rec	TOTAL SECTION		iommittees ONLY)
of Receipt	٠		the Candi	date Rec			Committees ONLY)
of Receipt	٠	od of payment:	-	100 886 22 1	eived this Period (Ca	ndida <u>t</u> e Ç	
	Meth	od of payment:	-	date Rec	eived this Period (Ca	ndida <u>t</u> e Ç	Amount
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of Receipt of Receipt	Meth	od of payment: Cash od of payment:	-	Personal Che	eived this Period <i>(Ca</i>	ndidate.Ç	Amount
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f Receipt f Receipt	Meth Meth	od of payment: Cash od of payment: Cash od of payment: Cash od of payment:		Personal Che Personal Che	eived this Period (Ca	ndidate Card Card 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.

Total of Other Monetary Receipts

(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)

Total Amount of Interest from Deposits in Authorized Accounts (Section J)

Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT	The second secon
	gran sagara tota		er t 1 tyle yein Celynyi synkypynanin
	nt Information		ge higherten.
Event# Date of Bvent Letter Description			Was this a fundraising event
Location: Street Address	City		State Zip Code
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 Associated with a Hou purchases made by host ☐ No	se Party and complet	e required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section Leand complete required i		not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nmittees other than Exploratory If Yes (If yes, go to Section L3 or on a Sign and comp No	Purchases of Advert	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Reco	sipts here.)	\$
Event # Description Date of Event Letter			Was this a fundraising event? ☐ Yes ☐ No
Location: Street Address	City		State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complete	e required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	***	Purchases of Adverti	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Rece	ipts here.)	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts	Ann. He we did	This Page	
	ction L1—Subpart 3 (Town Committeeipts from Food Purchases — 7		
	TOTAL of additional Section	L1 Pages	
	EIPTS FROM SMALL PUR on Line 16a, Column A of Summary		

MANTOCOLOG	TITER One 31 October	e as Registered with Filing Reposite	1	TYPE OF REI	One i		
NAME OF COMMI	1 1 E.E. (Provide Complete Nam	e as Registerea with Fiting Reposite	ייייייייייייייייייייייייייייייייייייי	TYPE OF REI	ORI	<u> </u>	<u> </u>
7	, L3. P.	urchases of Advertisi	ng in a Prog	ram Book or on a Sign			
Name of Purchaser					Purch	ase Made By:	
					□B	usiness Entity	☐ Other
					Ir	ıdividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
Name of Purchaser					Purch	ase Made By:	
					1	usiness Entity	☐ Other
					1		
Street Address	<u> </u>	·	City	•		State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Sig	gn Purchase
Name of Purchaser	_				Purch	se Made By:	
					[usiness Entity	☐ Other
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Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hasa	Amount of Sig	on Purchase
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Name of Purchaser				<u> </u>	- In .		
Ivanic of I menaser						ise Made By:	□ Other
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Street Address	-		City	 	11211	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hasa	Amount of Sig	m Purchese
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Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Sig	n Purchase
						- •	,
,	SUBTOTAL Sec	tion L3 Total Purchases of	Advertising in	Program Book — This Page			
	SUBTOI	'AL Section L3 Total Purc	hases of Adver	tising on a Sign — This Page		-	
	•		TOTAL	f additional Section L3 Pages			

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NAME OF COMMITTE	E (Provide Complete Name as Registe	red with Filing Repository)	ia	And the second s	TYPE OF REPOR	T.	e e e e e e e e e e e e e e e e e e e	
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i a sun-sum u t e	Ti 4 Tra-Ye	ind Donations N	lot Concide	ad Contribu	riona :	· ·		min managara kinagapan perdemba
Name of Donor		Mild Dollations 1	(oriconside	ea Continu	ittons it is	un .		
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Street Address			Cîty		·		T 54-4-	7in Cada
bucci Address			City				State	Zip Code
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Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value fo	r this Event	1		
☐ Sole Proprietorship					,			
Name of Donor	•					1		
Street Address			City				State	Zip Code
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Donation Given By: Business Entity	Description of Donation					Fair N	Aarket Val	ue of Donation
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☐ Sole Proprietorship	Date Received	Event #		Aggregate Value fo	r this Event			
Name of Donor								
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Street Address			City				State	Zip Code
Donation Given By:	Description of Donation			· -		[n . ,		
☐ Business Entity	2 3 3 3 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					Fair N	Aarket Val	ue of Donation
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Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair A	forket Vel	lue of Donation
☐ Business Entity					•	Latt V	iainei vai	ne of Donation
☐ Individual	Date Received	Event #		Aggregate value for	this Event			
☐ Sole Proprietorship				1 1981 1981 1411 101	am 210			
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	i e e e	ŢOTĄĻ	of additional	Section L4 Page	š .			
	<u> </u>				-			
ТОД	AL OF ALL IN-KIND DON.	ATIONS NOT CON	SIDERED CO	NTRIBUTION	S			
	; (Enter	total on Line 21, Col	aan A oj Sumr	ary 1 age 10tal	<u> </u>			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Filing Reposi	tory)		TYPE OF RE	PORT			
		_						
L5. Ii	n-Kind Donations Not Considere	ed Contributions:	Associated with a l	Iouse Part	y	-		
Name of Host		·	committee?	☐ Yes ☐ No	supporting more than one candidate or ☐ Yes ☐ No			
			If yes, co	omplete Itemiza	ition in Add	lendum L5		
Street Address		City			State	Zip Code		
Description of Donation		I		Fair Mar	ket Value	of Donation		
				}				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	ents—this host/candidate	-				
Name of Host			Is this event	supporting ma	ore than or	ne candidate or		
			committee?	☐ Yes ☐ No	o	·		
Street Address		City	Jyes, co	omplete Itemiza				
Street Address		City	•		State	Zip Code		
Description of Donation		-		Fair Mar	ket Value	of Donation		
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	ents—this host/candidate	1				
Name of Host		<u>.l.</u>	To this event	Unnatina m	ara than a	ne candidate or		
traine of Frost				supporting mo		ie candidate or		
				omplete Iternization in Addendum L5				
Street Address		City	 _		State	Zip Code		
Description of Donation				Fair Mar	ket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	ents—this host/candidate	1				
	•							
Name of Host		<u> </u>	Is this event	Supporting my	ore than or	e condidate or		
			committee?	ent supporting more than one candidate or e? □ Yes □ No				
			If yes, co	mplete Itemiza	ition in Add	lendum L5		
Street Address		City	•		State	Zip Code		
Description of Donation				T 7. 16	1	7D 4		
				Fair Mar	ket Value e	of Donation		
	S	1		1				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Ev	ents—this host/candidate					
,		SUBTOTAL Section	n L5 — This Page					
,	TO	OTAL of additional	Section L5 Pages					
momiton	ATT BY YOUR DOLL MICKES STOR	L CONORDED C	O DEPO POR CONTRACTOR OF THE PROPERTY OF THE P			-		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li	「CONSIDERED C ine 22, Column A of S	i i					
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Revired January 2015			1		i constant				
NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)			TYPE O	F REPORT	·	
i							h h a		
			M. In-Kind C	ontr	ibutions		*	' '	
Name									
									• • • • • • • • • • • • • • • • • • • •
Street Address				Ci	ty .			State	Zip Code
	I		1		<u> </u>				
Type of contributor: Committee	Date Recei	ived	Aggregate Contributions	š	Description of In-Kind C	Contribution	1		
☐ Individual / Sole Proprietorship ☐ Other	ļ		1.						
Is contributor a lobbyist, spouse, Yes					e for a chief executive of with have a contract wit			Fair	Market Value
or dependent child of a lobbyist? \(\square\) No		t more than			□Yes □No				Contribution
Is this contribution associated with an event reported in Section L1?	☐ Yes ☐ No		ntor a principal of a stat indicate which branch		tractor or prospective sta	te contrac			
If yes, list Event #	L No		rnment the contract is		Executive [☐ Legisl:	□ No ative		ì
Name			-						
Street Address				Cit	ty			State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Contributions		Description of In-Kind C	ontribution	1	<u> </u>	
\square Individual / Sole Proprietorship \square Other									
Is contributor a lobbyist, spouse, Yes	If contr	ribution is in	excess of \$400 to a ca	ındida	te for a chief executive o	officer of	nunicipality,	Fair	Market Value
or dependent child of a lobbyist?		ontributor or at more than		ociated	i with have a contract wi	ith said m	unicipality	of this	s Contribution
Is this contribution associated with an	☐ Yes	1		e conti	ractor or prospective stat	te contrac	tor?		
event reported in Section L1?	□ Nº	<i>If yes</i> , i	indicate which branch	or bra	anches		□No		
If yes, list Event #		of gover	rnment the contract is v	with:	☐ Executive [Legisla	tive		
Name									
Street Address				Cit				State	Zip Code
Direct Find Cas					.y			Siale	Zip Code
Type of contributor:	Date Recei	wad	Aggregate Contributions		Description of In-Kind C	ontribution	 -		
☐ Individual / Sole Proprietorship ☐ Other	Date Recei	ved	Aggregate Contributions		Description of in-Kind C	OHE TOULIST			
	TEtu			1: 1	1.6	CC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					te for a chief executive o I with have a contract wi				Market Value Contribution
· · · · · · · · · · · · · · · · · · ·	1	at more than			☐ Yes ☐ No		. ,		
Is this contribution associated with an event reported listed in Section L1?	☐ Yes ☐ No		tor a principal of a state indicate which branch		ractor or prospective stat	te contrac	tor? □Yes □No		
If yes, list Event #			mment the contract is v		☐ Executive [☐ Legisla			
- F ()	•		SURTOTA	I. Se	ction M — This Pag	.			
			TOTAL of a	dditic	onal Section M Page	S			-
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS Œ	nter total on Line 23, C	olumn	A of Summary Page Tot	als)			
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		Kerunc	1 1		ephone Compan	<u>y</u>			<u> </u>
Last Name of Individual			First				.MI	Date Deposi	t Made
Residential Street Address	_		City			State	Zip Code		Amount of
									Deposit
Name of Telephone Company					<u>l</u> .		J	\dashv	
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TOTAL SE	CTION	N (Enter 1	total on Line 24, Colu	mn A	of Summary Page Total	(s)			

SEEC FORM 20 Reviolations 2715	, IV. EXPENDITURES (Sections 1	· = ;	15113
NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(a6 fa6 a Fa6 1110 yol	Telmin	5/101
	P. Expenses Paid by Committee	•	
Name of Payee		Date of Payment	Method of Payment:
	$1 \times .00$	11-29-21	Check#
Street Address	City	11010	State Zip Code
1	Terry Transport Blud San Franci	560	lA -
Purpose of Expenditure (by code)	Description Even		Amount
Excenditure#	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	21.58
(if applicable)	None of the below		06 30
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	•	
Name of Payce	Coordinated without reimbursement sought (in-kind contribution) Organization:	Date of Payment	Method of Payment:
Name of Payce			Check #
1:	WIX (cm	10-01-21	□ Débit Card □ EFT
Street Address	City		State Zip Code
	70007 7 20111 (17 21)	161560	CA .
Purpose of Expenditure (by code)	Description / Even	t#	Amount
1/8/3	Web 165160		_,
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)	26.58
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
-		AOBOCOD	
Name of Payee		Date of Payment	Method of Payment:
ļ	5102 6 6hal	17-3-21-	Check#
Street Address	City		State Zip Code
3	70 Hongmay Are East How	ien	CT 06512
Purpose of Expenditure	Description	1#	Amount
(by code)	For Head andre Wilkey		
Expenditure#	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	ked)	147.03
(if applicable)	☐ None of the below		17/10
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent		
Y	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	Date of Payment	Method of Payment:
Name of Payec		Dan of Layment	Check#
			☐ Debit Card ☐ EFT
Street Address	City		State Zip Code
		•	\ . \
Purpose of Expenditure	Description	nt# .	Amount
(by code)			
Expenditure#	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	ked)	1
(if opplicable)	□ None of the below		
}	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization:	- 4 - 7 - 6 - 6 - 7	
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: SUBTOTAL Section P — Th	is Page	02 19
			10 01
	TOTAL of additional Section P	Pages	44. //
	TOTAL OF ALL EXPENSES PAID BY COMM (Enter total on Line 19, Column A of Summary Pag		286-13

EEC FORM 20 rised January 2015	IV. EXPENDITURES (Sections 1	1	813		
IAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	1-11-1		
	lactica fel majel	TPG MIC	Dalka		
•	P. Expenses Paid by Committee	Date of Payment	1 1 1 CD		
lame of Payee	P. Expenses Paid by Committee Data Paid Pa		Method of Payment: Check #		
•	Andat	11-4-21	Debit Card FIEFT		
/	/ / // EC C /		State Zip Code		
Street Address	920 mcking Are 125/95	ž	1× 7529		
urpose of Expenditure by code)		rt#	Amount		
Expenditure #	Some of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ked)	50,01		
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure) Independent				
Name of Payee	Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O Date of Payment 1-3 -20				
value of Payer	Key 15an L.	1-3/22	Check # Debit Card EFT State Zip Code		
Street Address P.C. Box 93885 City Cleve lond. 04					
Purpose of Expenditure (by code)	Description 3 And Fee	nt#	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	ked)	11.00		
(if applicable)	Coordinated with reimbursement sought (joint expenditure)	OA OB OC OD	11-0		
Name of Payce		Date of Payment	Method of Payment:		
7	Face Book	16-30-21	Check # Debit Card		
Street Address	1-Face Book way Menlo	Vack	OA 94025		
Purpose of Expenditure (by code)	Description Fuel Beel Add	ent#	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is ch	ecked)	51.		
(if applicable)	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	nt			
	Coordinated without reimbursement sought (in-kind contribution)	Date of Payment	Method of Payment:		
Name of Payec			☐ Check #		
	NIX (OM	10-21-2	Debit Card DEFT		
Street Address	SOO TAGIF CANCOS BUN SAN FROM	161500	State Zip Code		
Purpose of Expenditure (by code)	Description PESICO	vent #	Amount		
1WAD	Danied where "None of the helow" is ch	necked)	7 26.54		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is charged the below Independent sought (joint expenditure)		26 110		
	☐ Coordinated with reimbursement sought (in-kind contribution) ☐ Organization	on: o A o B o C o I	30 59		
	SUBTOTAL Section P —		26,07		
	TOTAL of additional Section	n P Pages	511.12		
	TOTAL OF ALL EXPENSES PAID BY COM (Enter total on Line 19, Column A of Summary)	MITTEE Page Totals)			

C FORM 20	. IV. EXPENDITURE	o (Sections I — I	<u>, </u>	J.J.
	(Provide Complete Name as Registered with Filing Repository)	7	TYPE OF REPORT //	
ME OF COMMITTEE	office Fol Playor		Ja M	neller
	P. Expenses Paid b	y Committee		1.00
			3	Method of Payment:
ne of Payce	as by		VI Xena	Debit Card EFT
<i>F</i>	City			State Zip Code
et Address	Face Bookway 1		CA 194025	
pose of Expenditure D		Event #	•	Amount
code)	Face Bask Add.			
penditure # Typ	e of Expenditure (Hemization in Addendum P Required unless "N	one of the below" is checked	d)	49.67
applicable)	Var afthe helow			/ /2 0 /
17-	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	☐ Independent ☐ Organization: ○	A OB OC OD	
	Coordinated without reimbulsement sought (as an account of the control of the con	CI Organization	Date of Payment	Method of Payment:
ame of Payce	/ 1 /		11-3-21	Scheit Card
	Face bcold City			State Zip Code
reet Address		ma 1. 12	1/	CA MURZE
) -	FACE BOOK WAY	10p/0 /60	#	01 17/
unpose of Expenditure	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) [ENone of the below [Coordinated with reimbursement sought (joint expenditure)			
ADV-	Face tack Add.			1
/7//V-	Generaling (Hemization in Addendum P Required unless "	None of the below" is check	ed)	250
if applicable)	TAI af the helow			
1-4	a constructed with reimbursement sought (joint expenditure)		A OR OC OD	
	Coordinated without reimbursement sought (in-kind condition)	/ Отданизация.	Date of Payment	Method of Payment:
Name of Payer			11-36 21-	Check #E
	Face Dook City		· · · · · · · · · · · · · · · · · · ·	State Zip Code
Street Address		• • • • • • • • • • • • • • • • • • • •	1/	CA 94025
1 -	Face Beak way	Meplo 1562		CA 99003 Amount
Purpose of Expenditure (by code)	Description	Ever	m# =	Amount
21 (11 /	Face Book add			_
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless	"None of the below" is che	cked)	61.45
(if applicable)	T None of the helow			0/.43
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)	ion)	n:oA oB oC oI	<u> </u>
	Coordinated without reinfibutsement sought (at the		Date of Payment	Method of Payment:
Name of Payee			10-31-21	☐ Check #
	Face Deal Cit		10	State Zip Code
Street Address	- FureBaking	Mento Po	1/	CA 9400
/		·	vent#	Amount
Purpose of Expenditure (by code)	Description Face Box L Addi	1		
BANV	Face Dank Hope		noked)	-
Expenditure#	Type of Expenditure (Itemization in Addendum P Required unless	s "None of the below" is cit	ecneuj	250
(if applicable)	None of the below Coordinated with reimbursement sought (joint expenditure)	☐ Independer	nt •	
	Coordinated with reimbursement sought (but expectations) Coordinated without reimbursement sought (in-kind contributed)		on: OA OB OC O	D
		BTOTAL Section P — ?	This Page	611.10
	тот	AL of additional Section	P Pages	0
	TOTAL OF ALL EXPEN	SES PAID BY COM	MITTEE	14 286.13
	(Enter total on Line 1	19, Column A of Summary 1		

IV. EXPENDITURES (Sections P-T)

Page 14 of 17

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repositor)	<i>)</i>)	TYPE OF REPORT		
					g, bet an old de
	21. 5 2 9	enses Paid by Candi			g F E
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment		ursement claimed? Yes 🗀 No
Street Address		City		State	Zip Code
				03.20	DI OSCO
Purpose of Expenditure (by code)	Description		Event #		Amount
Name of Payee (Name of V	 Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	ursement claimed?
					Yes 🛚 No
Street Address	-	City	•	State	Zip Code
Purpose of Expenditure (by code)	Description	•	Event #		Amount
Name of Payee (Name of V	 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	oursement claimed?
					Yes 🔲 No
Street Address		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	Is reimb	oursement claimed?	
Court Address				Yes 🗌 No	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	•	Event #		Amount
Name of Payee (Name of V	 endor, Person or Entity who candidate paid directly	_	Date of Payment	Is reimb	ursement claimed?
				"	Yes 🗌 No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount:
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
				-	Yes 🗆 No
Street Address		City	•	State	Zip Code
Purpose of Expenditure (by code)	Description	•	Event #		Amount
í	<u> </u>	SUBTOTAL Section Q —	- This Page		
	. то	OTAL of additional Section	on Q Pages		
	TOTAL OF ALL EXE (Enter total on Lin	PENSES PAID BY CA ne 26, Column A of Summary			

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Repository,	,1		Tv	TYPE OF REPORT				
PARTIE OF COMMITTEE	•					EPURI			
•	R. Expenses Incurre	d on Com	mittee Cre	dit Caro	<u>-</u>				
Name of Issuing Instit		Type of Cred		74-4					
	· ·	☐ Visa	☐ Master C	ard □ I	Discover	☐ Americ	an Express	s	
Name of Vendor, Person of	r Entity						Date of T	Transaction .	
						•			
Street Address		City			_		State	Zip Code	
Purpose of Expenditure (by code)	Description	<u>.</u>		Event #				Amount	
Expenditure # ((f 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 co	liture)	☐ Indepe	·		0 C O D			
Name of Vendor, Person or Entity							Fransaction		
							l		
Street Address		City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			_	Amount	
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	liture)	☐ Indepe	-		oc o D			
Name of Vendor, Person or	Entity						Date of T	Transaction	
Street Address		City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought)	liture)	☐ Indepe	•		oc o D			
	SI	JBTOTAL S	Section R — T	This Page		,			
	ТОТ	(AL of additi	ional Section	R Pages		_			
TO	TAL OF ALL EXPENSES INCURRED ON (Enter total on Line								

NAME OF COMMITT	E OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		A
	LE (Provide Complete Name as Registerea with Filing Repository)		TIPE OF REGORT		
<u> </u>	S. Expenses Incurred by Comn	niftee but Not Paid	During this Pariod		
N	5. Expenses mearred by Comin	intice but 140t 1 atu 1	During this I crivu	Date Incurr	
Street Address City				Date Incum	ea
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