SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised June 2014

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE

2. TREASURER NAME

First	MI	Last	Suffix

3. TREASURER ADDRESS

Street Address	City	State	Zip Code

4. ELECTION/REFERENDUM DATE	**5. OFFICE SOUGHT** *(Complete only if Candidate Committee)*	**6. DISTRICT NUMBER**
(mm/dd/yyyy)		*(if applicable)*

7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

First	MI	Last	Suffix

8. TYPE OF REPORT *(Check One Box)*

- ☐ January 10 filing
- ☐ April 10 filing
- ☐ July 10 filing
- ☐ October 10 filing
- ☐ Independent Expenditure
  - ○ Primary ○ Election
- ☐ 7th day preceding primary
- ☐ 30 days following primary
- ☐ 7th day preceding election
- ☐ 12th day preceding election *(State Central Committees Only)*
- ☐ 45 days following election not held in November
- ☐ 7th day preceding referendum
- ☐ 45 days following referendum
- ☐ Deficit
- ☐ Termination
- ☐ Initial Contribution or Disbursement *(PACs ONLY)*
- ☐ Amendment to

Type of Report: _____

9. PERIOD COVERED

Beginning Date _____ thru Ending Date _____

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED $1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised June 2014

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	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		
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*		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)		
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 Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) ***OPTIONAL***		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$

B. Itemized Contributions from Individuals

Last Name | First | MI

Residential Street Address | City | State | Zip Code

Principal Occupation | Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received | Aggregate Contributions

Last Name | First | MI

Residential Street Address | City | State | Zip Code

Principal Occupation | Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received | Aggregate Contributions

Last Name | First | MI

Residential Street Address | City | State | Zip Code

Principal Occupation | Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution:
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received | Aggregate Contributions

SUBTOTAL Section B — This Page	
TOTAL of additional Section B Pages	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) ***(Enter total on Line 13 of Summary Page Totals)***	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	**Amount of Receipt**
City	State	Zip Code	☐ Reimbursement for shared expense ☐ Payment for goods and services ☐ Surplus Distribution	

Name of Committee			Name of Treasurer	
Address			Date Received	**Amount of Receipt**
City	State	Zip Code	☐ Reimbursement for shared expense ☐ Payment for goods and services ☐ Surplus Distribution	

SUBTOTAL Section C — This Page	
TOTAL of additional Section C Pages	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) ***(Enter total on Line 14 of Summary Page Totals)***	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT

D. Loans Received this Period

Name of Lender		Source of Loan: ☐ Bank ☐ Candidate ☐ 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: ☐ Bank ☐ Candidate ☐ 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: ☐ Bank ☐ Candidate ☐ 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	

TOTAL SECTION D	

E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

Name of Entity				
Street Address			Date Received	**Amount Received**
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT

F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1?	Amount
	☐ Yes ☐ No *If yes*, list Event #	
	☐ Yes ☐ No *If yes*, list Event #	
	☐ Yes ☐ No *If yes*, list Event #	
	☐ Yes ☐ No *If yes*, list Event #	
	TOTAL SECTION F	

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	**Amount**	**Amount**
	TOTAL SECTION G	

H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment:	Amount
	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	
	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	
	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	
	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	
	TOTAL SECTION H	

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

TOTAL SECTION J	

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				

TOTAL SECTION K	

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	TYPE OF REPORT

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser Letter	Description

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? ☐ Yes (***If yes***, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.) ☐ No

Did this fundraiser include items donated by a business entity of up to $100 or items donated by an individual of up to $100? ☐ Yes (***If yes***, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.) ☐ No

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 Receipts** here.) → $ ☐ No

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? ☐ Yes (***If yes***, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.) ☐ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? ☐ Yes (***If yes***, enter **Total Receipts** here.) → $ ☐ No

Fundraising Event # Date of Fundraiser Letter	Description

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? ☐ Yes (***If yes***, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information for purchases made by host(s) for food, beverage and invitations.) ☐ No

Did this fundraiser include items donated by a business entity of up to $100 or items donated by an individual of up to $100? ☐ Yes (***If yes***, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.) ☐ No

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 Receipts** here.) → $ ☐ No

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? ☐ Yes (***If yes***, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.) ☐ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? ☐ Yes (***If yes***, enter **Total Receipts** here.) → $ ☐ No

SUBTOTAL Section L1—Subpart 1 (*All Committees*) Total Receipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 (*Town Committees ONLY*) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES *(Enter total on Line 16a of Summary Page Totals)*	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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

NAME OF COMMITTEE	TYPE OF REPORT

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

Name of Purchaser				Purchase Made By: ☐ Business Entity ☐ Individual ☐ Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ☐ Business Entity ☐ Individual ☐ Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ☐ Business Entity ☐ Individual ☐ Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ☐ Business Entity ☐ Individual ☐ Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

Name of Purchaser				Purchase Made By: ☐ Business Entity ☐ Individual ☐ Sole Proprietorship
Street Address	City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	**Amount of Program Ad Purchase**	**Amount of Sign Purchase**

SUBTOTAL Section L3 **Total Purchases of Advertising in Program Book — This Page**	
SUBTOTAL Section L3 **Total Purchases of Advertising on a Sign — This Page**	
TOTAL of additional Section L3 Pages	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN ***(Enter total on Line 16c of Summary Page Totals)***	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	TYPE OF REPORT

L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received	Event #	Aggregate value for this Event	

SUBTOTAL Section L4 — This Page	
TOTAL of additional Section L4 Pages	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ***(Enter total on Line 21 of Summary Page Totals)***	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE	TYPE OF REPORT

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code

Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Fair Market Value of this Contribution

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Name

Street Address	City	State	Zip Code

Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Fair Market Value of this Contribution

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Name

Street Address	City	State	Zip Code

Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

If contribution is in excess of $400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than $5,000? ☐ Yes ☐ No

Fair Market Value of this Contribution

Is this contribution associated with a fundraising event listed in Section L1? ☐ Yes ☐ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

SUBTOTAL Section M — This Page	
TOTAL of additional Section M Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS ***(Enter total on Line 22 of Summary Page Totals)***	

N. Refundable Deposit to Telephone Company

Last Name of Individual	First	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code

Name of Telephone Company

Street Address	City	State	Zip Code

Amount of Deposit

TOTAL SECTION N ***(Enter total on Line 23 of Summary Page Totals)***	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE	TYPE OF REPORT

O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL *See Public Act 11-48*

Name of Committee ***(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)***			Name of Treasurer	
Street Address			Date Notice Received	**Fair Market Value of Donation**
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure ***(see instructions)*** ☐ **A** ☐ **B** ☐ **C** ☐ **D**	

Name of Committee ***(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)***			Name of Treasurer	
Street Address			Date Notice Received	**Fair Market Value of Donation**
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure ***(see instructions)*** ☐ **A** ☐ **B** ☐ **C** ☐ **D**	

Name of Committee ***(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)***			Name of Treasurer	
Street Address			Date Notice Received	**Fair Market Value of Donation**
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure ***(see instructions)*** ☐ **A** ☐ **B** ☐ **C** ☐ **D**	

Name of Committee ***(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)***			Name of Treasurer	
Street Address			Date Notice Received	**Fair Market Value of Donation**
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure ***(see instructions)*** ☐ **A** ☐ **B** ☐ **C** ☐ **D**	

Name of Committee ***(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)***			Name of Treasurer	
Street Address			Date Notice Received	**Fair Market Value of Donation**
City	State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure ***(see instructions)*** ☐ **A** ☐ **B** ☐ **C** ☐ **D**	

SUBTOTAL Section O — This Page	
TOTAL of additional Section O Pages	
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES ***(Enter total on Line 24 of Summary Page Totals)***	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**		

Name of Payee		Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**		

Name of Payee		Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**		

Name of Payee		Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum P Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**		

SUBTOTAL Section P — This Page	
TOTAL of additional Section P Pages	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE ***(Enter total on Line 19 of Summary Page Totals)***	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT

Q. Campaign Expenses Paid by Candidate

Name of Payee (***Name of Vendor 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**

Name of Payee (***Name of Vendor 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**

Name of Payee (***Name of Vendor 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**

Name of Payee (***Name of Vendor 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**

Name of Payee (***Name of Vendor 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**

Name of Payee (***Name of Vendor 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**

SUBTOTAL Section Q — This Page	
TOTAL of additional Section Q Pages	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE ***(Enter total on Line 26 of Summary Page Totals)***	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	**Type of Credit Card:** ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other:

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum R Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum R Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum R Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

Name of Vendor			Date of Transaction	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount**	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum R Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

SUBTOTAL Section R — This Page	
TOTAL of additional Section R Pages	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD ***(Enter total on Line 27 of Summary Page Totals)***	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum S Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum S Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum S Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	**Amount Incurred** *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum S Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

SUBTOTAL Section S-This Page	
TOTAL of additional Section S Pages	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID ***(Enter total on Line 28 of Summary Page Totals)***	
Previously reported Expenses Unpaid and still Outstanding	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID ***(Enter total on Line 28a of Summary Page Totals)***	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Secondary Payee				
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum T Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Secondary Payee				
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum T Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ☐ Check #_____ ☐ Debit Card
Secondary Payee				
Street Address	City	State	Zip Code	
Purpose of Expenditure (by code)	Description	Event #	Amount	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum T Required** ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization: ○ **A** ○ **B** ○ **C** ○ **D**			

SUBTOTAL Section T — This Page	
TOTAL of additional Section T Pages	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

Warning: ***The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee***.

Advertising: Each expenditure code beginning with "**A-**" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for ***both*** the **development *and*** the **delivery** of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, ***not*** as **Professional Consultant** (**CNSLT**), which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use **A-OTH** for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used. ***Please Note***: The one **exception** to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. **Fundraising Event** advertising must be coded **FNDR** (*see explanation below*) irrespective of the advertising delivery method.

A-DM: expenditure to **advertise** through **direct mail**.

A-MAG: expenditure to **advertise** through a **magazine**.

A-NEWS: expenditure to **advertise** through a **newspaper**.

A-ATM: expenditure to advertise using an **automated telephone/fax message**, or an **automated telemarketing message**.

A-PH-BNK: expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (*above*) and polls and surveys (*below*).

A-RAD: expenditure to **advertise** on **radio.**

A-SIGN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard **signs** visible from any street or highway.

A-TV: expenditure to **advertise** on **television**.

A-WEB: expenditure to advertise on the **World Wide Web**. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. *See* **WEB** *for other web related expenditures*.

A-OTH: any expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, etc. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins; or (e) ad books for fundraising events held by other committees.

ATT**: expenditure for **attendance fee or entrance fee** for any person to a (1) fundraiser held by ***any committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar; etc. In the text box of the **Description Field**, which is **mandatory** under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

BNK: expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Section R of the SEEC Form 20, entitled "Expenses Incurred on Committee Credit Card."

CCP: expenditure to record **any payment of the Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Section R of the Form 20, entitled "Expenses Incurred on Committee Credit Card," to record actual charges made against the credit card account, including any finance charges.

CEF: expenditure to record any payment to the State of Connecticut's **Citizens Election Fund** (**CEF**). **Checks should be made payable to the Citizens' Election Fund and sent to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106**. This expenditure code does not apply to the surplus distribution (**SRPLS**) expenditure code explained below.

CHAR: expenditure for a payment of committee funds to a tax-exempt **charitable** organization [26 U.S. Code § 501(c)(3)].

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

CNSLT: expenditures to a professional **consultant**. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, etc. However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. **A-DM**, **A-OTHR**, **POLLS**). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

CNTRB: expenditures that are **contributions to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee** (**POC**) for shared expenses or fair market value of goods or services provided to the committee by another committee acting as a vendor. *See explanation of* **POC** *below*.

EFV**: expenditures for **equipment, furniture, and vehicles**. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, etc. The text box of the **Description Field**, which is **mandatory** in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. ***Please Note: Vehicles may only be leased and may not be purchased.

FOOD: expenditures paid directly to a vendor for food and beverage, **except** if the vendor is paid for these items in association with the committee's own sponsored **fundraiser** (*see* **FNDR** *below*) or the committee's own sponsored **inaugural event** (*see* **INAUG** *below*).

FNDR**: expenditures associated with holding a committee **fundraising event** (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.). Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must, however, be coded **FNDR** irrespective of the advertising delivery method. ***Please Note: This expenditure category **must *not* include** expenditures of the committee's funds for the **attendance fees** (**ATT**) **of any persons** attending ***any*** other committee's fundraising event.

***GIFT**: record the purchase of any item that is to be given as a **gift** to any individual or entity. Gifts to committee workers are limited to an aggregate of $100 per recipient. The text box of the **Description Field**, which is **mandatory** in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

INAUG: expenditures relating to the committee's costs for hosting an **inaugural event** for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as an **attendance fee** (*see* **ATT** *above*).

LOAN: expenditures to record the payment of committee's **LOAN**, whether principal, interest or both. ***Please Note***: Any penalties assessed for non-payment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Section S of the SEEC Form 20.

OFFICE: expenditures for **office supplies** such as paper, pens, printer cartridges, etc.

OVHD: expenditures of **overhead operating** costs, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.

PETTY: expenditure to replenish the committee's **petty cash fund**.

POC: expenditures to record a **payment to another committee** at fair market value for goods, services or other things of value provided by that other committee acting as a vendor or as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were loaned to the committee, etc. Absent payment to the other committee at fair market value for such benefits received, **within 45 days of receipt**, the committee would be receiving an **In-Kind Contribution** from the other committee. ***Please Note***: **In-Kind Contributions** do not require an expenditure code because they are receipts of the committee, not expenditures. The **POC** expenditure code category must be distinguished from expenditures that are coded as **contributions to another committee** (**CNTR**).

EXPENDITURE CODE ADDENDUM

For use with Sections P, Q, R, S & T of the SEEC Form 20

Asterisk * adjacent to the left of the Expenditure Code indicates that **Description Field** is **Mandatory**

POLLS: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from phone banks (**A-PH-BNK**) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing ***and*** conducting the poll or survey, use **POLLS** as the expenditure code, not **CNSLT** (*see above*).

POST: expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT: expenditures associated with the costs of **printing,** photocopying or reproducing literature, stationery, invitations and the like.

PTY-BLDG: expenditure for party building activity, which includes but is not limited to, any political meeting, conference, convention and other event, attendance or involvement at which promotes or advances the interest of the party. Political committees and party committees only.

RCW: expenditures to **reimburse committee workers**, which may include a candidate. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's treasurer who authorized the payment within 45 days of receipt of the paid for item. ***Please Note***: Absent reimbursement to the committee worker **within 45 days of receipt** of the paid for item, the committee would be receiving an **In-Kind Contribution** from the committee worker. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. ***Further Note***: When reimbursing the candidate, report the purchase in Section Q of the SEEC Form 20, entitled "Campaign Expenses Paid by the Candidate."

REF: **refunds** are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.

SRPLS: expenditures which are **surplus distributions** in connection with the termination and dissolution of the committee.

TRVL: expenditures for an individual's **transportation** costs and **lodging** authorized by the treasurer, such as the cost of gasoline, other transportation fare, and lodging. The cost of **attending** any event should be coded as **attendance** (*see* **ATT** *above*) and **any separate payment** for **food** outside the cost of the attendance fee should be coded as **FOOD**.

WAGE: expenditures for **wages and benefits** paid to the committee's staff. This is to be distinguished from payments to professional consultants (**CNSLT**) who are independent contractors.

WEB: expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a committee web site and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web (*see* **A-WEB** *above*).

***MISC**: expenditures of **Miscellaneous** items that are not listed above. The text box of the **Description Field**, which is mandatory in this situation, must explain in narrative form, with sufficient clarity, the purpose of this expenditure.

If additional pages are needed to complete all information required in each section of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the section.

Additional Pages are located at the back of the SEEC Form 20.