



SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Only Political Committees**
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised July 2014

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
3. TREASURER NAME			
First	MI	Last	Suffix
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
5. TYPE OF REPORT <i>(Check One Box)</i>			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 45 days following election not held in November	<input type="checkbox"/> Termination	Type of Report: _____
<input type="checkbox"/> October 10 filing			
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election			
6. PERIOD COVERED			
Beginning Date		Ending Date	
_____		_____	
thru			
7. CERTIFICATION			
<p>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, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.</p>			
_____	_____	_____	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)	
<p><i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i></p>			

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Only Political Committees**
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised July 2014

SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
8. 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		
9. Balance on hand at the beginning of Reporting Period		
10. Monetary Receipts (Sections A and B)		
11. Loans (Sections C)		
12. Total Monetary Receipts (add totals for Lines 10 through 11)		
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)		
14. Expenses Paid by Committee (Section G)		
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)		
16. In-Kind Contributions Received (Section D)		
17. Refundable Deposit to Telephone Company (Section E)		
18. Beginning Loan Balance		
18a. + Loans Received (Section C)		
18b. + Interest and Penalties on Loan		
18c. - Payments on Loan		
18d. Total Outstanding Loan Amount		
19. Expenses Incurred on Committee Credit Card (Section H)		
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)		
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)		

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
C. Loans Received this Period					
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City		State	Zip Code	
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City		State	Zip Code	
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City		State	Zip Code	
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City		State	Zip Code	
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City		State	Zip Code	
SUBTOTAL Section C — This Page					
TOTAL of additional Section C Pages					
TOTAL OF ALL LOANS <i>(Enter total on Line 11 and Line 18, Column A of Summary Page Totals)</i>					

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT
--	----------------

D. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date Received	Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date Received	Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date Received	Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		

SUBTOTAL Section D — This Page	
TOTAL of additional Section D Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 16, Column A of Summary Page Totals)</i>	

E. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State Zip Code	Amount of Deposit
Name of Telephone Company				
Street Address		City	State Zip Code	

TOTAL SECTION E <i>(Enter total on Line 17, Column A of Summary Page Totals)</i>

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
F. Event Information			
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event #	Date of Event	Letter	Description
			Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
G. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		
SUBTOTAL Section G— This Page					
TOTAL of additional Section G Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 14, Column A of Summary Page Totals)</i>					

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>	Description			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>	Description			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>	Description			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>	Description			Event #	
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
SUBTOTAL Section H — This Page					
TOTAL of additional Section H Pages					
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
I. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)</i>				Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
SUBTOTAL Section I-This Page					
TOTAL of additional Section I Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 20, Column A of Summary Page Totals)</i>					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 20a, Column A of Summary Page Totals)</i>					

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>						TYPE OF REPORT	
J. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description					Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description					Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description					Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description					Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
SUBTOTAL Section J — This Page							
TOTAL of additional Section J Pages							
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS							

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT	
K. Five Largest Contributions Disclosed in Communication		
<p>If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety days immediately prior to the applicable primary or election, please report the five largest aggregate contributions in excess of \$5,000 received during the twelve month period prior to the applicable primary or election.</p>		
Source of Contribution—Name of Person Making Contribution	Expenditure Number <i>Section</i>	<i>Number</i>
Address of Person Making Contribution—City	State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	Amount	
Source of Contribution —Name of Person Making Contribution	Expenditure Number <i>Section</i>	<i>Number</i>
Address of Person Making Contribution —City	State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution	Amount	
Source of Contribution —Name of Person Making Contribution	Expenditure Number <i>Section</i>	<i>Number</i>
Address of Person Making Contribution —City	State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution	Amount	
Source of Contribution —Name of Person Making Contribution	Expenditure Number <i>Section</i>	<i>Number</i>
Address of Person Making Contribution —City	State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution	Amount	
Source of Contribution —Name of Person Making Contribution	Expenditure Number <i>Section</i>	<i>Number</i>
Address of Person Making Contribution —City	State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution	Amount	
Source of Contribution —Name of Person Making Contribution	Expenditure Number <i>Section</i>	<i>Number</i>
Address of Person Making Contribution —City	State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution	Amount	

See Additional Page(s)

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
L. “Nesting Dolls” Provision for Top 5 Contributions Disclosed in Communication			
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>

See Additional Page(s)

Section B. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT

B. Itemized Monetary Receipts

Name			
Street Address	City	State	Zip Code
Principal Occupation <i>(if applicable)</i>		Name of Employer <i>(if applicable)</i>	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this contribution associated with an event reported in Section F? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received
Description <i>(if applicable)</i>		Date Received	

Name			
Street Address	City	State	Zip Code
Principal Occupation <i>(if applicable)</i>		Name of Employer <i>(if applicable)</i>	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this contribution associated with an event reported in Section F? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received
Description <i>(if applicable)</i>		Date Received	

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Section C. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
C. Loans Received this Period					
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address	City	State	Zip Code		
SUBTOTAL Section C — This Page					

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Section D. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT		
D. In-Kind Contributions					
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date Received		Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date Received		Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date Received		Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date Received		Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
Name					
Street Address			City		State Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date Received		Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
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Section G. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
G. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
SUBTOTAL Section G— This Page					

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Section H. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>	Description				Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount		
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Section I. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
I. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)				Office Sought	
				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <small>(by code)</small>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)				Office Sought	
				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <small>(by code)</small>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>		Description			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)				Office Sought	
				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure <small>(by code)</small>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
SUBTOTAL Section I-This Page					

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Section J. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT			
J. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description					Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description					Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description					Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
Last Name of Worker/Consultant			First			MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor			City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description					Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>					Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount		
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