

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 7/11



Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE						
					<input type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee						
3. TREASURER NAME											
Title	First	MI	Last	Suffix							
4. TREASURER ADDRESS											
Street Address					City			State		Zip Code	
5. ELECTION DATE			6. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>					7. DISTRICT NUMBER			
(mm/dd/yyyy)								(if applicable)			
8. CANDIDATE NAME											
Title	First	MI	Last	Suffix							
9. TYPE OF REPORT <i>(Check One Box)</i>											
<input type="checkbox"/> January 10 filing		<input type="checkbox"/> 7th day preceding primary		<input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant		<input type="checkbox"/> Initial Supplemental Statement <i>(Specify Type)</i> ○ Primary ○ Election		<input type="checkbox"/> Deficit			
<input type="checkbox"/> April 10 filing		<input type="checkbox"/> 30 days following primary		<input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant		<input type="checkbox"/> Supplemental Statement <i>(Specify Type)</i> ○ Primary ○ Election		<input type="checkbox"/> Termination			
<input type="checkbox"/> July 10 filing		<input type="checkbox"/> 7th day preceding election		<input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant		<input type="checkbox"/> Declaration of Excess Receipts or Expenditures <i>(Specify Type)</i> ○ Primary ○ Election		<input type="checkbox"/> Amendment to Type of Report: _____			
<input type="checkbox"/> October 10 filing		<input type="checkbox"/> 7th day preceding special election									
10. PERIOD COVERED											
Beginning Date					Ending Date						
_____					_____						
through											
11. 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.											
Detailed instructions for the SEEC Form 30 are available on the Commission website at www.ct.gov/seec or at the Commission's offices.											

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 7/11

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period		
14. Contributions received from Individuals (Sections A and B)		
15. Receipts from Other Committees (Sections C1 and C2)		
16. Other Monetary Receipts (Sections D through I)		
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J2)		
18. Total Monetary Receipts (add totals for Lines 14 through 17)		
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)		
20. Expenses Paid by Committee (Section N)		
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)		
22. In-Kind Donations not Considered Contributions Received (Section J3)		
23. In-Kind Contributions Received (Section K)		
24. Refundable Deposit to Telephone Company (Section L)		
25. Receipts of Organization Expenditures (Section M)		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan		
26c. - Payments on Loan		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)		
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)		
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)		

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
A. Total Contributions from Small Contributors-Received this Period ONLY						<i>For Nonparticipating Candidates ONLY</i>	
						\$	
B. Itemized Contributions from Individuals							
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>			Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 14 of Summary Page Totals)							

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
C1. Contributions from Other Committees						
Name of Committee			Name of Treasurer			
Address		City		State	Zip Code	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Contributions	
Name of Committee			Name of Treasurer			
Address		City		State	Zip Code	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Contributions	
Name of Committee			Name of Treasurer			
Address		City		State	Zip Code	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Contributions	
Name of Committee			Name of Treasurer			
Address		City		State	Zip Code	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Aggregate Contributions	
C2. Reimbursements or Payments from Other Committees						
Name of Committee			Name of Treasurer			
Address		City		State	Zip Code	Amount of Receipt
Date Received	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services					
Name of Committee			Name of Treasurer			
Address		City		State	Zip Code	Amount of Receipt
Date Received	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services					
SUBTOTAL Section C - This Page						
TOTAL of additional Section C Pages						
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS						
<small>(Sections C1 + C2) (Enter total on Line 15 of Summary Page Totals)</small>						

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
D. Loans Received this Period							
Name of Lender			Source of Loan <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Other		Is there a Co-signer or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list name and address of Cosigner/Guarantor</i>		
Street Address of Lender		City		State	Zip Code		Amount Received
Name of Cosigner/Guarantor					Date of Receipt		
Street Address of Cosigner/Guarantor		City		State	Zip Code		
Name of Lender			Source of Loan <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Other		Is there a Co-signer or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list name and address of Cosigner/Guarantor</i>		
Street Address of Lender		City		State	Zip Code		Amount Received
Name of Cosigner/Guarantor					Date of Receipt		
Street Address of Cosigner/Guarantor		City		State	Zip Code		
Total Section D <i>(Enter total on Line 26a of Summary Page Totals)</i>							
E. Personal Funds of the Candidate Received this Period - Candidate Committees Only							
Date of Receipt	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card					Amount	
Date of Receipt	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card					Amount	
Total Amount Received							
F. Anonymous Contributions							
Date Received	\$1 bills _____ \$5 bills _____ \$10 bill _____ coins _____					Amount	
Date Received	\$1 bills _____ \$5 bills _____ \$10 bill _____ coins _____					Amount	
Total Amount Received							
G. Interest from Deposits in Authorized Accounts							
Date Received	Amount	Name of Institution					
Street Address			City		State	Zip Code	
Date Received	Amount	Name of Institution					
Street Address			City		State	Zip Code	
Total Amount Received							

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>			TYPE OF REPORT
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Purpose of Grant <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Purpose of Grant <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Purpose of Grant <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Total Section H			

I. 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			
Total Section I			

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through I)	
Total Loans Received this Period (Section D)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+
Total Amount of Anonymous Contributions (Section F)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+
TOTAL OF OTHER MONETARY RECEIPTS NOT CONSIDERED CONTRIBUTIONS	
<i>(Add Sections D through I) (Enter total on Line 16 of Summary Page Totals)</i>	

II. FUNDRAISING EVENT ACTIVITY (Sections J1-J3)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>		TYPE OF REPORT		
J1. Fundraising Event Information				
Fundraising Event # Date of Fundraiser	Letter	Description		
Street Address		City	State	Zip Code
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i> <input type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items and complete required information.</i> <input type="checkbox"/> No		
Fundraising Event # Date of Fundraiser	Letter	Description		
Street Address		City	State	Zip Code
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i> <input type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items and complete required information.</i> <input type="checkbox"/> No		
Fundraising Event # Date of Fundraiser	Letter	Description		
Street Address		City	State	Zip Code
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i> <input type="checkbox"/> No		
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items and complete required information.</i> <input type="checkbox"/> No		

II. FUNDRAISING EVENT ACTIVITY (Sections J1-J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items							
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
SUBTOTAL Section J2 - This Page							
TOTAL of additional Section J2 Pages							
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS, OR OTHER SALE OF DONATED ITEMS							
<i>(Enter total on Line 17 of Summary Page Totals)</i>							

II. FUNDRAISING EVENT ACTIVITY (Sections J1-J3)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT		
J3. In-Kind Donations Not Considered Contributions						
Name of Donor			Donation Given By <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation	
Street Address		City		State		Zip Code
Aggregate Value for this Event	Description of Donation			Date Received		Event #
Name of Donor			Donation Given By <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation	
Street Address		City		State		Zip Code
Aggregate Value for this Event	Description of Donation			Date Received		Event #
Name of Donor			Donation Given By <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation	
Street Address		City		State		Zip Code
Aggregate Value for this Event	Description of Donation			Date Received		Event #
Name of Donor			Donation Given By <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation	
Street Address		City		State		Zip Code
Aggregate Value for this Event	Description of Donation			Date Received		Event #
Name of Donor			Donation Given By <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation	
Street Address		City		State		Zip Code
Aggregate Value for this Event	Description of Donation			Date Received		Event #
Name of Donor			Donation Given By <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation	
Street Address		City		State		Zip Code
Aggregate Value for this Event	Description of Donation			Date Received		Event #
Name of Donor			Donation Given By <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation	
Street Address		City		State		Zip Code
Aggregate Value for this Event	Description of Donation			Date Received		Event #
Name of Donor			Donation Given By <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		Fair Market Value of Donation	
Street Address		City		State		Zip Code
Aggregate Value for this Event	Description of Donation			Date Received		Event #
SUBTOTAL Section J3 - This Page						
TOTAL of additional Section J3 Pages						
TOTAL OF ALL IN-KIND CONTRIBUTIONS NOT CONSIDERED CONTRIBUTIONS						
<i>(Enter total on Line 22 of Summary Page Totals)</i>						

III. NONMONETARY RECEIPTS (Sections K-M)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees					
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
TOTAL SECTION M <i>(Enter total on Line 25 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N-S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment
Street Address			City		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code)		Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
				Amount	
Name of Payee			Date of Payment		Method of Payment
Street Address			City		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code)		Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
				Amount	
Name of Payee			Date of Payment		Method of Payment
Street Address			City		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code)		Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
				Amount	
Name of Payee			Date of Payment		Method of Payment
Street Address			City		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code)		Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
				Amount	
Name of Payee			Date of Payment		Method of Payment
Street Address			City		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code)		Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No		Other Candidate(s) Name		Office Sought	
				Amount	
SUBTOTAL Section N - This Page					
TOTAL of additional Section N Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 20 of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N-S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT		
P. 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				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
SUBTOTAL Section P - This Page						
TOTAL of additional Section P Pages						
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD						
<i>(Enter total on Line 28 of Summary Page Totals)</i>						

IV. EXPENDITURES (Sections N-S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor					Date Incurred
Street Address			City		State
					Zip Code
					Amount Incurred <i>(Estimate or Actual)</i>
Purpose of Expenditure (by code)		Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)					
<input type="checkbox"/> No					
Name of Creditor					Date Incurred
Street Address			City		State
					Zip Code
					Amount Incurred <i>(Estimate or Actual)</i>
Purpose of Expenditure (by code)		Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)					
<input type="checkbox"/> No					
Name of Creditor					Date Incurred
Street Address			City		State
					Zip Code
					Amount Incurred <i>(Estimate or Actual)</i>
Purpose of Expenditure (by code)		Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)					
<input type="checkbox"/> No					
Name of Creditor					Date Incurred
Street Address			City		State
					Zip Code
					Amount Incurred <i>(Estimate or Actual)</i>
Purpose of Expenditure (by code)		Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes (If yes, complete candidate name and office sought)					
<input type="checkbox"/> No					
SUBTOTAL Section Q – this Page					
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 29 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 29a of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections N-S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant					Date of Payment		Method of Payment
Secondary Payee							<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name			Office Sought		
Name of Worker/Consultant					Date of Payment		Method of Payment
Secondary Payee							<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name			Office Sought		
Name of Worker/Consultant					Date of Payment		Method of Payment
Secondary Payee							<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name			Office Sought		
Name of Worker/Consultant					Date of Payment		Method of Payment
Secondary Payee							<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)		Description			Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name			Office Sought		
SUBTOTAL Section R - This Page							
TOTAL of additional Section R Pages							
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS							

IV. EXPENDITURES (Sections N-S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT		
S. Surplus Distribution of Equipment and Furniture						
Name of Recipient					Original Purchase Amount of Item	
Street Address		City		State		Zip Code
Description of Item						
Name of Recipient					Original Purchase Amount of Item	
Street Address		City		State		Zip Code
Description of Item						
Name of Recipient					Original Purchase Amount of Item	
Street Address		City		State		Zip Code
Description of Item						
Name of Recipient					Original Purchase Amount of Item	
Street Address		City		State		Zip Code
Description of Item						
Name of Recipient					Original Purchase Amount of Item	
Street Address		City		State		Zip Code
Description of Item						
Name of Recipient					Original Purchase Amount of Item	
Street Address		City		State		Zip Code
Description of Item						
Name of Recipient					Original Purchase Amount of Item	
Street Address		City		State		Zip Code
Description of Item						
Name of Recipient					Original Purchase Amount of Item	
Street Address		City		State		Zip Code
Description of Item						
TOTAL SECTION S						

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EXPENDITURE CODE ADDENDUM

For use with Sections N, O, P, Q & R of the SEEC Form 30

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 or contact the State Elections Enforcement Commission at 860-256-2925.*

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: 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) ads placed in ad books, in schools or civic organizations' ad book pamphlets or bulletins; or (e) ads placed in 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 P of the SEEC Form 30, 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 P of the SEEC Form 30, 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 N, O, P, Q & R of the SEEC Form 30

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 R, "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. *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 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 another entity'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 generally limited to an aggregate of \$100 per recipient. *For committees that have received a CEP grant, the limit is \$5 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 the 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 Q of the SEEC Form 30.

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 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 (CNTRB)**.

EXPENDITURE CODE ADDENDUM

For use with Sections N, O, P, Q & R of the SEEC Form 30

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 is not 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.

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 R, "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 O of the SEEC Form 30, 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 website 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 30.

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Section B. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
B. Itemized Contributions from Individuals							
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions
Last Name		First		MI	Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # : : : : : : : : :
Residential Street Address			City		State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate Contributions
SUBTOTAL Section B - This Page							

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Section C. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
C1. Contributions from Other Committees						
Name of Committee			Name of Treasurer			
Address	City		State	Zip Code		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____			Date Received		Aggregate Contributions	
Name of Committee			Name of Treasurer			
Address	City		State	Zip Code		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____			Date Received		Aggregate Contributions	
Name of Committee			Name of Treasurer			
Address	City		State	Zip Code		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____			Date Received		Aggregate Contributions	
Name of Committee			Name of Treasurer			
Address	City		State	Zip Code		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____			Date Received		Aggregate Contributions	
Name of Committee			Name of Treasurer			
Address	City		State	Zip Code		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #</i> _____			Date Received		Aggregate Contributions	
C2. Reimbursements or Payments from Other Committees						
Name of Committee			Name of Treasurer			
Address	City		State	Zip Code		Amount of Receipt
Date Received	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services					
Name of Committee			Name of Treasurer			
Address	City		State	Zip Code		Amount of Receipt
Date Received	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services					
SUBTOTAL Section C - This Page						

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Section J1. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>		TYPE OF REPORT	
J1. Fundraising Event Information			
Fundraising Event # Date of Fundraiser	Letter	Description	
Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i> <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items and complete required information.</i> <input type="checkbox"/> No	
Fundraising Event # Date of Fundraiser	Letter	Description	
Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i> <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items and complete required information.</i> <input type="checkbox"/> No	
Fundraising Event # Date of Fundraiser	Letter	Description	
Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i> <input type="checkbox"/> No	
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i> <input type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?		<input type="checkbox"/> Yes <i>If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items and complete required information.</i> <input type="checkbox"/> No	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items							
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
Last Name of Purchaser— <i>Individuals Only</i>			First Name		MI	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Residential Street Address			City		State	Zip Code	Aggregate Amount of Purchases
Date Received	Event #	Items Purchased					
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Section J3. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
J3. In-Kind Donations Not Considered Contributions					
Name of Donor			Donation Given By		Fair Market Value of Donation
			<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address		City		State	Zip Code
Aggregate Value for this Event	Description of Donation			Date Received	Event #
Name of Donor			Donation Given By		Fair Market Value of Donation
			<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address		City		State	Zip Code
Aggregate Value for this Event	Description of Donation			Date Received	Event #
Name of Donor			Donation Given By		Fair Market Value of Donation
			<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address		City		State	Zip Code
Aggregate Value for this Event	Description of Donation			Date Received	Event #
Name of Donor			Donation Given By		Fair Market Value of Donation
			<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address		City		State	Zip Code
Aggregate Value for this Event	Description of Donation			Date Received	Event #
Name of Donor			Donation Given By		Fair Market Value of Donation
			<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address		City		State	Zip Code
Aggregate Value for this Event	Description of Donation			Date Received	Event #
Name of Donor			Donation Given By		Fair Market Value of Donation
			<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address		City		State	Zip Code
Aggregate Value for this Event	Description of Donation			Date Received	Event #
Name of Donor			Donation Given By		Fair Market Value of Donation
			<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address		City		State	Zip Code
Aggregate Value for this Event	Description of Donation			Date Received	Event #
Name of Donor			Donation Given By		Fair Market Value of Donation
			<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address		City		State	Zip Code
Aggregate Value for this Event	Description of Donation			Date Received	Event #
Name of Donor			Donation Given By		Fair Market Value of Donation
			<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address		City		State	Zip Code
Aggregate Value for this Event	Description of Donation			Date Received	Event #
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Section N. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
N. Expenses Paid by Committee							
Name of Payee					Date of Payment		Method of Payment
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee					Date of Payment		Method of Payment
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee					Date of Payment		Method of Payment
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee					Date of Payment		Method of Payment
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee					Date of Payment		Method of Payment
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee					Date of Payment		Method of Payment
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description				Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
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Section O. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
O. Expenses Paid by Candidate						
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
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Section P. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT		
P. 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				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
Name of Vendor				Date of Transaction		Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		
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Section R. ADDITIONAL PAGE

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
R. Itemization of Reimbursements to Committee Workers and Consultants					
Name of Worker/Consultant			Date of Payment		Method of Payment
Secondary Payee					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No	Other Candidate(s) Name		Office Sought		
Name of Worker/Consultant			Date of Payment		Method of Payment
Secondary Payee					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No	Other Candidate(s) Name		Office Sought		
Name of Worker/Consultant			Date of Payment		Method of Payment
Secondary Payee					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No	Other Candidate(s) Name		Office Sought		
Name of Worker/Consultant			Date of Payment		Method of Payment
Secondary Payee					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <i>(If yes, complete candidate name and office sought)</i> <input type="checkbox"/> No	Other Candidate(s) Name		Office Sought		
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