

# SEEC FORM 30

Itemized Campaign Finance Disclosure Statement  
Candidates for Statewide Offices and General Assembly  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Rev. 5/08



Do Not Mark in This Space For  
Official Use Only

## SUMMARY PAGE

<b>1. NAME OF COMMITTEE</b>				<b>2. TYPE OF COMMITTEE (Check Box)</b>	
				<input type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
<b>3. TREASURER NAME</b>					
Title	First	MI	Last	Suffix	
<b>4. TREASURER ADDRESS</b>					
Street Address			City	State	Zip Code
<b>5. ELECTION DATE</b>		<b>6. OFFICE SOUGHT (if applicable)</b>		<b>7. DISTRICT NUMBER (if applicable)</b>	
(mm/dd/yyyy)					
<b>8. CANDIDATE NAME</b>					
Title	First	MI	Last	Suffix	
<b>9. TYPE OF REPORT (Check One Box)</b>					
<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 <input type="checkbox"/> Primary <input type="checkbox"/> 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 <input type="checkbox"/> Primary <input type="checkbox"/> 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 <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> Amendment to Type of Report: _____	
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 45 days following special election				
<b>10. PERIOD COVERED</b>					
Beginning Date		Ending Date			
_____		_____			
		thru			
_____		_____			
<b>11. CERTIFICATION</b>					
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
_____ TREASURER OR DEPUTY TREASURER (SIGNATURE)		_____ PRINT NAME OF SIGNER		_____ DATE (mm/dd/yyyy)	
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>					

**SEEC FORM 30**

**Itemized Campaign Finance Disclosure Statement**  
**Candidates for Statewide Offices and General Assembly**  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 5/08

**SUMMARY PAGE**  
**TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
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 +C2)		
16. Other Monetary Receipts (Sections D-I)		
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)		
18. Total Monetary Receipts (add totals for lines 14-17)		
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 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(s)		
26c. - Payments on Loan(s)		
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	FILING DUE DATE
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<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$
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**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 #	<b>Amount of Contribution</b>
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> _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 #	<b>Amount of Contribution</b>
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> _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 #	<b>Amount of Contribution</b>
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> _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 #	<b>Amount of Contribution</b>
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> _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		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 #	<b>Amount of Contribution</b>
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> _____		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	

<b>SUBTOTAL Section B-This Page</b>					
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<b>TOTAL of all Section B Pages</b>					
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<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 14 of Summary Page)</b>					
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**I. MONETARY RECEIPTS (Sections A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**C1. Contributions from Other Committees**

Name of Committee					Name of Treasurer					
Address				Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No Event # _____						<b>Amount of Contribution</b>
City		State	Zip Code		Date Received		Aggregate Contributions			
Name of Committee					Name of Treasurer					
Address				Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No Event # _____						<b>Amount of Contribution</b>
City		State	Zip Code		Date Received		Aggregate Contributions			
Name of Committee					Name of Treasurer					
Address				Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No Event # _____						<b>Amount of Contribution</b>
City		State	Zip Code		Date Received		Aggregate Contributions			
Name of Committee					Name of Treasurer					
Address				Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No Event # _____						<b>Amount of Contribution</b>
City		State	Zip Code		Date Received		Aggregate Contributions			
Name of Committee					Name of Treasurer					
Address				Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No Event # _____						<b>Amount of Contribution</b>
City		State	Zip Code		Date Received		Aggregate Contributions			
Name of Committee					Name of Treasurer					
Address				Is this contribution associated with a <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section J1?</i> <input type="checkbox"/> No Event # _____						<b>Amount of Contribution</b>
City		State	Zip Code		Date Received		Aggregate Contributions			

**C2. Reimbursements or Payments from other Committees**

Name of Committee					Name of Treasurer					
Address				Date Received						<b>Amount of Receipt</b>
City		State	Zip Code		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services					
Name of Committee					Name of Treasurer					
Street Address				Date Received						<b>Amount of Receipt</b>
City		State	Zip Code		<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 (Enter total on Line 15 of Summary Page)**

**I. MONETARY RECEIPTS (Sections A-I)**

NAME OF COMMITTEE	FILING DUE DATE

**D. Loans Received this Period**

Name of Lender				<b>Source of Loan:</b>		<b>Is there a Cosigner or Guarantor of this loan?</b>		<b>Amount Received</b>	
Street Address		City		State		Zip Code		<input type="checkbox"/> Bank <input type="checkbox"/> Candidate  <input type="checkbox"/> Individual <input type="checkbox"/> Other  <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor)  <input type="checkbox"/> No	
Name of Cosigner/Guarantor									
Street Address		City		State		Zip Code		Date of Receipt	
								\$	
Name of Lender				<b>Source of Loan:</b>		<b>Is there a Cosigner or Guarantor of this loan?</b>		<b>Amount Received</b>	
Street Address		City		State		Zip Code		<input type="checkbox"/> Bank <input type="checkbox"/> Candidate  <input type="checkbox"/> Individual <input type="checkbox"/> Other  <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor)  <input type="checkbox"/> No	
Name of Cosigner/Guarantor									
Street Address		City		State		Zip Code		Date of Receipt	
								\$	
<b>Total Section D (Enter Total on Line 26a on Summary Page)</b>								\$	

**E. Personal Funds of the Candidate Received this Period (Candidate Committees Only)**

Date of Receipt		Method of payment:		Date of Receipt		Method of payment:		<b>Total Amount Received</b>	
_____		<input type="checkbox"/> Cash  <input type="checkbox"/> Personal Check  <input type="checkbox"/> Credit/Debit Card		_____		<input type="checkbox"/> Cash  <input type="checkbox"/> Personal Check  <input type="checkbox"/> Credit/Debit Card		\$	
Amount				Amount					
_____				_____					

**F. Anonymous Contributions (Specify dollar amount of the bills received)**

Date Received		Amount		Date Received		Amount		<b>Total Amount Received</b>	
\$1 bills _____		\$5 bills _____		\$1 bills _____		\$5 bills _____		\$	
coins _____		\$10 bill _____		coins _____		\$10 bill _____			

**G. Interest from Deposits in Authorized Accounts**

Date Received		Amount		Date Received		Amount		<b>Total Amount Received</b>			
Name of Institution				Name of Institution				\$			
Street Address				Street Address							
City		State		Zip Code		City				State	

**I. MONETARY RECEIPTS (Sections A-I)**

NAME OF COMMITTEE	FILING DUE DATE

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt	Amount
		_____	_____
Purpose of Grant:	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt	Amount
		_____	_____
Purpose of Grant:	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt	Amount
		_____	_____
Purpose of Grant:	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt	Amount
		_____	_____

	<b>Total Section H</b>	\$
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**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	<b>Amount Received</b>
Street Address	City	
State	Zip Code	
Description		\$
Name	Date of Transaction	<b>Amount Received</b>
Street Address	City	
State	Zip Code	
Description		\$
Name	Date of Transaction	<b>Amount Received</b>
Street Address	City	
State	Zip Code	
Description		\$

	<b>Total Section I</b>	\$
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**Summary of Other Monetary Receipts (Sections D-I)**

<b>Total Loans Received this Period (Section D)</b>	+	
<b>Total Amount of Personal Funds of the Candidate Received this Period (Section E)</b>	+	
<b>Total Amount of Anonymous Contributions (Section F)</b>	+	
<b>Total Amount of Interest from Deposits in Authorized Accounts (Section G)</b>	+	
<b>Total Public Grant Funds Received from the Citizens' Election Fund (Section H)</b>	+	
<b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)</b>	+	
<b>Total of Other Monetary Receipts not Considered Contributions</b> <i>(Enter total on Line 16 of Summary Page)</i>		

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE

**J1. Fundraising Event Information**

<b>Fundraising Event #</b> Date of Fundraiser	<b>Letter</b>	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence? 
 Yes (*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.*)  
 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? 
 Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.*)  
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? 
 Yes (*If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.*)  
 No

<b>Fundraising Event #</b> Date of Fundraiser	<b>Letter</b>	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence? 
 Yes (*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.*)  
 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? 
 Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.*)  
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? 
 Yes (*If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.*)  
 No

<b>Fundraising Event #</b> Date of Fundraiser	<b>Letter</b>	Description	Location: Street Address	City	State	Zip Code
--	---------------	-------------	--------------------------	------	-------	----------

Was this fundraising event hosted at a personal residence? 
 Yes (*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.*)  
 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? 
 Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.*)  
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? 
 Yes (*If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.*)  
 No

<b>Fundraising Event #</b> Date of Fundraiser	<b>Letter</b>	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence? 
 Yes (*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.*)  
 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? 
 Yes (*If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information.*)  
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? 
 Yes (*If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.*)  
 No

**II. FUNDRAISING ACTIVITY**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>

**J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**

Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	
Date Received		Event #		
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	
Date Received		Event #		
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	
Date Received		Event #		
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	
Date Received		Event #		
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	
Date Received		Event #		
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	
Date Received		Event #		
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	
Date Received		Event #		
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	
Date Received		Event #		
Items Purchased				
<b>SUBTOTAL Section J2-This Page</b>				
<b>TOTAL of additional Section J2 Pages</b>				
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS</b> <i>(Enter total on Line 17 of Summary Page)</i>				

**II. FUNDRAISING ACTIVITY**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>

**J3. In-Kind Donations Not Considered Contributions**

Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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 DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22 of Summary Page)**

**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE	FILING DUE DATE
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**K. In-Kind Contributions**

Name				Date Received		<b>Fair Market Value of this Contribution</b>
Street Address		City		State	Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 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		Description of In-Kind Contribution			Aggregate contributions	

Name				Date Received		<b>Fair Market Value of this Contribution</b>
Street Address		City		State	Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 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		Description of In-Kind Contribution			Aggregate contributions	

Name				Date Received		<b>Fair Market Value of this Contribution</b>
Street Address		City		State	Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 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		Description of In-Kind Contribution			Aggregate contributions	

Name				Date Received		<b>Fair Market Value of this Contribution</b>
Street Address		City		State	Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 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		Description of In-Kind Contribution			Aggregate contributions	

Name				Date Received		<b>Fair Market Value of this Contribution</b>
Street Address		City		State	Zip Code	
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 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		Description of In-Kind Contribution			Aggregate contributions	

**SUBTOTAL Section K-This Page**

**TOTAL of additional Section K Pages**

**TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page)**

**L. Refundable Deposit to Telephone Company**

*(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)*

Last Name of Individual		First Name		MI	Date Deposit Made		<b>Amount of Deposit</b>
Residential Street Address		City		State	Zip Code		
Name of telephone company							
Street Address		City		State	Zip Code		

**Total Section L (Enter total on Line 24 of Summary Page)**

**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE	FILING DUE DATE

**M. Non-Monetary Receipts of Organization Expenditures Made By  
Legislative Leadership, Legislative Caucus, and Party Committee**

Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer	
Street Address			Date Notice Received	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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	<b>Fair Market Value of Donation</b>
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 (Enter total on Line 25 of Summary Page)**

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>

**N. Expenses Paid by Committee**

Name of Payee				Date of Payment	Method of Payment	<b>Amount</b>
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code	Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	<b>Amount</b>
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code	Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	<b>Amount</b>
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code	Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	<b>Amount</b>
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code	Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	<b>Amount</b>
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code	Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

<b>SUBTOTAL Section N-This Page</b>						
<b>TOTAL of additional Section N Pages</b>						
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)</b>						

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>

**O. Campaign Expenses Paid by Candidate**

<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description					

**SUBTOTAL Section O-This Page**

**TOTAL of additional Section O Pages**

**TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page)**

**IV. EXPENDITURES**

NAME OF COMMITTEE	FILING DUE DATE
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**P. Expenses Incurred on Committee Credit Card**

<b>Name of Issuing Institution</b>	<b>Type of Credit Card:</b> <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	<b>Amount</b>
Street Address	City	State
	Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	<b>Amount</b>
Street Address	City	State
	Zip Code	
Purpose of Expenditure (by code)	Description	

Name of Vendor	Date of Transaction	<b>Amount</b>
Street Address	City	State
	Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	<b>Amount</b>
Street Address	City	State
	Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	<b>Amount</b>
Street Address	City	State
	Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	<b>Amount</b>
Street Address	City	State
	Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	<b>Amount</b>
Street Address	City	State
	Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	<b>Amount</b>
Street Address	City	State
	Zip Code	
Purpose of Expenditure (by code)	Description	Event #

<b>SUBTOTAL Section P-This Page</b>	
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<b>TOTAL of additional Section P Pages</b>	
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<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 28 of Summary Page)</b>	
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**IV. EXPENDITURES**

NAME OF COMMITTEE				FILING DUE DATE		
<b>Q. Expenses Incurred by Committee but Not Paid During this Period</b>						
Name of Creditor			Date Incurred			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Street Address		City	State	Zip Code		
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</i> , complete candidate name and office sought) <input type="checkbox"/> No			Other Candidate(s) Name Office Sought			
\$						
Name of Creditor			Date Incurred			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Street Address		City	State	Zip Code		
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</i> , complete candidate name and office sought) <input type="checkbox"/> No			Other Candidate(s) Name Office Sought			
\$						
Name of Creditor			Date Incurred			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Street Address		City	State	Zip Code		
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</i> , complete candidate name and office sought) <input type="checkbox"/> No			Other Candidate(s) Name Office Sought			
\$						
Name of Creditor			Date Incurred			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Street Address		City	State	Zip Code		
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</i> , complete candidate name and office sought) <input type="checkbox"/> No			Other Candidate(s) Name Office Sought			
\$						
<b>SUBTOTAL Section Q-This Page</b>						
<b>TOTAL of additional Section Q Pages</b>						
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 29 of Summary Page)</i>						
<b>Previously reported Expenses Unpaid and still Outstanding</b>					+	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 29a of Summary Page)</i>						

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Name of Worker/Consultant		Date of Payment	Method of Payment	<b>Amount</b>
Secondary Payee		Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes</i> , 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	<b>Amount</b>
Secondary Payee		Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes</i> , 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	<b>Amount</b>
Secondary Payee		Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes</i> , 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	<b>Amount</b>
Secondary Payee		Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes ( <i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$

<b>SUBTOTAL Section R-This Page</b>	
<b>TOTAL of additional Section R Pages</b>	
<b>TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS</b>	

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
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<b>S. Surplus Distribution of Equipment and Furniture</b>
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Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				
Name of Recipient				<b>Original Purchase Amount of Item</b>
Street Address	City	State	Zip Code	
Description of Item				

<b>SUBTOTAL Section S</b>	
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