



# CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

## INSTRUCTIONS FOR SEEC FORM 26 INDEPENDENT EXPENDITURE STATEMENT FOR AN ENTITY (NOT Individuals or Committees)

Revised September 2012

### For use by ENTITIES\*

acting alone, making, or obligating to make, an independent expenditure or expenditures in excess of \$1,000 from treasury funds that:

- promotes the success or defeat of any candidate's campaign for election or nomination at a primary or
- promotes the success or defeat of a referendum question

*\* Entities includes organizations, corporations, cooperative associations, limited partnerships, professional associations, limited liability companies, or limited liability partnerships, whether organized in this or any other state.*

#### SEEC MAILING ADDRESS:

STATE ELECTIONS ENFORCEMENT COMMISSION  
CAMPAIGN FINANCE DISCLOSURE UNIT—3RD FLOOR  
20 TRINITY STREET  
HARTFORD, CONNECTICUT 06106-1628

#### SEEC TELEPHONE NUMBER:

MAIN NUMBER: 860-256-2940  
TOLL FREE WITHIN CT: 1-866-SEEC-INFO  
SEEC WEBSITE ADDRESS: [www.ct.gov/seec](http://www.ct.gov/seec)

# SEEC FORM 26 INSTRUCTIONS

Independent Expenditure Statement for an Entity (NOT Individuals or Committees)

Revised September 2012



## GENERAL INSTRUCTIONS

- Type or print clearly all information in black or blue pen. **Please do not use pencil.**
- SEEC staff is available to answer legal compliance questions and advise on how to complete this form (860-256-2940).
- 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 (found in back of the SEEC Form 26), and attach the page(s) to the section.
- This form is only for use by entities making independent expenditures. Any individual acting alone that makes or obligates to make independent expenditures in excess of \$1,000 in the aggregate from their personal assets should file **SEEC Form 22**. A committee that has done the same should file **SEEC Form 20**.

## WHO MUST FILE THIS FORM

This form is to be filed by any entity (which includes organizations, corporations, cooperative associations, limited partnerships, professional associations, limited liability companies, or limited liability partnerships, whether organized in this or any other state) acting alone that makes or obligates to make an independent expenditure or expenditures in excess of \$1,000 in the aggregate from treasury funds that: (1) promote the success or defeat of any candidate during a primary campaign or general election campaign; or (2) promote the success or defeat of a referendum question. An independent expenditure is one which is made without the consent, coordination, or consultation of a candidate or agent of the candidate, candidate committee, political committee or party committee. An entity makes or obligates to make an expenditure that triggers the filing of this form when that entity, acting alone, makes or obligates to make a purchase, payment, distribution, loan, advance, deposit or gift from their treasury funds, that exceeds \$1,000 that promotes the success or defeat of any candidate during a primary campaign or general election campaign; or promotes the success or defeat of a referendum question.

**Please Note:** An entity acting alone may make or obligate to make an unlimited amount of independent expenditures but they **MUST** be reported when a single expenditure exceeds \$1,000 or expenditures in the aggregate exceed \$1,000.

## WHERE TO FILE THIS FORM

### **File with the State Elections Enforcement Commission ONLY:**

Statements filed by entities making or obligating to make independent expenditures concerning candidates for Governor, Lieutenant Governor, Secretary of the State, State Treasurer, Comptroller, Attorney General, Judge of Probate, State Senator and State Representative or referenda questions proposing a constitutional question, a constitutional amendment or revision to the constitution shall be filed with the State Elections Enforcement Commission's Campaign Finance Disclosure Unit.

### **File with the Town Clerk ONLY:**

Statements filed by entities making or obligating to make independent expenditures concerning candidates in a municipal election or primary, or candidates for the position of town committee member, and referenda questions to be voted upon by the electors of a single municipality shall be filed **ONLY** with the town clerk of the municipality in which the election, primary, or referendum is to be held. In the case of a referendum question appearing on the ballot of two or more municipalities but not the entire state, such as a regional school district referendum, the proper filing repository is the town clerk of each of the municipalities involved.

## WHEN TO FILE THIS FORM

### **Independent Expenditures for Candidates for General Assembly or Statewide Office:**

Any entity that makes or obligates to make independent expenditures in excess of \$1,000 in the aggregate to promote the success or defeat of candidate(s) for the office of Governor, Lieutenant Governor, State Treasurer, Secretary of the State, State Comptroller, Attorney General, State Senator, or State Representative must file this form by (1) checking the 48/24 Hour Independent Expenditure Statement box; and (2) filing it electronically with the SEEC: (a) within 48 hours of making independent expenditure(s) more than ninety days before a primary or election; or (b) within 24 hours of making independent expenditure(s) ninety days or less before a primary or election.

**WHEN TO FILE THIS FORM** *continued*

This statement must be transmitted prior to 11:59 P.M. on the required filing date via email to [SEEC.eCris.Info@ct.gov](mailto:SEEC.eCris.Info@ct.gov) or faxed to SEEC's dedicated filing fax number, **860-622-4926**. Even if the required filing day falls on a Saturday, Sunday or legal holiday, the 48 or 24 hour deadline must be followed. The entity must verify that the fax or email was received by the SEEC by checking their filing status on eCRIS and it is strongly recommended that an original signed Independent Expenditure Report be mailed to the SEEC on the first business day that the post office is open immediately following the fax or email or delivered in person to the SEEC.

Once the \$1,000 aggregate threshold is reached, a 48/24 Hour Independent Expenditure Statement must be filed for each additional independent expenditure (regardless of the amount) made or obligated to be made.

**Independent Expenditures for Municipal and Judge of Probate Candidates:**

An entity that makes or obligates to make independent expenditures in excess of \$1,000 to promote the success or defeat of a municipal or Judge of Probate candidate must file this form on the next regular filing date for candidate committees. For example, an independent expenditure made to promote the success or defeat of a municipal candidate on April 2nd would be reported in a SEEC Form 26 filed according to the statutory deadline for the July 10th quarterly statement due for candidate committees.

Once the \$1,000 aggregate threshold is reached, a statement must be filed for each additional independent expenditure (regardless of the amount) made or obligated to be made on the next regular filing date for candidate committees. Filings should continue according to the schedule until all expenditures, actual or incurred, are disclosed which may mean that the entity must complete a filing after the election. Filing calendars for municipal and Judge of Probate candidates may be found on the Commission's website, [www.ct.gov/seec](http://www.ct.gov/seec).

If the independent expenditure is for a municipal candidate, then statements are considered timely filed if they are either postmarked by the United States Postal Service before midnight on or before the required filing deadline date or delivered by hand to the town clerk by 4:30 p.m. on or before the required filing deadline date. If the independent expenditure is for a judge of probate candidate, then statements are considered timely filed if they are received by the Commission's offices by 5:00 p.m. on or before the filing deadline date if delivered by the United States Postal Service, courier service, parcel service or hand delivery. If the filing deadline falls on a Saturday, Sunday or legal holiday, the filing is due on the next business day. **Please Note:** The SEEC's dedicated email address and fax number are NOT available for reporting independent expenditures for municipal or Judge of Probate candidates. Such reports may not be electronically filed.

**Independent Expenditures for Referenda:**

An entity that makes or obligates to make an independent expenditure in excess of \$1,000 to promote the success or defeat of a referendum question must file this form on the next regular filing date for durational (single election) political committees. For example, an independent expenditure made on September 10th concerning a referendum would be reported in a SEEC Form 26 according to the statutory deadline for the October 10th statement due for durational political committees. Once the \$1,000 aggregate threshold is reached, a statement must be filed for each additional independent expenditure (regardless of the amount) made or obligated to be made on the next regular filing date for durational political committees. Filings should continue according to the schedule until all expenditures, actual or incurred, are disclosed which may mean that the entity must complete a filing after the referendum. Filing calendars for durational political committees may be found on the Commission's website, [www.ct.gov/seec](http://www.ct.gov/seec)

If the independent expenditure is for a local referendum, then statements are considered timely filed if they are either postmarked by the United States Postal Service before midnight on or before the required filing deadline date or delivered by hand to the town clerk by 4:30 p.m. on or before the required filing deadline date. If the independent expenditure is for a statewide referendum (such as a constitutional amendment), then statements are considered timely filed if they are received by the Commission's offices by 5:00 p.m. on or before the filing deadline date if delivered by the United States Postal Service, courier service, parcel service or hand delivery. If the filing deadline falls on a Saturday, Sunday or legal holiday, the filing is due on the next business day. **Please Note:** The SEEC's dedicated email address and fax number are NOT available for reporting independent expenditures for referenda. Such reports may not be electronically filed.

**LATE FILING PENALTY****Independent Expenditures for Candidates for General Assembly or Statewide Office:**

If the entity fails to report an independent expenditure which promotes a candidate for General Assembly or Statewide office, that was made or obligated to be made more than 90 days before the day of a primary or election as required by General Statutes § 9-612 (e) (2), such entity shall be subject to a civil penalty, imposed by the State Elections Enforcement Commission, of up to \$5,000. *See* General Statutes § 9-612 (e) (5). If the entity fails to report an independent expenditure that was made or obligated to be made 90 days or less before the day of a primary or election as required by General Statutes § 9-612 (e) (2), such entity shall be subject to a civil penalty, imposed by the State Elections Enforcement Commission, of up to \$10,000. *See* General Statutes § 9-612 (e) (5). Furthermore, if any such failure is knowing and willful, the entities responsible for the failure shall also be fined up to \$5,000 or imprisoned for not more than five years, or both. *See* General Statutes § 9-612 (e) (5).

**Independent Expenditures for Municipal Candidates, Judge of Probate Candidates or Referenda:**

If the entity fails to report an independent expenditure which promotes a municipal candidate, judge of probate candidate or position in a referenda, such entity shall be subject to a civil penalty, imposed by the State Elections Enforcement Commission, of up to \$2,000. *See* General Statutes § 9-7b. Furthermore, if any such failure is knowing and willful, the entity responsible for the failure shall also be fined up to \$5,000 or imprisoned for not more than five years, or both. *See* General Statutes § 9-623 (a).

**INSTRUCTIONS**

1. **Name of Entity:** Provide full name of the business entity, organization, association or other legal entity making the independent expenditure.
2. **Tax Exempt Status:** If your entity is classified under §§ 501 (c) or 527 of the Internal Revenue Code, check the appropriate box. Check N/A if your entity is not so classified.
3. **Mailing Address of Entity:** Provide the complete mailing address of the entity.
4. **Principal Business Address of Entity:** Provide the principal business address of the entity.
5. **Name of CEO or Functional Equivalent of Entity:** Provide the full name of the Chief Executive Officer (CEO), or the individual serving in the functionally equivalent capacity of the CEO, of the entity making the independent expenditure: first name, middle initial, last name, suffix and title (*President, CEO, etc.*).
6. **Telephone & Email Address of CEO or Functional Equivalent of Entity:** Provide the phone number and email address of the CEO or functional equivalent.
7. **Name of Individual Authorized to File Independent Expenditure Statements:** Provide the full name of the individual authorized to file the independent expenditure statements on behalf of the entity: first name, middle initial, last name, suffix and title (*Treasurer, CFO, etc.*).
8. **Telephone & Email Address of Individual Authorized to File:** Provide the telephone number and email address of the individual authorized to file Independent Expenditure Statements.
9. **Agent for Service of Process in Connecticut:** Provide the name of the person or entity who has agreed to accept service of process in Connecticut on behalf of the entity making the independent expenditure.
10. **Address of Agent for Service of Process in Connecticut:** Provide the service address (*cannot be a Post Office Box*).
11. **Telephone & Email Address of Agent for Service of Process in Connecticut:** Provide the telephone number and email address of agent.
12. **Date:** Provide the date of the primary, election or referendum for which the entity is making independent expenditures.
13. **Brief Description of Referendum Question (If applicable):** Provide a brief description of the referendum question if the expenditure is to promote the success or defeat of a referendum question.
14. **Position (If applicable):** Indicate whether the expenditure **supports** or **opposes** the question by checking the appropriate box.
15. **State or Political Subdivision (If applicable):** Check the appropriate box to indicate if the independent expenditure made or obligated to be made is for a referendum question to be voted upon statewide or within a political subdivision. If a local referendum, list the town or towns in which question is to be voted upon.

# SEEC FORM 26

## Independent Expenditure Statement for an Entity (NOT Individuals or Committees)

Revised September 2012



Official Use Only
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<input type="checkbox"/> Original
<input type="checkbox"/> Amendment

<b>1. NAME OF ENTITY</b> <i>(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)</i>		<b>2. TAX EXEMPT STATUS</b>	
		<input type="checkbox"/> 501(c) <input type="checkbox"/> 527 <input type="checkbox"/> N/A	
<b>3. MAILING ADDRESS OF ENTITY</b>			
Street Address		City	State      Zip Code
<b>4. PRINCIPAL BUSINESS ADDRESS OF ENTITY</b>			
Street Address		City	State      Zip Code
<b>5. CEO OR FUNCTIONAL EQUIVALENT OF ENTITY</b>			
First Name	MI	Last Name	Suffix
Title			
<b>6. TELEPHONE &amp; EMAIL ADDRESS OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY</b>			
<i>(Include Area Code)</i>		<i>Email Address</i>	
<b>7. NAME OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS</b>			
First Name	MI	Last Name	Suffix
Title			
<b>8. TELEPHONE &amp; EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO FILE</b>			
<i>(Include Area Code)</i>		<i>Email Address</i>	
<b>9. AGENT FOR SERVICE OF PROCESS IN CONNECTICUT</b>			
<b>10. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT</b>			
Street Address		City	State      Zip Code
<b>11. TELEPHONE &amp; EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT</b>			
<i>(Include Area Code)</i>		<i>Email Address</i>	
<b>12. DATE</b>	<b>13. BRIEF DESCRIPTION OF REFERENDUM QUESTION</b> <i>(If applicable)</i>		<b>14. POSITION</b>
<input type="checkbox"/> Primary _____ <input type="checkbox"/> Election _____ <input type="checkbox"/> Referendum _____			<i>(If applicable)</i> <input type="checkbox"/> Support <input type="checkbox"/> Oppose
<b>15. STATE OR POLITICAL SUBDIVISION</b>			
<input type="checkbox"/> State <input type="checkbox"/> Political Subdivision(s): <i>(Please list)</i>			

**INSTRUCTIONS**

**Name of Entity:** Provide full name of the business entity, organization, association or other legal entity making the independent Expenditure.

16. **Type of Report:** Check the appropriate box to indicate what type of report is being filed. If filing an amendment to a previously filed report, check the Amendment box and indicate on the line below the Report Type being amended.

17. **Period Covered:** The Beginning Date must be the first day not included on the last filed Independent Expenditure statement. For an original filing (i.e. not an amendment), this date may not overlap dates, including the Ending Date, covered in a previously filed report. For an amendment, these dates should be the same as the dates specified in the original filed report being amended. If this is the first report filed by an entity, the Beginning Date should be the date that the entity made its first expenditure. The Ending Date should include all transactions as of midnight of that day.

18. **Certification of CEO or Functional Equivalent of Entity :** This form must be signed by the CEO or functional equivalent authorized to designate an agent to file Independent Expenditure Statements. This certification statement must be complete and accurate. Penalties can be imposed for missing or inaccurate information.

19. **Certification of Individual Authorized to File Independent Expenditure Statements:** This form must be signed by the individual authorized to file Independent Expenditure Statements. This certification statement must be complete and accurate. Penalties can be imposed for missing or inaccurate information.

**Summary Totals this Period** is the total for each section for the period covered as designated on Line 17.

**Summary Totals Aggregate** refers to the **total** amount expended.

**Line 20 — 22:** Enter the total of each section as per the directions on the bottom of each corresponding page of the statement.

**NAME OF ENTITY** *(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)*

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

- |                                     |   |   |  |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> January 10 | <input type="checkbox"/> 7th day preceding primary          | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> 48/24 hour Independent Expenditure Statement for Primary          |
| <input type="checkbox"/> April 10   | <input type="checkbox"/> 30 days following primary          |   | <input type="checkbox"/> 48/24 hour Independent Expenditure Statement for Election         |
| <input type="checkbox"/> July 10    | <input type="checkbox"/> 7th day preceding election         |   | <input type="checkbox"/> 48/24 hour Independent Expenditure Statement for Special Election |
| <input type="checkbox"/> October 10 | <input type="checkbox"/> 7th day preceding special election | <input type="checkbox"/> 90 days following referendum | <input type="checkbox"/> Amendment to (Type of Report)                                     |
|                                     | <input type="checkbox"/> 45 days following special election |   |  |

**17. PERIOD COVERED**

Beginning Date Ending Date

\_\_\_\_\_ through \_\_\_\_\_

**18. CERTIFICATION OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY**

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this Independent Expenditure Statement are true, accurate and complete to the best of my knowledge and belief, and further that any individual designated herein to file Independent Expenditure Statements on behalf of the Entity has indicated to me his/her acceptance of my appointment of them to that position.

\_\_\_\_\_  
SIGNATURE PRINT NAME OF SIGNER DATE (mm/dd/yyyy)

**19. CERTIFICATION OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS**

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file Independent Expenditure Statements on behalf of the Entity. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the Entity, for the period covered, and that these expenditures and obligations were made independent of any other individual, entity, candidate, committee or their agents, and that the entity has not been reimbursed nor does it have an expectation of reimbursement for these expenditures from any such source; and that I understand that the acceptance of any such reimbursement at any time in the future may constitute a serious and punishable violation of Connecticut's Campaign Finance Laws.

\_\_\_\_\_  
SIGNATURE PRINT NAME OF SIGNER DATE (mm/dd/yyyy)

**SUMMARY**

	COLUMN A This Period	COLUMN B Aggregate
20. Expenditures Made by Entity <span style="font-size: small;">(Section A - Page 3)</span>		
21. Expenditures Incurred by Entity This Period but Not Paid <span style="font-size: small;">(Section B - Page 4)</span>		[Hatched Area]
22. Total Outstanding Expenditures Incurred by Entity still Unpaid <span style="font-size: small;">(Section B - Page 4)</span>		[Hatched Area]

## INSTRUCTIONS

**Please Note:** At the top of every page that follows, report the **Name of Entity** and the **Type of Report** in the appropriate boxes.

**Name of Entity:** Provide the complete name of Business Entity, Organization, Association or Other Legal Entity for reference.

**Type of Report:** Enter what type of report is being filed as indicated on Page 2, Line 16, such as “July 10.”

## SECTION A. INDEPENDENT EXPENDITURES MADE BY ENTITY

**Name of Payee, Street Address, City, State, and Zip Code:** Enter the name and address of the vendor or individual that the entity paid directly OR the entity’s name if its prior asset was used.

**\*Please Note:** An expenditure is made by an entity when it uses *anything of value* for the purpose of influencing the nomination for election, or election, of any person or for the purpose of aiding or promoting the success or defeat of any referendum question or promoting a political party. General Statutes § 9-601b (a)(1). This includes the entity’s use of its monetary *and non-monetary* assets. If this is a nonmonetary asset (i.e. a brochure designed and printed in-house), report the entity as payee.

**Amount:** Record the amount of the expenditure OR fair market value of the asset provided. If this is a nonmonetary asset, report the fair market value of services and goods produced in-house.

**Date of Expenditure:** Record the date that the expenditure was made by the entity.

**Purpose of Expenditure:** Note the purpose of the expenditure using the Expenditure Code Addendum attached to this form. If the expense is a *reimbursement* to an individual, the entity must **also** report each vendor paid by the individual in Section C, “Itemization of Reimbursements to Individuals.”

**Description:** Provide a brief description of the expenditure. Certain expenditure codes **require** a description as set forth in the Expenditure Code Addendum attached to this form.

**Associated with Referendum?** Indicate if the independent expenditure is being made in association with a Referendum by checking **Yes** or **No**. *If yes, be sure you have completed Lines 13 — 15 on Page 1.*

If this is an independent expenditure benefiting a candidate committee, complete the following three questions:

**Name of Candidate; Office Sought:** If applicable, enter the first candidate’s name and office sought for whom the independent expenditure was made. Check the appropriate box, **Supported** or **Opposed**, to indicate whether the candidate was supported or opposed by the expenditure.

**Name of Candidate; Office Sought:** If applicable, enter the second candidate’s name and office sought for whom the independent expenditure was made. Check the appropriate box, **Supported** or **Opposed**, to indicate whether the candidate was supported or opposed by the expenditure.

**Associated with or benefiting more than two candidates?:** If applicable, check the appropriate **Yes** or **No** box. If **Yes**, complete the Section A. Addendum to indicate the name and office sought for each additional candidate for whom the independent expenditure was made. Check the appropriate box, **Supported** or **Opposed**, to indicate whether the candidate was supported or opposed by the expenditure.

**SUBTOTAL Section A – This Page:** Add together each expenditure made by the entity reported on page 3 in Section A and record the total.

**TOTAL of additional Section A Pages:** Total and record the amount of all additional Section A pages (*if applicable*).

**TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY ENTITY THIS PERIOD:** Add together all of the amounts reported in all Section A pages of this filing. Record the amount on this line and on **Line 20** of Page 2.



**SECTION B. INDEPENDENT EXPENDITURES INCURRED BY ENTITY THIS PERIOD BUT NOT PAID**

In Section B, separately report each expense incurred but not paid as of the close of the reporting period covered by this statement. When uncertain of the exact amount of the expense, the individual authorized to file independent expenditure statements should make a good faith estimate of the amount incurred. An individual to whom the entity owes a reimbursement or payment for services rendered should also be reported in this section.

**Name of Creditor, Street Address, City, State, and Zip Code:** Enter the creditor's name and address.

**Amount Incurred:** Record the amount of the expense incurred.

**Date Incurred:** Record the date that the expense was incurred by the entity.

**Purpose of Expenditure:** Note the purpose of the expenditure using the Expenditure Code Addendum attached to this form.

**Description:** Provide a brief description of the expenditure. Certain expenditure codes **require** a description as set forth in the Expenditure Code Addendum attached to this form.

**Associated with Referendum?** Indicate if the independent expenditure is being made in associate with a Referendum, Check Yes or No. *If yes, complete Lines 13 — 15 on Page 1.*

If this is an independent expenditure benefiting a candidate committee, complete the following three questions:

**Name of Candidate; Office Sought:** If applicable, enter the first candidate's name and office sought for whom the independent expenditure was made. Check the appropriate box, **Supported** or **Opposed**, to indicate whether the candidate was supported or opposed by the expenditure.

**Name of Candidate; Office Sought:** If applicable, enter the second candidate's name and office sought for whom the independent expenditure was made. Check the appropriate box, **Supported** or **Opposed**, to indicate whether the candidate was supported or opposed by the expenditure.

**Associated with or benefiting more than two candidates?:** If applicable, check the appropriate **Yes** or **No** box. If **Yes**, complete the Section B. Addendum to indicate the name and office sought for each additional candidate for whom the independent expenditure was made. Check the appropriate box, **Supported** or **Opposed**, to indicate whether the candidate was supported or opposed by the expenditure.

**SUBTOTAL Section B – This Page:** Add together each expense incurred but not paid by the entity reported on page 4 in Section B and record the total.

**TOTAL of additional Section B Pages:** Total and record the amount of all additional Section B pages (*if applicable*).

**TOTAL OF ALL INDEPENDENT EXPENDITURES INCURRED BY ENTITY DURING THIS PERIOD BUT NOT PAID:** Add together all of the amounts reported in all Section B pages of this filing. Record the amount on this line and on **Line 21** of Page 2.

**Previously Reported Independent Expenditures Unpaid and Still Outstanding:** Record the amount of previously reported unpaid independent expenditures that remain unpaid at the close of this reporting period.

**TOTAL OF ALL INDEPENDENT EXPENDITURES INCURRED BY ENTITY BUT NOT PAID:** Add the total of independent expenditures incurred by the entity but not paid during this period (Section B of current filing) to the previously reported unpaid independent expenditures that remain unpaid. Record the total on this line and on **Line 22** of Page 2.

# INDEPENDENT EXPENDITURES

NAME OF ENTITY <i>(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)</i>						TYPE OF REPORT	
<b>B. Independent Expenditures Incurred by Entity this Period but Not Paid</b>							
Name of Creditor						<b>Amount Incurred</b>	
Street Address				City		State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description				Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate <i>(if applicable)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Creditor						<b>Amount Incurred</b>	
Street Address				City		State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description				Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate <i>(if applicable)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Creditor						<b>Amount Incurred</b>	
Street Address				City		State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description				Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate <i>(if applicable)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
Name of Creditor						<b>Amount Incurred</b>	
Street Address				City		State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description				Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate <i>(if applicable)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>
<b>SUBTOTAL Section B - This Page</b>							
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL INDEPENDENT EXPENDITURES INCURRED BY ENTITY DURING THIS PERIOD BUT NOT PAID</b>						<i>(Enter total on Line 21)</i>	
<b>Previous Reported Independent Expenditures Unpaid and Still Outstanding</b>							
<b>TOTAL OF ALL INDEPENDENT EXPENDITURES INCURRED BUT NOT PAID</b>						<i>(Enter total on Line 22)</i>	

**SECTION C. ITEMIZATION OF REIMBURSEMENTS TO ENTITY AGENTS**

In Section C, report each instance in which an individual makes an expenditure to a vendor on behalf of the entity related to the independent expenditure. Whether the entity writes a single check to reimburse an individual for combined expenses, or multiple checks to reimburse the individual for each expense, the entity must report each vendor paid by the individual in this section.

*Report the reimbursement to the individual in Section A "Expenditures Made by Entity."*

**Name of Individual Reimbursed:** Enter the name of the individual being reimbursed.

**Name of Vendor Paid by Individual, Street Address of Vendor, City, State, and Zip Code:** Enter the name and address of the vendor that was paid by the individual.

**Description:** Provide a brief description of the item purchased from the vendor by the individual. Certain expenditure codes **require** a description as set forth in the Expenditure Code Addendum attached to this form.

**Date of Payment to the Vendor:** Report the date that the individual paid the vendor.

**Purpose of Expenditure:** Note the purpose of the expenditure made by the individual by using the Expenditure Code Addendum attached to this form.

**Amount:** Record the amount of the expenditure that the individual paid to the vendor.

**SUBTOTAL Section C – This Page:** Add together each reimbursement paid by the entity reported on page 5 in Section C and record the total.

**TOTAL of additional Section C Pages:** Total and record the amount of all additional Section C pages (*if applicable*).

**TOTAL OF ALL REIMBURSEMENTS THIS PERIOD:** Add together all of the amounts reported in all Section C pages of this filing. Record the amount on this line.

# INDEPENDENT EXPENDITURES

NAME OF ENTITY <i>(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)</i>		TYPE OF REPORT	
<b>C. Itemization of Reimbursements to Entity Agents</b>			
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>

**SECTION D. TOP FIVE CONTRIBUTORS**

Reporting entities that are exempt from federal taxes under §§ 501(c) or 527 of the Internal Revenue Code must also identify the top-five funders that have provided the largest amounts to the entity in the 12-month period preceding an expenditure made or incurred for any written, typed or other printed communication or any web-based, written communication covered in this report. For the purposes of this requirement, the phrase “Top Five Contributors” refers to the top five providers of capital assets (monetary and non-monetary) to the not-for-profit group in the 12 months preceding the communication.

*For-profit entities do not need to complete this portion of the form.*

In Section D, report the “Top Five Contributors” that donated to the non-profit entity in the 12-months preceding the date of the communication that triggered this report. If more than five contributors have donated an equal amount of resources to the not-for-profit group during that period, attach additional sheets to this report to identify all of those donors. The “Top Five Contributors” should be listed in order from largest to smallest. For those donors who have donated equal amounts, the entity may list them in alphabetical order.

**Name of Contributor:** Identify the funder that provided capital assets to the not-for-profit group. For individuals, enter the first name, middle initial and last name. For businesses, organizations, or other entities, enter the name of the entity that provided the capital assets as it appears on the instrument that resulted in the transfer of assets. A contributor may be an entity, individual or a person as defined in General Statutes § 9-601 (10).

**Address of Contributor (City, State, Zip Code):** Provide the address (city, state, zip code) of any donor the entity has included on the “Top Five Contributors” attribution for a communication. For individuals, this should be the individual’s home address. For entities, the address would be the principal business address of the entity.

*Attach additional sheets if necessary.*

# INDEPENDENT EXPENDITURES

NAME OF ENTITY <i>(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)</i>	TYPE OF REPORT
<b>D. Top Five Contributors</b>	
<p>If the Entity has IRC §§ 501(c) or 527 tax exempt status and has made or obligated to make independent expenditures during this filing period for any written, typed or other printed communication or any web-based, written communication covered in this report.</p> <p>Please identify the name(s) of the five contributors making the largest contributions to the entity during this filing period.</p>	
Name of Contributor	
City	State
Zip Code	
Name of Contributor	
City	State
Zip Code	
Name of Contributor	
City	State
Zip Code	
Name of Contributor	
City	State
Zip Code	
Name of Contributor	
City	State
Zip Code	
Name of Contributor	
City	State
Zip Code	

See Additional Page(s)

**CODED PURPOSES FOR EXPENDITURES  
(For use with SEEC Form 26)**

(Note: Asterisk \* adjacent to the left of an 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 these instructions and Chapters 155 and 157 of the Campaign Finance Laws.*

**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. 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.

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

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

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

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

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

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

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

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

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

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

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

**POLLS:** expenditures associated with **conducting polls and surveys**. This category is to be distinguished from **A-PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report.

**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 Individuals**. This is when the cost of payment for something needed by the entity is advanced by the individual and reimbursement is sought and obtained from the entity's treasurer who authorized the payment. After making payment to the individual in Section A, report the **name of each Vendor** paid by the individual in Section C, "Itemization of Reimbursements."

**WEB:** Expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a website and homepage; (b) an internet provider; (c) a domain name on the internet; and (d) 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.

For Sections A and B, reproduce the “Addendum Page” for the appropriate section if a transaction is associated with or benefiting more than two candidates.

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NAME OF ENTITY <i>(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)</i>	TYPE OF REPORT	
<b>A. Independent Expenditures Made by Entity <i>Addendum</i></b>		
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed

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NAME OF ENTITY <i>(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)</i>				TYPE OF REPORT	
<b>B. Independent Expenditures Incurred by Entity this Period but Not Paid</b>					
Name of Creditor				<b>Amount Incurred</b>	
Street Address			City		State
					Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description			Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
					Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
					If yes, complete Section B. Addendum
Name of Creditor				<b>Amount Incurred</b>	
Street Address			City		State
					Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description			Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
					Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
					If yes, complete Section B. Addendum
Name of Creditor				<b>Amount Incurred</b>	
Street Address			City		State
					Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description			Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
					Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
					If yes, complete Section B. Addendum
Name of Creditor				<b>Amount Incurred</b>	
Street Address			City		State
					Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description			Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
					Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Candidate <i>(if applicable)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
					If yes, complete Section B. Addendum
<b>SUBTOTAL Section B - This Page</b>					

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NAME OF ENTITY <i>(Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)</i>	TYPE OF REPORT	
<b>B. Independent Expenditures Incurred by Entity this Period but Not Paid Addendum</b>		
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Name of Candidate	Office Sought <i>(if applicable)</i>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed

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NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)		TYPE OF REPORT	
<b>C. Itemization of Reimbursements to Entity Agents</b>			
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor	City	State	Zip Code
Description	Date of Payment to Vendor	Purpose of Expenditure <i>(by code)</i>	<b>Amount</b>

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