

# SEEC FORM 30

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2012



Do Not Mark in This Space For Official Use Only
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## COVER PAGE

<b>1. NAME OF COMMITTEE</b>				<b>2. TYPE OF COMMITTEE</b>	
				<input type="checkbox"/> Candidate Committee	
				<input type="checkbox"/> Exploratory Committee	
<b>3. TREASURER NAME</b>					
First		MI	Last		Suffix
<b>4. TREASURER ADDRESS</b>					
Street Address			City	State	Zip Code
<b>5. ELECTION DATE</b>		<b>6. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i>			<b>7. DISTRICT NUMBER</b>
(mm/dd/yyyy)					<i>(if applicable)</i>
<b>8. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>					
First		MI	Last		Suffix
<b>9. TYPE OF REPORT</b> <i>(Check One Box)</i>					
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant	<input type="checkbox"/> Supplemental Statement <i>(Specify Type)</i> ○ Primary ○ Election	<input type="checkbox"/> Deficit	
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant	<input type="checkbox"/> Declaration of Excess Expenditures <i>(Specify Type)</i> ○ Primary ○ Election	<input type="checkbox"/> Termination	
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant		<input type="checkbox"/> Amendment to Type of Report: _____	
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 7th day preceding 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**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised January 2012

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT	
	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 and C2)		
16. Other Monetary Receipts (Sections D through I)		
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)		
18. Total Monetary Receipts (add totals for Lines 14 through 17)		
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)		
20. Expenses Paid by Committee (Section N)		
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)		
22. In-Kind Donations not Considered Contributions Received (Section J3)		
23. In-Kind Contributions Received (Section K)		
24. Refundable Deposit to Telephone Company (Section L)		
25. Receipts of Organization Expenditures (Section M) <b>OPTIONAL</b>		
26. Beginning Loan Balance		
26a. + Loans Received (Section D)		
26b. + Interest and Penalties on Loan		
26c. - Payments on Loan		
26d. Total Outstanding Loan Amount		
27. Campaign Expenses Paid by Candidate (Section O)		
28. Expenses Incurred on Committee Credit Card (Section P)		
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)		
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)		

# I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>						<i>For Nonparticipating Candidates ONLY</i>	
						\$	
<b>B. Itemized Contributions from Individuals</b>							
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
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"/> Yes <input type="checkbox"/> No <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
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	Aggregate Contributions	
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
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"/> Yes <input type="checkbox"/> No <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
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	Aggregate Contributions	
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
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"/> Yes <input type="checkbox"/> No <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
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	Aggregate Contributions	
Last Name			First			MI	Contribution ID #
Residential Street Address			City			State	Zip Code
Principal Occupation			Name of Employer				
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"/> Yes <input type="checkbox"/> No <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
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event #:</i>			Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received	Aggregate Contributions	
<b>SUBTOTAL Section B — This Page</b>							
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> <i>(Sections A + B) (Enter total on Line 14 of Summary Page Totals)</i>							

# I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
<b>C1. Contributions from Other Committees</b>							
Name of Committee					Name of Treasurer		
Address				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>		<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 fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		<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 fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		<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 fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		<b>Amount of Contribution</b>	
City		State	Zip Code		Date Received	Aggregate Contributions	
Name of Committee					Name of Treasurer		
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>							
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		
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		
<b>SUBTOTAL Section C — This Page</b>							
<b>TOTAL of additional Section C Pages</b>							
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 15 of Summary Page Totals)</i>							

# I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT		
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>	
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>	
Street Address		City		State	Zip Code	
<b>TOTAL SECTION D</b>						
<b>E. Personal Funds of the Candidate Received this Period <i>(Candidate Committees ONLY)</i></b>						
Date of Receipt	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card				<b>Amount</b>	
Date of Receipt	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card				<b>Amount</b>	
Date of Receipt	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card				<b>Amount</b>	
<b>TOTAL SECTION E</b>						
<b>F. Anonymous Contributions</b>						
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>						
<b>G. Interest from Deposits in Authorized Accounts</b>						
Name of Institution				Date Received		<b>Amount</b>
Street Address		City		State	Zip Code	
Name of Institution				Date Received		<b>Amount</b>
Street Address		City		State	Zip Code	
<b>TOTAL SECTION G</b>						

# I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
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## H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount

### TOTAL SECTION H

## I. Miscellaneous Monetary Receipts not Considered Contributions

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

### TOTAL SECTION I

## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through I)

<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 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>(Add Sections D through I) (Enter total on Line 16 of Summary Page Totals)</i>		

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>		TYPE OF REPORT	
<b>J1. Fundraising Event Information</b>			
<b>Fundraising Event #</b>	Description		
Date of Fundraiser      Letter			
Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?			
<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i>			
<input type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			
<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i>			
<input type="checkbox"/> No			
<b>Subpart 1:</b>			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			
<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i>			
			→ \$ <input style="width: 100px;" type="text"/>
<input type="checkbox"/> No			
<b>Fundraising Event #</b>	Description		
Date of Fundraiser      Letter			
Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?			
<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i>			
<input type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			
<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i>			
<input type="checkbox"/> No			
<b>Subpart 1:</b>			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			
<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i>			
			→ \$ <input style="width: 100px;" type="text"/>
<input type="checkbox"/> No			
<b>Fundraising Event #</b>	Description		
Date of Fundraiser      Letter			
Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence?			
<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.</i>			
<input type="checkbox"/> No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			
<input type="checkbox"/> Yes <i>If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.</i>			
<input type="checkbox"/> No			
<b>Subpart 1:</b>			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			
<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i>			
			→ \$ <input style="width: 100px;" type="text"/>
<input type="checkbox"/> No			
<b>SUBTOTAL Section J1—Subpart 1 Total Receipts from Sale of Donated Items — This Page</b>			
<b>TOTAL of additional Section J1 Pages</b>			
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALE OF DONATED ITEMS</b> <i>(Enter total on Line 17 of Summary Page Totals)</i>			

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 — J3)**

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section J2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT

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

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event		

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event		

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event		

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event		

<b>SUBTOTAL Section J3 — This Page</b>	
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<b>TOTAL of additional Section J3 Pages</b>	
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<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 22 of Summary Page Totals)</i>	
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### III. NONMONETARY RECEIPTS (Sections K — M)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
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#### K. In-Kind Contributions

Name			
Street Address		City	State    Zip Code
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	
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>	<b>Fair Market Value of this Contribution</b>
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	

Name			
Street Address		City	State    Zip Code
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	
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>	<b>Fair Market Value of this Contribution</b>
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	

Name			
Street Address		City	State    Zip Code
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	
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>	<b>Fair Market Value of this Contribution</b>
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	

<b>SUBTOTAL Section K — This Page</b>	
<b>TOTAL of additional Section K Pages</b>	
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23 of Summary Page Totals)</i>	

#### L. Refundable Deposit to Telephone Company

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

<b>TOTAL SECTION L</b> <i>(Enter total on Line 24 of Summary Page Totals)</i>	
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### III. NONMONETARY RECEIPTS (Sections K — M)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — <u>OPTIONAL</u> See Public Act 11-48</b>					
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		
<b>SUBTOTAL Section M — This Page</b>					
<b>TOTAL of additional Section M Pages</b>					
<b>TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES</b> <i>(Enter total on Line 25 of Summary Page Totals)</i>					

### IV. EXPENDITURES (Sections N — S)

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

### IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
<b>O. Expenses Paid by Candidate</b>						
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>				Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				Event #	
<b>SUBTOTAL Section O — This Page</b>						
<b>TOTAL of additional Section O Pages</b>						
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 27 of Summary Page Totals)</i>						

### IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
<b>P. Expenses Incurred on Committee Credit Card</b>					
<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	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<b>If yes, assign an Expenditure # and complete Itemization in Addendum P</b>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<b>If yes, assign an Expenditure # and complete Itemization in Addendum P</b>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<b>If yes, assign an Expenditure # and complete Itemization in Addendum P</b>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<b>If yes, assign an Expenditure # and complete Itemization in Addendum P</b>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<b>If yes, assign an Expenditure # and complete Itemization in Addendum P</b>					
<b>SUBTOTAL Section P — This Page</b>					
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b>					
<i>(Enter total on Line 28 of Summary Page Totals)</i>					

**IV. EXPENDITURES (Sections N — S)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
<b>Q. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>		Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>		Event #	
<b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>		Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>		Event #	
<b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>		Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>		Event #	
<b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>		Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>		Event #	
<b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure <i>(by code)</i>		Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>		Event #	
<b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>					
<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 Totals)</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 Totals)</i>					

### IV. EXPENDITURES (Sections N — S)

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

### IV. EXPENDITURES (Sections N — S)

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

## EXPENDITURE CODE ADDENDUM

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

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

**Warning:** *The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, Treasurers must read the committee guide applicable to their type of committee or contact the State Elections Enforcement Commission at 860-256-2925.*

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

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

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

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

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

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

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

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

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

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

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

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

**BNK:** expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Section P of the SEEC Form 30, entitled "Expenses Incurred on Committee Credit Card."

**CCP:** expenditure to record **any payment of the Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Section P of the SEEC Form 30, entitled "Expenses Incurred on Committee Credit Card," to record actual charges made against the credit card account, including any finance charges.

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

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

## EXPENDITURE CODE ADDENDUM

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

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

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

**CNTRB**: expenditures that are **contributions to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee (POC)** for shared expenses. *See explanation of POC below.*

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

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

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

\***GIFT**: record the purchase of any item that is to be given as a **gift** to any individual or entity. Gifts to committee workers are generally limited to an aggregate of \$100 per recipient. *For committees that have received a CEP grant, the limit is \$5 per recipient.* The text box of the **Description Field**, which is **mandatory** in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

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

**LOAN**: expenditures to record the payment of the committee's **LOAN**, whether principal, interest or both. *Please Note*: Any penalties assessed for non-payment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Section Q of the SEEC Form 30.

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

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

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

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

## EXPENDITURE CODE ADDENDUM

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

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

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

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

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

**RCW:** expenditures to **reimburse committee workers**, which may include a candidate. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's Treasurer who authorized the payment within 45 days of receipt of the paid for item. **Please Note:** Absent reimbursement to the committee worker **within 45 days of receipt** of the paid for item, the committee would be receiving an **In-Kind Contribution** from the committee worker. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section R, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. **Further Note:** When reimbursing the candidate, report the purchase in Section O of the SEEC Form 30, entitled "Campaign Expenses Paid by the Candidate."

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

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

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

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

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

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

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

*Additional Pages are located at the back of the SEEC Form 30.*

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**Section B. ADDITIONAL PAGE** \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT

**B. Itemized Contributions from Individuals**

Last Name	First	MI	Contribution ID # : : : : : : : : :
Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer
----------------------	------------------

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	<b>Amount of Contribution</b>
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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>	Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received	Aggregate Contributions
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Last Name	First	MI	Contribution ID # : : : : : : : : :
Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer
----------------------	------------------

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	<b>Amount of Contribution</b>
--	---	-------------------------------

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>	Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received	Aggregate Contributions
---	---	---------------	-------------------------

Last Name	First	MI	Contribution ID # : : : : : : : : :
Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer
----------------------	------------------

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	<b>Amount of Contribution</b>
--	---	-------------------------------

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>	Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received	Aggregate Contributions
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<b>SUBTOTAL Section B — This Page</b>	
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**Section C. ADDITIONAL PAGE** \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>						TYPE OF REPORT	
<b>C1. Contributions from Other Committees</b>							
Name of Committee					Name of Treasurer		
Address				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>		<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 fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		<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 fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		<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 fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		<b>Amount of Contribution</b>	
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>							
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		
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				
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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT
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**J3. In-Kind Donations Not Considered Contributions**

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>	
<input type="checkbox"/> Individual					
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>	
<input type="checkbox"/> Individual					
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>	
<input type="checkbox"/> Individual					
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		

Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>	
<input type="checkbox"/> Individual					
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		

<b>SUBTOTAL Section J3 — This Page</b>	
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**Section K. ADDITIONAL PAGE** \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
<b>K. In-Kind Contributions</b>			
Name			
Street Address		City	State    Zip Code
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes</i> , list Event #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution	
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</i> , indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Type of Contributor:		Date Received	Aggregate Contributions
<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship			
Name			
Street Address		City	State    Zip Code
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes</i> , list Event #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution	
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</i> , indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Type of Contributor:		Date Received	Aggregate Contributions
<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship			
Name			
Street Address		City	State    Zip Code
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes</i> , list Event #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution	
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</i> , indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Type of Contributor:		Date Received	Aggregate Contributions
<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship			
Name			
Street Address		City	State    Zip Code
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes</i> , list Event #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution	
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</i> , indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Type of Contributor:		Date Received	Aggregate Contributions
<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship			
<b>Subtotal Section K — This Page</b>			

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**Section M. ADDITIONAL PAGE** \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — <u>OPTIONAL</u> See Public Act 11-48</b>					
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		
<b>SUBTOTAL Section M — This Page</b>					

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Section N. ADDITIONAL PAGE \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
<b>N. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				<b>Amount</b>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>	Event #		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				<b>Amount</b>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>	Event #		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				<b>Amount</b>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>	Event #		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				<b>Amount</b>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>	Event #		
Name of Payee			Date of Payment		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description				<b>Amount</b>
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, assign an Expenditure # and complete Itemization in Addendum N</i>		Expenditure # <i>(if applicable)</i>	Event #		
<b>SUBTOTAL Section N — This Page</b>					

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**Section O. ADDITIONAL PAGE** \_\_\_\_\_ of \_\_\_\_\_

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

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**Section P. ADDITIONAL PAGE** \_\_\_\_\_ of \_\_\_\_\_

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
<b>P. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card:		
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<b>If yes, assign an Expenditure # and complete Itemization in Addendum P</b>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<b>If yes, assign an Expenditure # and complete Itemization in Addendum P</b>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<b>If yes, assign an Expenditure # and complete Itemization in Addendum P</b>					
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # <i>(if applicable)</i>	Event #		
<b>If yes, assign an Expenditure # and complete Itemization in Addendum P</b>					
<b>SUBTOTAL Section P — This Page</b>					

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
<b>Q. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>		Expenditure # <i>(if applicable)</i>	Event #		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>		Expenditure # <i>(if applicable)</i>	Event #		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>		Expenditure # <i>(if applicable)</i>	Event #		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>		Expenditure # <i>(if applicable)</i>	Event #		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description			<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, assign an Expenditure # and complete Itemization in Addendum Q</b>		Expenditure # <i>(if applicable)</i>	Event #		
<b>SUBTOTAL Section Q – This Page</b>					

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>	TYPE OF REPORT

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

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
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Secondary Payee

Street Address	City	State	Zip Code
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Purpose of Expenditure <i>(by code)</i>	Description	<b>Amount</b>
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, assign an Expenditure # and complete Itemization in Addendum R</b>	Expenditure # <i>(if applicable)</i>	Event #
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Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
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Secondary Payee

Street Address	City	State	Zip Code
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Purpose of Expenditure <i>(by code)</i>	Description	<b>Amount</b>
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, assign an Expenditure # and complete Itemization in Addendum R</b>	Expenditure # <i>(if applicable)</i>	Event #
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Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
--------------------------------	-------	----	-----------------	---

Secondary Payee

Street Address	City	State	Zip Code
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Purpose of Expenditure <i>(by code)</i>	Description	<b>Amount</b>
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, assign an Expenditure # and complete Itemization in Addendum R</b>	Expenditure # <i>(if applicable)</i>	Event #
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