

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2015



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## COVER PAGE

|  |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
|--|---|--|--|---|---|--|--|---------------------------------------|---|--|------------------------------------|--------------------------------------|---|-------------------------------|--------------------------|---|---|-----------------------------------|--|---|--|--|--|
| <b>1. NAME OF COMMITTEE</b>  |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| Cheryl4Council   |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <b>2. TREASURER NAME</b>   |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| First<br>Jill  | MI  | Last<br>Fitzgerald                                 | Suffix   |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <b>3. TREASURER ADDRESS</b>  |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| Street Address<br>515 Stevens Street   |   | City<br>Bristol                                    | State<br>CT  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
|  |   |  | Zip Code<br>06010  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <b>4. ELECTION/REFERENDUM DATE</b><br>(mm/dd/yyyy)<br>11/07/2017   | <b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i><br>City Council       |  | <b>6. DISTRICT NUMBER</b><br><i>(if applicable)</i><br>Third                     |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>  |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| First<br>Cheryl  | MI<br>L   | Last<br>Thibeault                                  | Suffix   |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>  |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> January 10 filing</td> <td><input type="radio"/> 7th day preceding primary</td> <td><input type="radio"/> 7th day preceding referendum</td> <td><input type="radio"/> Initial Contribution or Disbursement<br/><i>(PACs ONLY)</i></td> </tr> <tr> <td><input type="radio"/> April 10 filing</td> <td><input type="radio"/> 30 days following primary</td> <td><input type="radio"/> 45 days following referendum</td> <td><input type="radio"/> Amendment to</td> </tr> <tr> <td><input type="radio"/> July 10 filing</td> <td><input checked="" type="radio"/> 7th day preceding election</td> <td><input type="radio"/> Deficit</td> <td>Type of Report:<br/>_____</td> </tr> <tr> <td><input type="radio"/> October 10 filing</td> <td><input type="radio"/> 12th day preceding election<br/><i>(State Central Committees Only)</i></td> <td><input type="radio"/> Termination</td> <td></td> </tr> <tr> <td><input type="radio"/> 24 Hour Independent Expenditure<br/><input type="radio"/> Primary    <input type="radio"/> Election</td> <td><input type="radio"/> 45 days following election<br/>not held in November</td> <td></td> <td></td> </tr> </table> |   |  |  | <input type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement<br><i>(PACs ONLY)</i> | <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to | <input type="radio"/> July 10 filing | <input checked="" type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report:<br>_____ | <input type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election<br><i>(State Central Committees Only)</i> | <input type="radio"/> Termination |  | <input type="radio"/> 24 Hour Independent Expenditure<br><input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election<br>not held in November |  |  |
| <input type="radio"/> January 10 filing  | <input type="radio"/> 7th day preceding primary   | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement<br><i>(PACs ONLY)</i> |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <input type="radio"/> April 10 filing  | <input type="radio"/> 30 days following primary   | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to   |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <input type="radio"/> July 10 filing   | <input checked="" type="radio"/> 7th day preceding election                                 | <input type="radio"/> Deficit                      | Type of Report:<br>_____   |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <input type="radio"/> October 10 filing  | <input type="radio"/> 12th day preceding election<br><i>(State Central Committees Only)</i> | <input type="radio"/> Termination                  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <input type="radio"/> 24 Hour Independent Expenditure<br><input type="radio"/> Primary <input type="radio"/> Election  | <input type="radio"/> 45 days following election<br>not held in November                    |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <b>9. PERIOD COVERED</b>   |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| Beginning Date<br><u>Oct. 1, 2017</u>  |   | Ending Date<br><u>Oct. 30, 2017</u>                |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
|  |   | thru   |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <b>10. CERTIFICATION</b>   |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <p>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.</p>  |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <br>TREASURER OR DEPUTY TREASURER (SIGNATURE)  |   | Jill Fitzgerald<br>PRINT NAME OF SIGNER            | 10/31/2017<br>DATE (mm/dd/yyyy)  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |
| <i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>   |   |  |  |   |   |  |  |                                       |   |  |                                    |                                      |   |                               |                          |   |   |                                   |  |   |  |  |  |

**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised January 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>   | TYPE OF REPORT          |                       |
|---|-------------------------|-----------------------|
|   | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR<br>Balance on hand from day committee was formed for all other committees |                         | .00                   |
| 12. Balance on hand at the beginning of Reporting Period  | 847.84                  |                       |
| 13. Contributions Received from Individuals (Sections A and B)  | 675.00                  |                       |
| 14. Receipts from Other Committees (Sections C1 and C2)   | - 0 -                   |                       |
| 15. Other Monetary Receipts (Sections D through K)  | - 0 -                   |                       |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)   | - 0 -                   |                       |
| 16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>   |                         |                       |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3)   | - 0 -                   |                       |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c)   | 675.00                  |                       |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)   | 1522.84                 |                       |
| 19. Expenses Paid by Committee (Section P)  | 547.28                  |                       |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  | 975.56                  |                       |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | —                       |                       |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5)   | —                       |                       |
| 23. In-Kind Contributions Received (Section M)  | —                       |                       |
| 24. Refundable Deposit to Telephone Company (Section N)   | —                       |                       |
| 25. Loan Balance  | —                       |                       |
| 25a. + Loans Received (Section D)   | —                       |                       |
| 25b. + Interest and Penalties on Loan   | —                       |                       |
| 25c. - Payments on Loan   | —                       |                       |
| 25d. Total Outstanding Loan Amount  | —                       |                       |
| 26. Campaign Expenses Paid by Candidate (Section Q)   | —                       |                       |
| 27. Expenses Incurred on Committee Credit Card (Section R)  | —                       |                       |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)  | —                       |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)  | —                       |                       |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |   |  |                          |  |                   |  |
|---|--|---|--|--------------------------|--|-------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  |  |   |  | TYPE OF REPORT           |  |                   |  |
| Cheryl4Council  |  |   |  | 7 Days Prior to Election |  |                   |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>  |  |   |  | SUBTOTAL SECTION A       |  |                   |  |
|   |  |   |  | \$ 200.00                |  |                   |  |
| <b>B. Itemized Contributions from Individuals</b>   |  |   |  |                          |  |                   |  |
| Last Name<br>Carrier  |  | First<br>Jake   |  |                          | MI                                     |                   |  |
| Residential Street Address<br>19 Winston Court  |  |   | City<br>Bristol                          |                          | State<br>CT                            | Zip Code<br>06010 |  |
| Principal Occupation<br>Builder-Developer   |  |   | Name of Employer<br>Carrier Group, Inc.  |                          |  |                   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes <input checked="" type="radio"/> No   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="radio"/> Yes <input checked="" type="radio"/> No |  |                          | <b>Amount of Contribution</b><br>50.00 |                   |  |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i><br><input type="radio"/> Yes <input checked="" type="radio"/> No   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="radio"/> Executive <input checked="" type="radio"/> Legislative   |  |                          |  |                   |  |
| Method of Contribution:<br><input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  |   | Date Received<br>10/19/2017              |                          | Aggregate Contributions<br>250.00      |                   |  |
| Last Name<br>Carrier  |  | First<br>Francine   |  |                          | MI<br>H                                |                   |  |
| Residential Street Address<br>9 Winston Court   |  |   | City<br>Bristol                          |                          | State<br>CT                            | Zip Code<br>06010 |  |
| Principal Occupation<br>Assistant Manager   |  |   | Name of Employer<br>Carrier Group, Inc.  |                          |  |                   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes <input checked="" type="radio"/> No   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="radio"/> Yes <input checked="" type="radio"/> No |  |                          | <b>Amount of Contribution</b><br>50.00 |                   |  |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i><br><input type="radio"/> Yes <input checked="" type="radio"/> No   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="radio"/> Executive <input checked="" type="radio"/> Legislative   |  |                          |  |                   |  |
| Method of Contribution:<br><input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  |   | Date Received<br>10/19/2017              |                          | Aggregate Contributions<br>250.00      |                   |  |
| Last Name<br>George   |  | First<br>Betts  |  |                          | MI<br>W                                |                   |  |
| Residential Street Address<br>1924 Perkins Street   |  |   | City<br>Bristol                          |                          | State<br>CT                            | Zip Code<br>06010 |  |
| Principal Occupation<br>Legislator  |  |   | Name of Employer<br>State of Connecticut |                          |  |                   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="radio"/> Yes <input checked="" type="radio"/> No   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?<br><input type="radio"/> Yes <input checked="" type="radio"/> No |  |                          | <b>Amount of Contribution</b><br>50.00 |                   |  |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i><br><input type="radio"/> Yes <input checked="" type="radio"/> No   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i><br><input type="radio"/> Executive <input checked="" type="radio"/> Legislative   |  |                          |  |                   |  |
| Method of Contribution:<br><input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  |   | Date Received<br>10/20/2017              |                          | Aggregate Contributions<br>250.00      |                   |  |
| <b>SUBTOTAL Section B — This Page</b>   |  |   |  | 150.00                   |  |                   |  |
| <b>TOTAL of additional Section B Pages</b>  |  |   |  | 475.00                   |  |                   |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i>   |  |   |  | 675.00                   |  |                   |  |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |  |                         |   |          |
|--|--|--|-------------------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  |  |                         | TYPE OF REPORT  |          |
| Cheryl4Council   |  |  |                         | 7 Days Prior to Election                                      |          |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>   |  |  |                         | <b>SUBTOTAL SECTION A</b>                                     |          |
|  |  |  |                         | \$  |          |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |                         |   |          |
| Last Name  |  | First  |                         | MI  |          |
| Pasqualiechio  |  | David  |                         | J   |          |
| Residential Street Address   |  | City   |                         | State   | Zip Code |
| 1389 Stafford Ave. #205  |  | Bristol  |                         | CT  | 06010    |
| Principal Occupation   |  | Name of Employer   |                         |   |          |
| Restaurant owner   |  | Nuchie's   |                         |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution  |          |
| <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No   |  | <input checked="" type="radio"/> Yes <input type="radio"/> No  |                         | 100.00  |          |
| Is this contribution associated with an event reported in Section L1? If yes, list Event #   |  | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:  |                         | <input checked="" type="radio"/> Yes <input type="radio"/> No |          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No  |  | <input type="radio"/> Executive <input type="radio"/> Legislative  |                         |   |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions |   |          |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 10/19/2017   | 100.00                  |   |          |
| Last Name  |  | First  |                         | MI  |          |
| Martin   |  | Henri  |                         |   |          |
| Residential Street Address   |  | City   |                         | State   | Zip Code |
| 7 Ipswitch Road  |  | Bristol  |                         | CT  | 06010    |
| Principal Occupation   |  | Name of Employer   |                         |   |          |
| Broker   |  | Henri Martin Real Estate   |                         |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution  |          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No  |  | <input checked="" type="radio"/> Yes <input type="radio"/> No  |                         | 50.00   |          |
| Is this contribution associated with an event reported in Section L1? If yes, list Event #   |  | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:  |                         | <input checked="" type="radio"/> Yes <input type="radio"/> No |          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No  |  | <input type="radio"/> Executive <input type="radio"/> Legislative  |                         |   |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions |   |          |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 10/19/2017   | 100.00                  |   |          |
| Last Name  |  | First  |                         | MI  |          |
| Goldwasser   |  | Marvin   |                         | S   |          |
| Residential Street Address   |  | City   |                         | State   | Zip Code |
| 163 Coonin Street  |  | Bristol  |                         | CT  | 06010    |
| Principal Occupation   |  | Name of Employer   |                         |   |          |
| Marketing Director   |  | Patrailz LLC   |                         |   |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | Amount of Contribution  |          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No  |  | <input checked="" type="radio"/> Yes <input type="radio"/> No  |                         | 25.00   |          |
| Is this contribution associated with an event reported in Section L1? If yes, list Event #   |  | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:  |                         | <input checked="" type="radio"/> Yes <input type="radio"/> No |          |
| <input checked="" type="radio"/> Yes <input type="radio"/> No  |  | <input type="radio"/> Executive <input type="radio"/> Legislative  |                         |   |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions |   |          |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 10/19/2017   | 50.00                   |   |          |
| <b>SUBTOTAL Section B — This Page</b>  |  |  |                         | 175.00  |          |
| <b>TOTAL of additional Section B Pages</b>   |  |  |                         | 475.00  |          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i>  |  |  |                         | 675.00  |          |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |  |                          |                           |          |
|--|--|--|--------------------------|---------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)   |  |  |                          | TYPE OF REPORT            |          |
| Cheryl4Council   |  |  |                          | 7 Days Prior to Election  |          |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>   |  |  |                          | <b>SUBTOTAL SECTION A</b> |          |
|  |  |  |                          | \$                        |          |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |                          |                           |          |
| Last Name  |  | First  |                          | MI                        |          |
| Caggiano   |  | Jeffrey  |                          |                           |          |
| Residential Street Address   |  | City   |                          | State                     | Zip Code |
| 27 Cricket Hill Rd.  |  | Bristol  |                          | CT                        | 06010    |
| Principal Occupation   |  |  | Name of Employer         |                           |          |
| Sales  |  |  | Adaptive Biotechnologies |                           |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                          | Amount of Contribution    |          |
| <input checked="" type="radio"/> No  |  | <input checked="" type="radio"/> No  |                          | 50.00                     |          |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  |                          |                           |          |
| <input checked="" type="radio"/> No  |  | <input checked="" type="radio"/> No  |                          |                           |          |
|  |  | <input type="radio"/> Executive <input type="radio"/> Legislative  |                          |                           |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions  |                           |          |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 10/19/2017   | 100.00                   |                           |          |
| Last Name  |  | First  |                          | MI                        |          |
| Leone  |  | John   |                          |                           |          |
| Residential Street Address   |  | City   |                          | State                     | Zip Code |
| 60 Maureen Drive   |  | Bristol  |                          | CT                        | 06010    |
| Principal Occupation   |  |  | Name of Employer         |                           |          |
| Retired  |  |  |                          |                           |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                          | Amount of Contribution    |          |
| <input checked="" type="radio"/> No  |  | <input checked="" type="radio"/> No  |                          | 100.00                    |          |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  |                          |                           |          |
| <input checked="" type="radio"/> No  |  | <input checked="" type="radio"/> No  |                          |                           |          |
|  |  | <input type="radio"/> Executive <input type="radio"/> Legislative  |                          |                           |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions  |                           |          |
| <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order |  | 10/7/2017  | 100.00                   |                           |          |
| Last Name  |  | First  |                          | MI                        |          |
|  |  |  |                          |                           |          |
| Residential Street Address   |  | City   |                          | State                     | Zip Code |
|  |  |  |                          |                           |          |
| Principal Occupation   |  |  | Name of Employer         |                           |          |
|  |  |  |                          |                           |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                          | Amount of Contribution    |          |
| <input checked="" type="radio"/> No  |  | <input checked="" type="radio"/> No  |                          |                           |          |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event #</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  |                          |                           |          |
| <input checked="" type="radio"/> No  |  | <input checked="" type="radio"/> No  |                          |                           |          |
|  |  | <input type="radio"/> Executive <input type="radio"/> Legislative  |                          |                           |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions  |                           |          |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order            |  |  |                          |                           |          |
| <b>SUBTOTAL Section B — This Page</b>  |  |  |                          | 150.00                    |          |
| <b>TOTAL of additional Section B Pages</b>   |  |  |                          | 475.00                    |          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i>  |  |  |                          | 675.00                    |          |

# I. MONETARY RECEIPTS (Sections A—K)

|   |  |
|---|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i><br>Cheryl4Council | TYPE OF REPORT<br>7 Days Prior to Election Day |
|---|--|

### C1. Contributions from Other Committees

|                   |       |  |                   |                         |  |
|-------------------|-------|--|-------------------|-------------------------|--|
| Name of Committee |       |  | Name of Treasurer |                         |  |
| Address           |       | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No |                   | Amount of Contribution  |  |
|                   |       | <i>If yes, list Event # _____</i>  |                   |                         |  |
| City              | State | Zip Code   | Date Received     | Aggregate Contributions |  |

|                   |       |  |                   |                         |  |
|-------------------|-------|--|-------------------|-------------------------|--|
| Name of Committee |       |  | Name of Treasurer |                         |  |
| Address           |       | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No |                   | Amount of Contribution  |  |
|                   |       | <i>If yes, list Event # _____</i>  |                   |                         |  |
| City              | State | Zip Code   | Date Received     | Aggregate Contributions |  |

|                   |       |  |                   |                         |  |
|-------------------|-------|--|-------------------|-------------------------|--|
| Name of Committee |       |  | Name of Treasurer |                         |  |
| Address           |       | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No |                   | Amount of Contribution  |  |
|                   |       | <i>If yes, list Event # _____</i>  |                   |                         |  |
| City              | State | Zip Code   | Date Received     | Aggregate Contributions |  |

### C2. Reimbursements or Surplus Distributions from other Committees

|                   |                                      |   |                   |                   |          |
|-------------------|--------------------------------------|---|-------------------|-------------------|----------|
| Name of Committee |                                      |   | Name of Treasurer |                   |          |
| Address           |                                      | City  |                   | State             | Zip Code |
| Date Received     | Expenditure # <i>(if applicable)</i> | Payment Type<br><input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution |                   | Amount of Receipt |          |
| Description       |                                      |   |                   |                   |          |

|                   |                                      |   |                   |                   |          |
|-------------------|--------------------------------------|---|-------------------|-------------------|----------|
| Name of Committee |                                      |   | Name of Treasurer |                   |          |
| Address           |                                      | City  |                   | State             | Zip Code |
| Date Received     | Expenditure # <i>(if applicable)</i> | Payment Type<br><input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution |                   | Amount of Receipt |          |
| Description       |                                      |   |                   |                   |          |

**SUBTOTAL Section C — This Page**

**TOTAL of additional Section C Pages**

**TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS**  
*(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)*

# I. MONETARY RECEIPTS (Sections A—K)

|   |                |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
|---|----------------|

### D. Loans Received this Period

|   |      |   |          |  |  |
|---|------|---|----------|--|--|
| Name of Lender                                    |      | Source of Loan:<br><input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other<br>Committee |          | Date of Receipt  |  |
| Street Address                                    | City | State   | Zip Code | Is there a Cosigner or Guarantor of this loan?<br><input type="radio"/> Yes <input type="radio"/> No |  |
| Name of Cosigner/Guarantor <i>(if applicable)</i> |      |   |          | Amount Received  |  |
| Street Address                                    | City | State   | Zip Code |  |  |
| Name of Lender                                    |      | Source of Loan:<br><input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other<br>Committee |          | Date of Receipt  |  |
| Street Address                                    | City | State   | Zip Code | Is there a Cosigner or Guarantor of this loan?<br><input type="radio"/> Yes <input type="radio"/> No |  |
| Name of Cosigner/Guarantor <i>(if applicable)</i> |      |   |          | Amount Received  |  |
| Street Address                                    | City | State   | Zip Code |  |  |
| Name of Lender                                    |      | Source of Loan:<br><input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other<br>Committee |          | Date of Receipt  |  |
| Street Address                                    | City | State   | Zip Code | Is there a Cosigner or Guarantor of this loan?<br><input type="radio"/> Yes <input type="radio"/> No |  |
| Name of Cosigner/Guarantor <i>(if applicable)</i> |      |   |          | Amount Received  |  |
| Street Address                                    | City | State   | Zip Code |  |  |

### TOTAL SECTION D

### E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

|                |       |               |                         |                 |
|----------------|-------|---------------|-------------------------|-----------------|
| Name of Entity |       |               |                         |                 |
| Street Address |       | Date Received |                         | Amount Received |
| City           | State | Zip Code      | Aggregate Contributions |                 |
| Name of Entity |       |               |                         |                 |
| Street Address |       | Date Received |                         | Amount Received |
| City           | State | Zip Code      | Aggregate Contributions |                 |
| Name of Entity |       |               |                         |                 |
| Street Address |       | Date Received |                         | Amount Received |
| City           | State | Zip Code      | Aggregate Contributions |                 |

### TOTAL SECTION E

# I. MONETARY RECEIPTS (Sections A—K)

|   |                |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
|---|----------------|

### F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

|                 |   |        |
|-----------------|---|--------|
| Date of Receipt | Is this transaction associated with an event reported in Section L1?<br><input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i> | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1?<br><input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i> | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1?<br><input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i> | Amount |
| Date of Receipt | Is this transaction associated with an event reported in Section L1?<br><input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i> | Amount |

|                        |  |
|------------------------|--|
| <b>TOTAL SECTION F</b> |  |
|------------------------|--|

### G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

|                 |                 |                 |
|-----------------|-----------------|-----------------|
| Date of Receipt | Date of Receipt | Date of Receipt |
| Amount          | Amount          | Amount          |

|                        |  |
|------------------------|--|
| <b>TOTAL SECTION G</b> |  |
|------------------------|--|

### H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

|                 |   |        |
|-----------------|---|--------|
| Date of Receipt | Method of payment:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |
| Date of Receipt | Method of payment:<br><input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | Amount |

|                        |  |
|------------------------|--|
| <b>TOTAL SECTION H</b> |  |
|------------------------|--|

### I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* 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.

# I. MONETARY RECEIPTS (Sections A—K)

|   |                |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
|---|----------------|

## J. Interest from Deposits in Authorized Accounts

| Name of Institution | Date Received | Amount            |
|---------------------|---------------|-------------------|
| Street Address      | City          | State    Zip Code |
| Name of Institution | Date Received | Amount            |
| Street Address      | City          | State    Zip Code |

### TOTAL SECTION J

## K. Miscellaneous Monetary Receipts not Considered Contributions

|                |                     |                 |
|----------------|---------------------|-----------------|
| Name           | Date of Transaction | Amount Received |
| Street Address | City                |                 |
| Description    |                     |                 |
| Name           | Date of Transaction | Amount Received |
| Street Address | City                |                 |
| Description    |                     |                 |
| Name           | Date of Transaction | Amount Received |
| Street Address | City                |                 |
| Description    |                     |                 |
| Name           | Date of Transaction | Amount Received |
| Street Address | City                |                 |
| Description    |                     |                 |

### TOTAL SECTION K

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

|  |   |  |
|--|---|--|
| <b>Total Loans Received this Period (Section D)</b>  |   |  |
| <b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>             | + |  |
| <b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>                          | + |  |
| <b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b> | + |  |
| <b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>                | + |  |
| <b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>                       | + |  |
| <b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>                  | + |  |
| <b>Total of Other Monetary Receipts</b>  |   |  |
| <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>            |   |  |

## II. EVENT ACTIVITY (Sections L1—L5)

|  |        |             |   |          |
|--|--------|-------------|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>  |        |             | TYPE OF REPORT  |          |
| <b>L1. Event Information</b>   |        |             |   |          |
| <b>Event #</b><br>Date of Event  | Letter | Description | Was this a fundraising event?<br><input type="radio"/> Yes <input type="radio"/> No |          |
| Location: Street Address   |        | City        | State   | Zip Code |
| <b>Subpart 1: (All Committees)</b>   |        |             |   |          |
| Was this event hosted at a personal residence?<br><input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i><br><input type="radio"/> No |        |             |   |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?<br><input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i><br><input type="radio"/> No       |        |             |   |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?<br><input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text" value="\$"/><br><input type="radio"/> No   |        |             |   |          |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>  |        |             |   |          |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?<br><input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i><br><input type="radio"/> No                          |        |             |   |          |
| <b>Subpart 3: (Town Committees ONLY)</b>   |        |             |   |          |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?<br><input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text" value="\$"/><br><input type="radio"/> No  |        |             |   |          |
| <b>Event #</b><br>Date of Event  |        |             |   |          |
|  |        |             |   |          |
| Location: Street Address   |        | City        | State   | Zip Code |
| <b>Subpart 1: (All Committees)</b>   |        |             |   |          |
| Was this event hosted at a personal residence?<br><input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i><br><input type="radio"/> No |        |             |   |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?<br><input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i><br><input type="radio"/> No       |        |             |   |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?<br><input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text" value="\$"/><br><input type="radio"/> No   |        |             |   |          |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>  |        |             |   |          |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?<br><input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i><br><input type="radio"/> No                          |        |             |   |          |
| <b>Subpart 3: (Town Committees ONLY)</b>   |        |             |   |          |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?<br><input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <input style="width: 100px;" type="text" value="\$"/><br><input type="radio"/> No  |        |             |   |          |
| <b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>  |        |             |   |          |
| <b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>   |        |             |   |          |
| <b>TOTAL of additional Section L1 Pages</b>  |        |             |   |          |
| <b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b><br><i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>   |        |             |   |          |

## II. EVENT ACTIVITY (Sections L1—L5)

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 L2. removed*

|   |                |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
|---|----------------|

**L3. Purchases of Advertising in a Program Book or on a Sign**

|                   |  |  |  |
|-------------------|--|--|--|
| Name of Purchaser |  | Purchase Made By:<br><input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |  |
|-------------------|--|--|--|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

|                   |  |  |  |
|-------------------|--|--|--|
| Name of Purchaser |  | Purchase Made By:<br><input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |  |
|-------------------|--|--|--|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

|                   |  |  |  |
|-------------------|--|--|--|
| Name of Purchaser |  | Purchase Made By:<br><input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |  |
|-------------------|--|--|--|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

|                   |  |  |  |
|-------------------|--|--|--|
| Name of Purchaser |  | Purchase Made By:<br><input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |  |
|-------------------|--|--|--|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

|                   |  |  |  |
|-------------------|--|--|--|
| Name of Purchaser |  | Purchase Made By:<br><input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |  |
|-------------------|--|--|--|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|               |         |                                    |                               |                         |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b> |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b> |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>TOTAL of additional Section L3 Pages</b> |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> |  |  |  |  |
|---|--|--|--|--|

*(Enter total on Line 16c, Column A of Summary Page Totals)*

## II. EVENT ACTIVITY (Sections L1—L5)

|   |                |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
|---|----------------|

**L4. In-Kind Donations Not Considered Contributions**

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

|  |  |
|--|--|
| <b>SUBTOTAL Section L4 — This Page</b>   |  |
| <b>TOTAL of additional Section L4 Pages</b>  |  |
| <b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b><br><i>(Enter total on Line 21, Column A of Summary Page Totals)</i> |  |

|  |
|--|
|  |
|--|

## II. EVENT ACTIVITY (Sections L1—L5)

|  |   |   |   |          |
|--|---|---|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>            |   |   | TYPE OF REPORT  |          |
| <b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>          |   |   |   |          |
| Name of Host   |   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No |          |
|  |   |   | <i>If yes, complete Itemization in Addendum L5</i>  |          |
| Street Address   |   | City  | State   | Zip Code |
| Description of Donation  |   |   | Fair Market Value of Donation   |          |
| Event #  | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate |   |          |
| Name of Host   |   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No |          |
|  |   |   | <i>If yes, complete Itemization in Addendum L5</i>  |          |
| Street Address   |   | City  | State   | Zip Code |
| Description of Donation  |   |   | Fair Market Value of Donation   |          |
| Event #  | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate |   |          |
| Name of Host   |   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No |          |
|  |   |   | <i>If yes, complete Itemization in Addendum L5</i>  |          |
| Street Address   |   | City  | State   | Zip Code |
| Description of Donation  |   |   | Fair Market Value of Donation   |          |
| Event #  | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate |   |          |
| Name of Host   |   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No |          |
|  |   |   | <i>If yes, complete Itemization in Addendum L5</i>  |          |
| Street Address   |   | City  | State   | Zip Code |
| Description of Donation  |   |   | Fair Market Value of Donation   |          |
| Event #  | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate |   |          |
| <b>SUBTOTAL Section L5 — This Page</b>   |   |   |   |          |
| <b>TOTAL of additional Section L5 Pages</b>  |   |   |   |          |
| <b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> |   |   |   |          |
| <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>                                 |   |   |   |          |

### III. NONMONETARY RECEIPTS (Sections M—O)

|   |                |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
|---|----------------|

#### M. In-Kind Contributions

|  |   |                         |   |
|--|---|-------------------------|---|
| Name   |   |                         |   |
| Street Address   |   | City                    | State    Zip Code                             |
| Type of contributor: <input type="radio"/> Committee<br><input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other                    | Date Received   | Aggregate Contributions | Description of In-Kind Contribution           |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No                                       | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No            |                         | <b>Fair Market Value of this Contribution</b> |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> |                         |   |

|  |   |                         |   |
|--|---|-------------------------|---|
| Name   |   |                         |   |
| Street Address   |   | City                    | State    Zip Code                             |
| Type of contributor: <input type="radio"/> Committee<br><input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other                    | Date Received   | Aggregate Contributions | Description of In-Kind Contribution           |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No                                       | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No            |                         | <b>Fair Market Value of this Contribution</b> |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> |                         |   |

|   |   |                         |   |
|---|---|-------------------------|---|
| Name  |   |                         |   |
| Street Address  |   | City                    | State    Zip Code                             |
| Type of contributor: <input type="radio"/> Committee<br><input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other                           | Date Received   | Aggregate Contributions | Description of In-Kind Contribution           |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No            |                         | <b>Fair Market Value of this Contribution</b> |
| Is this contribution associated with an event reported listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> |                         |   |

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

#### N. Refundable Deposit to Telephone Company

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

|   |  |
|---|--|
| <b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i> |  |
|---|--|

**IV. EXPENDITURES (Sections P—T)**

|  |  |         |                 |                          |  |
|--|--|---------|-----------------|--------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                     |  |         |                 | TYPE OF REPORT           |  |
| Cherry 14 Council  |  |         |                 | 7 Days Prior To Election |  |
| <b>P. Expenses Paid by Committee</b>   |  |         |                 |                          |  |
| Name of Payee  |  |         | Date of Payment |                          | Method of Payment:   |
| Clutch Graphics,   |  |         | 10/18/17        |                          | <input checked="" type="radio"/> Check # 94.50<br><input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address   |  | City    |                 | State                    | Zip Code   |
| 24 Highland Street   |  | Bristol |                 | CT                       | 06010  |
| Purpose of Expenditure (by code)   | Description  | Event # |                 | Amount                   |  |
| A-DM   | Postcard Mailer  |         |                 | 127.28                   |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |         |                 |                          |  |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization |         |                 |                          |  |
| Name of Payee  |  |         | Date of Payment |                          | Method of Payment:   |
| Bristol Republican Town Committee  |  |         | 10/20/17        |                          | <input checked="" type="radio"/> Check # 95<br><input type="radio"/> Debit Card <input type="radio"/> EFT    |
| Street Address   |  | City    |                 | State                    | Zip Code   |
| P.O. Box 1893  |  | Bristol |                 | CT                       | 06011  |
| Purpose of Expenditure (by code)   | Description  | Event # |                 | Amount                   |  |
| A-DM   | Maiers   |         |                 | 420.00                   |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |         |                 |                          |  |
|  | <input checked="" type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization |         |                 |                          |  |
| Name of Payee  |  |         | Date of Payment |                          | Method of Payment:   |
|  |  |         |                 |                          | <input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input type="radio"/> EFT            |
| Street Address   |  | City    |                 | State                    | Zip Code   |
|  |  |         |                 |                          |  |
| Purpose of Expenditure (by code)   | Description  | Event # |                 | Amount                   |  |
|  |  |         |                 |                          |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |         |                 |                          |  |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization            |         |                 |                          |  |
| Name of Payee  |  |         | Date of Payment |                          | Method of Payment:   |
|  |  |         |                 |                          | <input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input type="radio"/> EFT            |
| Street Address   |  | City    |                 | State                    | Zip Code   |
|  |  |         |                 |                          |  |
| Purpose of Expenditure (by code)   | Description  | Event # |                 | Amount                   |  |
|  |  |         |                 |                          |  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |         |                 |                          |  |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure)<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent<br><input type="radio"/> Organization            |         |                 |                          |  |
| <b>SUBTOTAL Section P — This Page</b>  |  |         |                 | 547.28                   |  |
| <b>TOTAL of additional Section P Pages</b>   |  |         |                 | —                        |  |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b><br><i>(Enter total on Line 19, Column A of Summary Page Totals)</i> |  |         |                 | 547.28                   |  |

### IV. EXPENDITURES (Sections P—T)

|  |             |         |                 |   |          |
|--|-------------|---------|-----------------|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                              |             |         |                 | TYPE OF REPORT  |          |
| <b>Q. Campaign Expenses Paid by Candidate</b>  |             |         |                 |   |          |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>                                |             |         | Date of Payment | Is reimbursement claimed?<br><input type="radio"/> Yes <input type="radio"/> No |          |
| Street Address   |             | City    |                 | State   | Zip Code |
| Purpose of Expenditure<br>(by code)  | Description | Event # |                 | <b>Amount</b>   |          |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>                                |             |         | Date of Payment | Is reimbursement claimed?<br><input type="radio"/> Yes <input type="radio"/> No |          |
| Street Address   |             | City    |                 | State   | Zip Code |
| Purpose of Expenditure<br>(by code)  | Description | Event # |                 | <b>Amount</b>   |          |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>                                |             |         | Date of Payment | Is reimbursement claimed?<br><input type="radio"/> Yes <input type="radio"/> No |          |
| Street Address   |             | City    |                 | State   | Zip Code |
| Purpose of Expenditure<br>(by code)  | Description | Event # |                 | <b>Amount</b>   |          |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>                                |             |         | Date of Payment | Is reimbursement claimed?<br><input type="radio"/> Yes <input type="radio"/> No |          |
| Street Address   |             | City    |                 | State   | Zip Code |
| Purpose of Expenditure<br>(by code)  | Description | Event # |                 | <b>Amount</b>   |          |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>                                |             |         | Date of Payment | Is reimbursement claimed?<br><input type="radio"/> Yes <input type="radio"/> No |          |
| Street Address   |             | City    |                 | State   | Zip Code |
| Purpose of Expenditure<br>(by code)  | Description | Event # |                 | <b>Amount</b>   |          |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>                                |             |         | Date of Payment | Is reimbursement claimed?<br><input type="radio"/> Yes <input type="radio"/> No |          |
| Street Address   |             | City    |                 | State   | Zip Code |
| Purpose of Expenditure<br>(by code)  | Description | Event # |                 | <b>Amount</b>   |          |
| <b>SUBTOTAL Section Q — This Page</b>  |             |         |                 |   |          |
| <b>TOTAL of additional Section Q Pages</b>   |             |         |                 |   |          |
| <b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b><br><i>(Enter total on Line 26, Column A of Summary Page Totals)</i> |             |         |                 |   |          |

### IV. EXPENDITURES (Sections P—T)

|  |  |   |                   |
|--|--|---|-------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>  |  | TYPE OF REPORT  |                   |
| <b>R. Expenses Incurred on Committee Credit Card</b>   |  |   |                   |
| Name of Issuing Institution  |  | Type of Credit Card:<br><input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other: |                   |
| Name of Vendor, Person or Entity   |  | Date of Transaction   |                   |
| Street Address   |  | City  | State    Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event #   | <b>Amount</b>     |
| Expenditure # <i>(if applicable)</i>   | Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |   |                   |
| Name of Vendor, Person or Entity   |  | Date of Transaction   |                   |
| Street Address   |  | City  | State    Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event #   | <b>Amount</b>     |
| Expenditure # <i>(if applicable)</i>   | Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |   |                   |
| Name of Vendor, Person or Entity   |  | Date of Transaction   |                   |
| Street Address   |  | City  | State    Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event #   | <b>Amount</b>     |
| Expenditure # <i>(if applicable)</i>   | Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |   |                   |
| Name of Vendor, Person or Entity   |  | Date of Transaction   |                   |
| Street Address   |  | City  | State    Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event #   | <b>Amount</b>     |
| Expenditure # <i>(if applicable)</i>   | Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |   |                   |
| <b>SUBTOTAL Section R — This Page</b>  |  |   |                   |
| <b>TOTAL of additional Section R Pages</b>   |  |   |                   |
| <b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b><br><i>(Enter total on Line 27, Column A of Summary Page Totals)</i> |  |   |                   |



### IV. EXPENDITURES (Sections P—T)

|  |   |         |  |  |   |
|--|---|---------|--|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |         |  | TYPE OF REPORT   |   |
| <b>T. Itemization of Reimbursements and Secondary Payees</b>                   |   |         |  |  |   |
| Last Name of Worker/Consultant   |   | First   |  | MI   | Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   |         |  | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City    |  | State  | Zip Code                                    |
| Purpose of Expenditure (by code)   | Description   | Event # |  | <b>Amount</b>  |   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  |         |  |  |   |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |  |  |   |
| Last Name of Worker/Consultant   |   | First   |  | MI   | Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   |         |  | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City    |  | State  | Zip Code                                    |
| Purpose of Expenditure (by code)   | Description   | Event # |  | <b>Amount</b>  |   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  |         |  |  |   |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |  |  |   |
| Last Name of Worker/Consultant   |   | First   |  | MI   | Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   |         |  | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City    |  | State  | Zip Code                                    |
| Purpose of Expenditure (by code)   | Description   | Event # |  | <b>Amount</b>  |   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  |         |  |  |   |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |  |  |   |
| Last Name of Worker/Consultant   |   | First   |  | MI   | Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   |         |  | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City    |  | State  | Zip Code                                    |
| Purpose of Expenditure (by code)   | Description   | Event # |  | <b>Amount</b>  |   |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  |         |  |  |   |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |  |  |   |
| Last Name of Worker/Consultant   |   | First   |  | MI   | Date of Payment to Vendor, Person or Entity |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant           |   |         |  | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant |   | City    |  | State  | Zip Code                                    |
| <b>SUBTOTAL Section T — This Page</b>  |   |         |  |  |   |
| <b>TOTAL of additional Section T Pages</b>                                     |   |         |  |  |   |
| <b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>         |   |         |  |  |   |