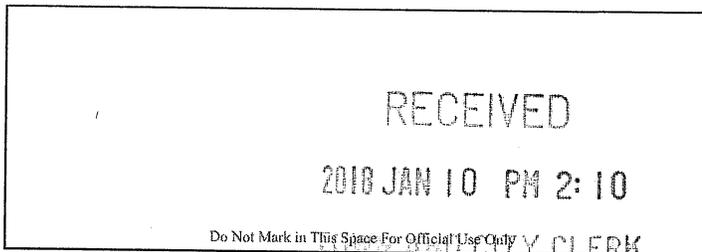


SEEC FORM 20

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



Do Not Mark in This Space For Official Use Only

COVER PAGE

BRISTOL, CT

| | | | |
|--|---|--|--|
| 1. NAME OF COMMITTEE | | | |
| Cheryl4Council | | | |
| 2. TREASURER NAME | | | |
| First Jill | MI | Last Fitzgerald | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 515 Stevens Street | | City Bristol | State CT |
| Zip Code 06010 | | | |
| 4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/07/2017 | 5. OFFICE SOUGHT (Complete only if Candidate Committee) City Council | | 6. DISTRICT NUMBER (if applicable) Third |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | |
| First Cheryl | MI L | Last Thibeault | Suffix |
| 8. TYPE OF REPORT (Check One Box) | | | |
| <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 (PACs ONLY) |
| <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 type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report: |
| <input type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination | _____ |
| <input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election | <input type="radio"/> 45 days following election not held in November | | |
| 9. PERIOD COVERED | | | |
| Beginning Date Oct. 30, 2017 | | Ending Date December 31, 2017 | |
| 10. CERTIFICATION | | | |
| I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | |
| | | Jill Fitzgerald | 01/10/2018 |
| TREASURER OR DEPUTY TREASURER (SIGNATURE) | | PRINT NAME OF SIGNER | DATE (mm/dd/yyyy) |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | |

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

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE | TYPE OF REPORT | |
|---|-------------------------|-----------------------|
| Cheryl4Council | | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees | | |
| 12. Balance on hand at the beginning of Reporting Period | 975.56 | |
| 13. Contributions Received from Individuals (Sections A and B) | 100.00 | |
| 14. Receipts from Other Committees (Sections C1 and C2) | .00 | |
| 15. Other Monetary Receipts (Sections D through K) | .00 | |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | .00 | |
| 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) <i>Municipal and Town Committees ONLY</i> | .00 | |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 100.00 | |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 1075.56 | |
| 19. Expenses Paid by Committee (Section P) | 1075.56 | |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | .00 | |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | .00 | |
| 22. In-Kind Contributions Received (Section M) | .00 | |
| 23. Refundable Deposit to Telephone Company (Section N) | .00 | |
| 24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i> | .00 | |
| 25. Beginning Loan Balance | .00 | |
| 25a. + Loans Received (Section D) | .00 | |
| 25b. + Interest and Penalties on Loan | .00 | |
| 25c. - Payments on Loan | .00 | |
| 25d. Total Outstanding Loan Amount | .00 | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 649.79 | |
| 27. Expenses Incurred on Committee Credit Card (Section R) | .00 | |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | .00 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | .00 | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE | | TYPE OF REPORT | |
| Cheryl4Council | | Jan. 10, 2018 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | | SUBTOTAL SECTION A | |
| | | \$ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | |
| Barnes | | Thomas, Jr. | |
| Residential Street Address | | City | |
| 1922 Perkins Street | | Bristol | |
| Principal Occupation | | State | |
| Financial Advisor | | CT | |
| Name of Employer | | Zip Code | |
| Riverside Investments | | 06010 | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | 100.00 | |
| 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 | | | |
| Is this contribution associated with a fundraising event listed in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____ | | <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <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 | | 11/6/2017 | |
| | | Aggregate Contributions | |
| | | 175.00 | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | |
| | | | |
| Principal Occupation | | State | |
| | | | |
| Name of Employer | | Zip Code | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | 175. | |
| 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 | | | |
| Is this contribution associated with a fundraising event listed in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____ | | <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <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 | | 175. | |
| | | Aggregate Contributions | |
| | | | |
| Last Name | | First | |
| | | | |
| Residential Street Address | | City | |
| | | | |
| Principal Occupation | | State | |
| | | | |
| Name of Employer | | Zip Code | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | | .00 | |
| 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 | | | |
| Is this contribution associated with a fundraising event listed in Section L1? | | Is contributor a principal of a state contractor or prospective state contractor? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____ | | <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: | | Date Received | |
| <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 | | | |
| | | Aggregate Contributions | |
| | | | |
| SUBTOTAL Section B — This Page | | 100.00 | |
| TOTAL of additional Section B Pages | | .00 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13 of Summary Page Totals)</i> | | 100.00 | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | |
|--|-------|----------|---|-------------------------|-------------------------------|--|
| NAME OF COMMITTEE | | | | | TYPE OF REPORT | |
| C1. Contributions from Other Committees | | | | | | |
| Name of Committee | | | | Name of Treasurer | | |
| Address | | | Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | | Amount of Contribution | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | |
| Name of Committee | | | | Name of Treasurer | | |
| Address | | | Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | | Amount of Contribution | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | |
| Name of Committee | | | | Name of Treasurer | | |
| Address | | | Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | | Amount of Contribution | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | |
| Name of Committee | | | | Name of Treasurer | | |
| Address | | | Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____ | | Amount of Contribution | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | |

| | | | | | | |
|---|-------|----------|--|--------------------------|--|--|
| C2. Reimbursements, Payments, or Surplus Distributions from other Committees | | | | | | |
| Name of Committee | | | | Name of Treasurer | | |
| Address | | | Date Received | Amount of Receipt | | |
| City | State | Zip Code | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution | | | |
| Name of Committee | | | | Name of Treasurer | | |
| Address | | | Date Received | Amount of Receipt | | |
| City | State | Zip Code | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| 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 of Summary Page Totals) | | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

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

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

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

TOTAL SECTION F

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 |

TOTAL SECTION G

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

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

TOTAL SECTION H

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

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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 | TYPE OF REPORT |
|-------------------|----------------|

L3. Purchases of Advertising in a Program Book or on a Sign (Municipal Candidate and Town Committees ONLY)

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

| | |
|---|--|
| SUBTOTAL Section L3 (Municipal Candidate and Town Committees ONLY) Total Purchases of Advertising in Program Book — This Page | |
|---|--|

| | |
|---|--|
| SUBTOTAL Section L3 (Town Committees ONLY) Total Purchases of Advertising on a Sign — This Page | |
|---|--|

| | |
|---|--|
| TOTAL of additional Section L3 Pages | |
|---|--|

| | |
|--|--|
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c of Summary Page Totals)</i> | |
|--|--|

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

| NAME OF COMMITTEE | | TYPE OF REPORT | |
|--|-------------------------|----------------|--------------------------------------|
| L4. In-Kind Donations Not Considered Contributions | | | |
| Name of Donor | | | |
| Street Address | | City | State Zip Code |
| Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Description of Donation | | Fair Market Value of Donation |
| | Date Received | Event # | |
| Name of Donor | | | |
| Street Address | | City | State Zip Code |
| Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Description of Donation | | Fair Market Value of Donation |
| | Date Received | Event # | |
| Name of Donor | | | |
| Street Address | | City | State Zip Code |
| Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Description of Donation | | Fair Market Value of Donation |
| | Date Received | Event # | |
| Name of Donor | | | |
| Street Address | | City | State Zip Code |
| Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Description of Donation | | Fair Market Value of Donation |
| | Date Received | Event # | |
| Name of Donor | | | |
| Street Address | | City | State Zip Code |
| Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Description of Donation | | Fair Market Value of Donation |
| | Date Received | Event # | |
| SUBTOTAL Section L4— This Page | | | |
| TOTAL of additional Section L4 Pages | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21 of Summary Page Totals)</i> | | | |
| | | | |

III. NONMONETARY RECEIPTS (Sections M—O)

| | | | | | | | |
|---|--|---|-------------------------|--------------------------|-------------------------------------|---|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | | | |
| M. In-Kind Contributions | | | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <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 | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <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 <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 <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 | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <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 <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 <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 | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <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 <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 <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 | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <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 <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> | | | | | |
| SUBTOTAL Section M — This Page | | | | | | | |
| TOTAL of additional Section M Pages | | | | | | | |
| TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals) | | | | | | | |
| N. Refundable Deposit to Telephone Company | | | | | | | |
| Last Name of Individual | | | | First | | MI | Date Deposit Made |
| Residential Street Address | | | | City | | State | Zip Code |
| Name of Telephone Company | | | | Amount of Deposit | | | |
| Street Address | | | | | | | |
| TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals) | | | | | | | |

III. NONMONETARY RECEIPTS (Sections M—O)

| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
|---|-------|----------|---|----------------|--|
| O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL <i>See Public Act 11-48</i> | | | | | |
| Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>) | | | Name of Treasurer | | |
| Street Address | | | Date Notice Received | | Fair Market Value of Donation |
| City | State | Zip Code | Aggregate Donations | | |
| Description of Donation | | | Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>) | | | Name of Treasurer | | |
| Street Address | | | Date Notice Received | | Fair Market Value of Donation |
| City | State | Zip Code | Aggregate Donations | | |
| Description of Donation | | | Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>) | | | Name of Treasurer | | |
| Street Address | | | Date Notice Received | | Fair Market Value of Donation |
| City | State | Zip Code | Aggregate Donations | | |
| Description of Donation | | | Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>) | | | Name of Treasurer | | |
| Street Address | | | Date Notice Received | | Fair Market Value of Donation |
| City | State | Zip Code | Aggregate Donations | | |
| Description of Donation | | | Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>) | | | Name of Treasurer | | |
| Street Address | | | Date Notice Received | | Fair Market Value of Donation |
| City | State | Zip Code | Aggregate Donations | | |
| Description of Donation | | | Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>) | | | Name of Treasurer | | |
| Street Address | | | Date Notice Received | | Fair Market Value of Donation |
| City | State | Zip Code | Aggregate Donations | | |
| Description of Donation | | | Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | |
| SUBTOTAL Section O — This Page | | | | | |
| TOTAL of additional Section O Pages | | | | | |
| TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES <i>(Enter total on Line 24 of Summary Page Totals)</i> | | | | | |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE | | | TYPE OF REPORT | |
|--|---|-------------|-----------------|--|
| Cheryl4Council | | | Jan. 10, 2018 | |
| P. Expenses Paid by Committee | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: |
| Jeffrey Caggiano | | | 11/14/2017 | <input checked="" type="radio"/> Check # <u>96</u> <input type="radio"/> Debit Card |
| Street Address | | City | State | Zip Code |
| 27 Cricket Hill Road | | BrBristol | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount |
| A-WEB | Facebook Advertising | | | 29.41 |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | |
| Name of Payee | | | Date of Payment | Method of Payment: |
| Connecticut Republicans | | | 12/27/2017 | <input checked="" type="radio"/> Check # <u>89</u> <input type="radio"/> Debit Card |
| Street Address | | City | State | Zip Code |
| 176 Laning Street | | Southington | CT | 06489 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount |
| A-ATM | Robo Calls | | | 48.96 |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | |
| Name of Payee | | | Date of Payment | Method of Payment: |
| Cheryl Thibault | | | 12/28/2017 | <input checked="" type="radio"/> Check # <u>97</u> <input type="radio"/> Debit Card |
| Street Address | | City | State | Zip Code |
| 73 Yarde Drive | | Bristol | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount |
| RMB | Reimbursements to Candidate | | | 649.79 |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | |
| Name of Payee | | | Date of Payment | Method of Payment: |
| Bristol Republican Town Committee | | | 12/31/2017 | <input checked="" type="radio"/> Check # <u>90</u> <input type="radio"/> Debit Card |
| Street Address | | City | State | Zip Code |
| P.O. Box 1893 | | Bristol | CT | 06011 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount |
| CHAR | Donate Balance of Committee Funds | | | 347.40 |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | |
| SUBTOTAL Section P — This Page | | | | 1075.56 |
| TOTAL of additional Section P Pages | | | | .00 |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals) | | | | 1075.56 |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE | | | TYPE OF REPORT | | |
|--|----------------------|---------|-----------------|--|----------|
| Cheryl4Council | | | Jan 10, 2018 | | |
| Q. Campaign Expenses Paid by Candidate | | | | | |
| Name of Payee (Name of Vendor who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| United States Postal Service | | | 10/14/2017 | <input type="radio"/> Yes <input type="radio"/> No | |
| Street Address | | City | | State | Zip Code |
| North Main Street | | Bristol | | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| POST | Stamps for Postcards | | | 95.00 | |
| Name of Payee (Name of Vendor who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| United States Postal Service | | | 10/31/2017 | <input type="radio"/> Yes <input type="radio"/> No | |
| Street Address | | City | | State | Zip Code |
| North Main Street | | Bristol | | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| POST | Stamps | | | 7.35 | |
| Name of Payee (Name of Vendor who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| United States Postal Service | | | 10/30/2017 | <input type="radio"/> Yes <input type="radio"/> No | |
| Street Address | | City | | State | Zip Code |
| North Main Street | | Bristol | | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| POST | Stamps for Mailer | | | 441.00 | |
| Name of Payee (Name of Vendor who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| Facebook | | | 11/17/2017 | <input type="radio"/> Yes <input type="radio"/> No | |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| A-WEB | Facebook Advertising | | | 78.81 | |
| Name of Payee (Name of Vendor who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| Staples | | | 10/25/2017 | <input type="radio"/> Yes <input type="radio"/> No | |
| Street Address | | City | | State | Zip Code |
| Farmington Ave | | Bristol | | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| OFFICE | Labels | | | 27.63 | |
| Name of Payee (Name of Vendor who candidate paid directly) | | | Date of Payment | Is reimbursement claimed? | |
| | | | | <input type="radio"/> Yes <input type="radio"/> No | |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| SUBTOTAL Section Q — This Page | | | | 649.79 | |
| TOTAL of additional Section Q Pages | | | | 0 | |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page Totals) | | | | 649.79 | |

IV. EXPENDITURES (Sections P—T)

| | | | | | | | |
|--|--|---|--|---|---------|---------------------|---------------|
| NAME OF COMMITTEE | | | | | | TYPE OF REPORT | |
| R. Expenses Incurred on Committee Credit Card | | | | | | | |
| Name of Issuing Institution | | | | Type of Credit Card: <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 | | | | | | Date of Transaction | |
| Street Address | | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| Expenditure # (if applicable) | | Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | | |
| Name of Vendor | | | | | | Date of Transaction | |
| Street Address | | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| Expenditure # (if applicable) | | Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | | |
| Name of Vendor | | | | | | Date of Transaction | |
| Street Address | | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| Expenditure # (if applicable) | | Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | | |
| Name of Vendor | | | | | | Date of Transaction | |
| Street Address | | | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | | Description | | | Event # | | Amount |
| Expenditure # (if applicable) | | Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | | |
| SUBTOTAL Section R — This Page | | | | | | | |
| TOTAL of additional Section R Pages | | | | | | | |
| TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD | | | | | | | |
| <i>(Enter total on Line 27 of Summary Page Totals)</i> | | | | | | | |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE | | | TYPE OF REPORT | |
|--|---|---------|----------------|---|
| S. Expenses Incurred by Committee but Not Paid During this Period | | | | |
| Name of Creditor | | | Date Incurred | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount Incurred <i>(Estimate or Actual)</i> |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | |
| Name of Creditor | | | Date Incurred | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount Incurred <i>(Estimate or Actual)</i> |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | |
| Name of Creditor | | | Date Incurred | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount Incurred <i>(Estimate or Actual)</i> |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | |
| Name of Creditor | | | Date Incurred | |
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount Incurred <i>(Estimate or Actual)</i> |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | |
| SUBTOTAL Section S-This Page | | | | |
| TOTAL of additional Section S Pages | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page Totals)</i> | | | | |
| Previously reported Expenses Unpaid and still Outstanding | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page Totals)</i> | | | | |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
|--|---|-------|---------|-----------------|---|
| T. Itemization of Reimbursements to Committee Workers and Consultants | | | | | |
| Last Name of Worker/Consultant | | First | MI | Date of Payment | Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card |
| Secondary Payee | | | | | |
| Street Address | | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | |
| Last Name of Worker/Consultant | | First | MI | Date of Payment | Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card |
| Secondary Payee | | | | | |
| Street Address | | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | |
| Last Name of Worker/Consultant | | First | MI | Date of Payment | Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card |
| Secondary Payee | | | | | |
| Street Address | | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| Expenditure # (if applicable) | Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E | | | | |
| SUBTOTAL Section T — This Page | | | | | |
| TOTAL of additional Section T Pages | | | | | |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | | | | | |