

SEEC FORM 20

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



Page 1 of 17

RECEIVED
 2021 OCT 12 PM 1:32
 TOWN AND CITY CLERK
 BRISTOL, CT

COVER PAGE

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE | | | |
| DANTE FOR BOARD OF EDUCATION | | | |
| 2. TREASURER NAME | | | |
| First STEVEN | MI M | Last REED | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 45 HOWLEY RD. | City BRISTOL | State CT | Zip Code 06010 |
| 4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/2/21 | 5. OFFICE SOUGHT (Complete only if Candidate Committee) SEAT ON BOARD OF EDUCATION | | 6. DISTRICT NUMBER (if applicable) |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | |
| First DANTE | MI A | Last TAGARIELLO | 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 checked="" type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination | |
| <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |
| 9. PERIOD COVERED | | | |
| Beginning Date 7/1/21 | thru | Ending Date 9/30/21 | |
| 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. | | | |
| TREASURER OR DEPUTY TREASURER (SIGNATURE) | STEVEN M. REED PRINT NAME OF SIGNER | 10/10/21 DATE (mm/dd/yyyy) | |
| 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. | | | |

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

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|
| | 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 | | 0 |
| 12. Balance on hand at the beginning of Reporting Period | 1782.80 | |
| 13. Contributions Received from Individuals (Sections A and B) | 525.00 | 2385.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | | |
| 15. Other Monetary Receipts (Sections D through K) | | |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | | |
| 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) | | |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 525.00 | 2385.00 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 2307.80 | 2385.00 |
| 19. Expenses Paid by Committee (Section P) | 1288.93 | 1366.13 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 1018.87 | 1018.87 |
| 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 |
| DANTE FOR BOARDS OF EDUCATION | OCTOBER 10-ORNG. |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | SUBTOTAL SECTION A |
| | \$ 175.00 |

B. Itemized Contributions from Individuals

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------|--------------------------------------|
| Last Name GIANTONIO | | First KRISTEN | | MI | |
| Residential Street Address 275 ALLENTOWN RD. | | City BRISTOL | | State CT | Zip Code 06010 |
| Principal Occupation PROGRAM MGR | | Name of Employer STATE OF CT. JUDICIAL BRANCH | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input 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 | | | Amount of Contribution 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 type="radio"/> Executive <input checked="" type="radio"/> Legislative | | | |
| Method of Contribution: <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 8/30/21 | Aggregate Contributions 100.00 | | |

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------|--------------------------------------|
| Last Name KILDUFF | | First JOSEPH | | MI | |
| Residential Street Address 78 N. MAIN ST. | | City TERRYVILLE | | State CT | Zip Code 06786 |
| Principal Occupation TAX COLLECTOR | | Name of Employer TOWN OF PLYMOUTH | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input 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 | | | Amount of Contribution 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 type="radio"/> Executive <input checked="" type="radio"/> Legislative | | | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8/10/21 | Aggregate Contributions 100.00 | | |

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------|-------------------------------------|
| Last Name LABARRE | | First MICHAEL | | MI | |
| Residential Street Address 312 LAKE AVE | | City BRISTOL | | State CT | Zip Code 06010 |
| Principal Occupation CARPENTER | | Name of Employer SELF - MICHAEL LABARRE | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input 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 | | | Amount of Contribution 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 type="radio"/> Executive <input checked="" type="radio"/> Legislative | | | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 7/28/21 | Aggregate Contributions 75.00 | | |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------|
| SUBTOTAL Section B — This Page | 250.00 |
| TOTAL of additional Section B Pages | 100.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | 525.00 |

I. MONETARY RECEIPTS (Sections A—K)

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| DANTE FOR BOARD OF EDUCATION | | OCT. 10 - ORIGINAL | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | SUBTOTAL SECTION A | |
| | | \$ 175 ⁰⁰ | |
| B. Itemized Contributions from Individuals | | | |
| Last Name | | First | MI |
| PITTI | | ERNEST | |
| Residential Street Address | | City | State Zip Code |
| 65 PALMORR PL | | BRANTOL | CT 06810 |
| Principal Occupation | | Name of Employer | |
| RETIRED | | RETIRED | |
| 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 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ | <input type="radio"/> Yes <input checked="" type="radio"/> No | 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 type="radio"/> Executive <input type="radio"/> Legislative | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Method of Contribution: | Date Received | Aggregate Contributions | |
| <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | 7/29/21 | 200.00 | |
| 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? | <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 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ | <input type="radio"/> Yes <input checked="" type="radio"/> No | 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 type="radio"/> Executive <input type="radio"/> Legislative | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 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 | | | |
| 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? | <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 |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ | <input type="radio"/> Yes <input checked="" type="radio"/> No | 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 type="radio"/> Executive <input type="radio"/> Legislative | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 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 | | | |
| SUBTOTAL Section B — This Page | | | 100.00 |
| TOTAL of additional Section B Pages | | | 250.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | 525.00 |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | | |
|---------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|-------|-------------------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | | | TYPE OF REPORT | |
| DANTE FOR BOARD OF EDUCATION | | | | | | ECTIO - ORIGINAL | |
| 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 | | | | Amount of Receipt | |
| | | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | | |
| Description | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | City | | State | Zip Code | |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type | | | | Amount of Receipt | |
| | | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | | | |
| Description | | | | | | | |
| SUBTOTAL Section C — This Page | | | | | | | |
| TOTAL of additional Section C Pages | | | | | | | |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS | | | | | | | |
| <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i> | | | | | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> DANTE For Bd of ED | TYPE OF REPORT OCT70 |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------|

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

DAVIDE FOR Bd of Ed.

OCT. 10

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? <input checked="" type="radio"/> Yes <input 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 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------|--------|
| | | |
| | | |
| | | |
| | | |

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 (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| DANTE FOR BL of EA. | OCT. 10 |

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, 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 | |
| DANTE FOR BLDG ED | | OCT 10 | |
| L1. Event Information | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No |
| Location: Street Address | | City | State Zip Code |
| Subpart 1: (All Committees) Was this event hosted at a personal residence? <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> <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? <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <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 <i>(If yes, enter Total Receipts here.)</i> <input style="width: 60px;" type="text"/> \$ <input type="radio"/> No | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <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> <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 <i>(If yes, enter Total Receipts here.)</i> <input style="width: 60px;" type="text"/> \$ <input type="radio"/> No | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No |
| Location: Street Address | | City | State Zip Code |
| Subpart 1: (All Committees) Was this event hosted at a personal residence? <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> <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? <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <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 <i>(If yes, enter Total Receipts here.)</i> <input style="width: 60px;" type="text"/> \$ <input type="radio"/> No | | | |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <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> <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 <i>(If yes, enter Total Receipts here.)</i> <input style="width: 60px;" 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 <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 <small>(Provide Complete Name as Registered with Filing Repository)</small> DAVE FOR BJ & ED. | TYPE OF REPORT OCT. 10 |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------|

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

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page | |
| SUBTOTAL Section L3 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, 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> <div style="font-size: 1.5em; font-family: cursive;">DANTE FOR Bd of ED.</div> | TYPE OF REPORT <div style="font-size: 1.5em; font-family: cursive;">OCT. 10</div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table> | Date Received | Event # | Aggregate Value for this Event | Fair Market Value of Donation |
| Date Received | Event # | Aggregate Value for this 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table> | Date Received | Event # | Aggregate Value for this Event | Fair Market Value of Donation |
| Date Received | Event # | Aggregate Value for this 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table> | Date Received | Event # | Aggregate Value for this Event | Fair Market Value of Donation |
| Date Received | Event # | Aggregate Value for this 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate value for this Event</td> </tr> </table> | Date Received | Event # | Aggregate value for this Event | Fair Market Value of Donation |
| Date Received | Event # | Aggregate value for this 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, Column A of Summary Page Totals)</i> | |
|----------------------------------------------------------------------------------------------------------------------------------------|--|

III. NONMONETARY RECEIPTS (Sections M—O)

| | | | | | | | |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|--|----------------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | | | |
| DANTE FOR POL OF ED. | | | | OCT-10 | | | |
| M. In-Kind Contributions | | | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | | | |
| <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input checked="" type="radio"/> Yes <input 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? | | | | Fair Market Value of this Contribution | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If yes, list Event # _____ | | If yes, indicate which branch or branches of government the contract is with: | | <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | | | |
| <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input checked="" type="radio"/> Yes <input 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? | | | | Fair Market Value of this Contribution | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If yes, list Event # _____ | | If yes, indicate which branch or branches of government the contract is with: | | <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | | | |
| <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input checked="" type="radio"/> Yes <input 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? | | | | Fair Market Value of this Contribution | |
| | | <input type="radio"/> Yes <input type="radio"/> No | | | | | |
| Is this contribution associated with an event reported listed in Section L1? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Is contributor a principal of a state contractor or prospective state contractor? | | <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If yes, list Event # _____ | | If yes, indicate which branch or branches of government the contract is with: | | <input type="radio"/> Executive <input type="radio"/> Legislative | | | |
| SUBTOTAL Section M — This Page | | | | | | | |
| TOTAL of additional Section M Pages | | | | | | | |
| TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A 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 | | | | City | | State | |
| TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals) | | | | | | | |

1/2

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|--------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | | |
| DATE FOR BOARDS OF EDUCATION | | | OCT. 10 - FILING - ORIGINAL | | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | Date of Payment | | Method of Payment: | |
| VISTA PRINT | | 8/14/21 | | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State Zip Code | |
| 275 WYMAN ST | | WALTHAM | | MA 02451 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| A-DM | 4"x6" POSTCARDS | | | 321.45 | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | |
| A-DM | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | Date of Payment | | Method of Payment: | |
| HITCHCOCK PRINTING | | 8/16/21 | | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State Zip Code | |
| 191 JOHN DAWNEY DR. | | NEW BRITAIN | | CT 06051 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| A-OTH | POSTCARDS | | | 265.88 | |
| 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 <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | Date of Payment | | Method of Payment: | |
| US POST OFFICE | | 9/13/21 | | <input checked="" type="radio"/> Check # 1003 <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State Zip Code | |
| 18 E MAIN ST | | FORESTVILLE | | CT 06010 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| POST | POSTAGE STAMPS | | | 400.00 | |
| 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 <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | Date of Payment | | Method of Payment: | |
| SIGN ROCKET YARD SIGNS | | 9/21 | | <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State Zip Code | |
| 340 BROADWAY AVE. | | ST. PAUL PARK | | MN 55071 | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| A-SIGN | YARD SIGNS | | | 282.50 | |
| 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 <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | | | |
| | <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | | 1269.83 | |
| TOTAL of additional Section P Pages | | | | 19.10 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | | | 1288.93 | |

IV. EXPENDITURES (Sections P—T)

| | | | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| DANTE FOR BOARD OF EDUCATION | | OCT. 10 FILING - ORIGINAL | |
| P. Expenses Paid by Committee | | | |
| Name of Payee | | Date of Payment | Method of Payment: |
| ANEDOT | | VARIOUS | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT |
| Street Address | | City | State Zip Code |
| 1920 McKinney Ave 7th Fl. | | DALLAS | TX. 75201 |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| BNK | CREDIT CARD PROCESSING FEES | | 19.10 |
| 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 <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Payee | | Date of Payment | Method of Payment: |
| | | | <input type="radio"/> Check # _____ <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 <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Payee | | Date of Payment | Method of Payment: |
| | | | <input type="radio"/> Check # _____ <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 <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Payee | | Date of Payment | Method of Payment: |
| | | | <input type="radio"/> Check # _____ <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 <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |
| Name of Payee | | Date of Payment | Method of Payment: |
| | | | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | State Zip Code |
| | | | |
| SUBTOTAL Section P — This Page | | 19.10 | |
| TOTAL of additional Section P Pages | | 1269.83 | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | 1288.93 | |

IV. EXPENDITURES (Sections P—T)

| | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> DANTE FOR BELD, ED | TYPE OF REPORT OCT 10 |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------|

Q. Campaign Expenses Paid by Candidate

| | | | |
|-------------------------------------------------------------------------------------|-------------|-----------------|---------------------------------------------------------------------------------|
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure <i>(by code)</i> | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure <i>(by code)</i> | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure <i>(by code)</i> | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure <i>(by code)</i> | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure <i>(by code)</i> | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure <i>(by code)</i> | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure <i>(by code)</i> | Description | Event # | Amount |

| | |
|--------------------------------------------------------------------------------------------------------------------|--|
| SUBTOTAL Section Q — This Page | |
| TOTAL of additional Section Q Pages | |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i> | |

IV. EXPENDITURES (Sections P—T)

| | | | | | | | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|------------------|------|---------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | DATE FOR BLDG ED | | TYPE OF REPORT | | OCT. 10 | |
| 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 (Itemization in Addendum S Required unless "None of the below" is checked) | | | | Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| 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 (Itemization in Addendum S Required unless "None of the below" is checked) | | | | Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| 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 (Itemization in Addendum S Required unless "None of the below" is checked) | | | | Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| 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 (Itemization in Addendum S Required unless "None of the below" is checked) | | | | Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | |
| 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, Column A 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, Column A of Summary Page Totals)</i> | | | | | | | | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) DANTE FOR BLDG. | | | | TYPE OF REPORT OCT-10 | |
| T. Itemization of Reimbursements and Secondary Payees | | | | | |
| 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: <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 # | | Amount | |
| 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 <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"/> <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: <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 # | | Amount | |
| 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 <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"/> <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: <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 # | | Amount | |
| 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 <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"/> <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 | | | | |
| SUBTOTAL Section T — This Page | | | | | |
| TOTAL of additional Section T Pages | | | | | |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | | | | | |