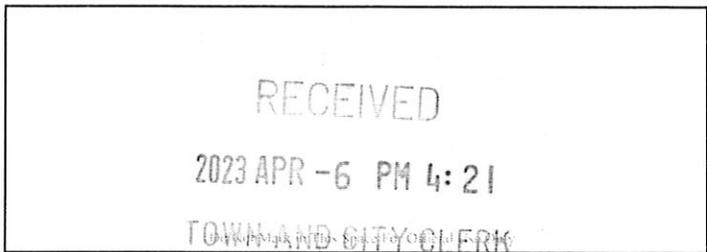


# SEEC FORM 20

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



## COVER PAGE

|   |   |                                     |  |
|---|---|-------------------------------------|--|
| <b>1. NAME OF COMMITTEE</b>   |   |                                     |  |
| Andrew for Bristol 2023   |   |                                     |  |
| <b>2. TREASURER NAME</b>  |   |                                     |  |
| First<br>Maureen  | MI  | Last<br>Rao                         | Suffix   |
| <b>3. TREASURER ADDRESS</b>   |   |                                     |  |
| Street Address<br>233 Woodland St   | City<br>Bristol   | State<br>CT                         | Zip Code<br>06010  |
| <b>4. ELECTION/REFERENDUM DATE</b><br>(mm/dd/yyyy)<br>11/7/2023   | <b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i><br>City Council |                                     | <b>6. DISTRICT NUMBER</b><br><i>(if applicable)</i><br>1 |
| <b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>   |   |                                     |  |
| First<br>Andrew   | MI<br>M   | Last<br>Rasmussen-Tuller            | Suffix   |
| <b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>   |   |                                     |  |
| <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 <i>(PACs ONLY)</i><br><input checked="" type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input type="radio"/> Amendment to<br><input type="radio"/> July 10 filing <input type="radio"/> 7th day preceding election <input type="radio"/> Deficit                      Type of Report: _____<br><input type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> <input type="radio"/> Termination<br><input type="radio"/> 24 Hour Independent Expenditure<br><input type="radio"/> Primary <input type="radio"/> Election <input type="radio"/> 45 days following election not held in November |   |                                     |  |
| <b>9. PERIOD COVERED</b>  |   |                                     |  |
| Beginning Date  |   | Ending Date                         |  |
| 1/1/2023  |   | thru 3/31/2023                      |  |
| <b>10. CERTIFICATION</b>  |   |                                     |  |
| I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.  |   |                                     |  |
| <br>TREASURER OR DEPUTY TREASURER (SIGNATURE)   |   | Maureen Rao<br>PRINT NAME OF SIGNER |  |
|   |   | 3/31/2023<br>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.   |   |                                     |  |

**SEEC FORM 20**

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

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>   | TYPE OF REPORT          |                       |
|---|-------------------------|-----------------------|
| Andrew for Bristol 2023   | April 10 filing         |                       |
|   | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR<br>Balance on hand from day committee was formed for all other committees |                         |                       |
| 12. Balance on hand at the beginning of Reporting Period  | 0                       |                       |
| 13. Contributions Received from Individuals (Sections A and B)  | 30.00                   | 30.00                 |
| 14. Receipts from Other Committees (Sections C1 and C2)   | 0                       |                       |
| 15. Other Monetary Receipts (Sections D through K)  | 0                       |                       |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)   | 0                       |                       |
| 16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>   |                         |                       |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3)   | 0                       |                       |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c)   | 0                       |                       |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)   | 0                       |                       |
| 19. Expenses Paid by Committee (Section P)  | 0                       |                       |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)  | 30.00                   | 30.00                 |
| 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)   | 0                       |                       |
| 27. Expenses Incurred on Committee Credit Card (Section R)  | 0                       |                       |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)  | 0                       |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)  | 0                       |                       |

# I. MONETARY RECEIPTS (Sections A—K)

|  |  |  |                         |  |          |
|--|--|--|-------------------------|--|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>  |  |  |                         | TYPE OF REPORT                         |          |
| Andrew for Bristol 2023  |  |  |                         | April 10 filing                        |          |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i>   |  |  |                         | <b>SUBTOTAL SECTION A</b>              |          |
|  |  |  |                         | \$ 0                                   |          |
| <b>B. Itemized Contributions from Individuals</b>  |  |  |                         |  |          |
| Last Name  |  | First  |                         | MI                                     |          |
| Rao  |  | Maureen  |                         |  |          |
| Residential Street Address   |  | City   |                         | State                                  | Zip Code |
| 233 Woodland St  |  | Bristol  |                         | CT                                     | 06010    |
| Principal Occupation   |  | Name of Employer   |                         |  |          |
| Sr. Data Engineer  |  | UHG  |                         |  |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | <b>Amount of Contribution</b><br>30.00 |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |                         |  |          |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  |                         |  |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Executive<br><input type="radio"/> Legislative<br><input checked="" type="radio"/> No  |                         |  |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions |  |          |
| <input checked="" type="radio"/> Cash<br><input type="radio"/> Personal Check<br><input type="radio"/> Credit/Debit Card<br><input type="radio"/> Payroll Deduction<br><input type="radio"/> Money Order |  | 3/17/2023  | 30.00                   |  |          |
| Last Name  |  | First  |                         | MI                                     |          |
|  |  |  |                         |  |          |
| Residential Street Address   |  | City   |                         | State                                  | Zip Code |
|  |  |  |                         |  |          |
| Principal Occupation   |  | Name of Employer   |                         |  |          |
|  |  |  |                         |  |          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   |  | If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? |                         | <b>Amount of Contribution</b>          |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |                         |  |          |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  |                         |  |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Executive<br><input type="radio"/> Legislative<br><input checked="" type="radio"/> No  |                         |  |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions |  |          |
| <input type="radio"/> Cash<br><input type="radio"/> Personal Check<br><input type="radio"/> Credit/Debit Card<br><input type="radio"/> Payroll Deduction<br><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?   |  | 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? |                         | <b>Amount of Contribution</b>          |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |                         |  |          |
| Is this contribution associated with an event reported in Section L1?<br><i>If yes, list Event # _____</i>   |  | Is contributor a principal of a state contractor or prospective state contractor?<br><i>If yes, indicate which branch or branches of government the contract is with:</i>  |                         |  |          |
| <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |  | <input type="radio"/> Executive<br><input type="radio"/> Legislative<br><input checked="" type="radio"/> No  |                         |  |          |
| Method of Contribution:  |  | Date Received  | Aggregate Contributions |  |          |
| <input type="radio"/> Cash<br><input type="radio"/> Personal Check<br><input type="radio"/> Credit/Debit Card<br><input type="radio"/> Payroll Deduction<br><input type="radio"/> Money Order            |  |  |                         |  |          |
| <b>SUBTOTAL Section B — This Page</b>  |  |  |                         | 30.00                                  |          |
| <b>TOTAL of additional Section B Pages</b>   |  |  |                         | 0                                      |          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b><br><i>(Enter total on Line 13, Column A of Summary Page Totals)</i>  |  |  |                         | 30.00                                  |          |

# I. MONETARY RECEIPTS (Sections A—K)

|   |                                      |   |  |                   |               |                         |  |
|---|--------------------------------------|---|--|-------------------|---------------|-------------------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> |                                      |   |  |                   |               | TYPE OF REPORT          |  |
| Andrew For Bristol 2023   |                                      |   |  |                   |               | APRIL 10 filing         |  |
| <b>C1. Contributions from Other Committees</b>  |                                      |   |  |                   |               |                         |  |
| 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>   |                                      |   | <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>   |                                      |   | <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>   |                                      |   | <i>If yes, list Event # _____</i>  |                   |               |                         |  |
| City  |                                      | State   | Zip Code   |                   | Date Received | Aggregate Contributions |  |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b>              |                                      |   |  |                   |               |                         |  |
| 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   |                                      |   |  |                   |               |                         |  |
| <b>SUBTOTAL Section C — This Page</b>   |                                      |   |  |                   |               |                         |  |
| <b>TOTAL of additional Section C Pages</b>  |                                      |   |  |                   |               |                         |  |
| <b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b>                              |                                      |   |  |                   |               |                         |  |
| <b>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</b>   |                                      |   |  |                   |               |                         |  |

# I. MONETARY RECEIPTS (Sections A—K)

|  |       |  |                         |                 |  |
|--|-------|--|-------------------------|-----------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>                    |       |  |                         | TYPE OF REPORT  |  |
| Andrew for Bristol 2023  |       |  |                         | April 10 filing |  |
| <b>D. Loans Received this Period</b>   |       |  |                         |                 |  |
| Name of Lender   |       | Source of Loan:<br><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?<br><input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i>  |       |  |                         |                 | Amount Received  |
| Street Address   |       | City   | State                   | Zip Code        |  |
| Name of Lender   |       | Source of Loan:<br><input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee |                         | Date of Receipt |  |
| Street Address   |       | City   | State                   | Zip Code        | Is there a Cosigner or Guarantor of this loan?<br><input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i>  |       |  |                         |                 | Amount Received  |
| Street Address   |       | City   | State                   | Zip Code        |  |
| Name of Lender   |       | Source of Loan:<br><input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee |                         | Date of Receipt |  |
| Street Address   |       | City   | State                   | Zip Code        | Is there a Cosigner or Guarantor of this loan?<br><input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i>  |       |  |                         |                 | Amount Received  |
| Street Address   |       | City   | State                   | Zip Code        |  |
| <b>TOTAL SECTION D</b>   |       |  |                         |                 |  |
| <b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b> |       |  |                         |                 |  |
| 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 |                 |  |
| <b>TOTAL SECTION E</b>   |       |  |                         |                 |  |

**I. MONETARY RECEIPTS (Sections A—K)**

|   |                 |
|---|-----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT  |
| Andrew for Bristol 2023   | April 10 filing |

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

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

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

| Date of Receipt        | Date of Receipt | Date of Receipt |
|------------------------|-----------------|-----------------|
|                        |                 |                 |
| Amount                 | Amount          | Amount          |
| <b>TOTAL SECTION G</b> |                 |                 |

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

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

**I. Anonymous Contributions**

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

**I. MONETARY RECEIPTS (Sections A—K)**

|   |                 |
|---|-----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT  |
| Antirew for Bristol 2023  | April 10 filing |

**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)                  | + |  |
| <b>Total of Other Monetary Receipts</b>   |   |  |
| <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>     |   |  |

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

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>   |               |        | TYPE OF REPORT   |  |          |
|---|---------------|--------|--|--|----------|
| Andrew for Bristol 2023   |               |        | April 10 filing  |  |          |
| 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 |
| <b>Subpart 1: (All Committees)</b>  |               |        |  |  |          |
| 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><br><input type="radio"/> No |  |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |               |        | <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i><br><input type="radio"/> No  |  |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |               |        | <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span><br><input type="radio"/> No   |  |          |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>                       |               |        |  |  |          |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |               |        | <input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i><br><input type="radio"/> No   |  |          |
| <b>Subpart 3: (Town Committees ONLY)</b>  |               |        |  |  |          |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |               |        | <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span><br><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 |
| <b>Subpart 1: (All Committees)</b>  |               |        |  |  |          |
| 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><br><input type="radio"/> No |  |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |               |        | <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i><br><input type="radio"/> No  |  |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |               |        | <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span><br><input type="radio"/> No   |  |          |
| <b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>                       |               |        |  |  |          |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |               |        | <input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i><br><input type="radio"/> No   |  |          |
| <b>Subpart 3: (Town Committees ONLY)</b>  |               |        |  |  |          |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |               |        | <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → <span style="border: 1px solid black; padding: 2px;">\$</span><br><input type="radio"/> No   |  |          |
| <b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>                                 |               |        |  |  |          |
| <b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>                                  |               |        |  |  |          |
| <b>TOTAL of additional Section L1 Pages</b>   |               |        |  |  |          |
| <b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b>   |               |        |  |  |          |
| <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>   |               |        |  |  |          |

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

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

|   |                 |
|---|-----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT  |
| Andrew for Bristol 2023   | April 10 filing |

### 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<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |
| Name of Purchaser |         |                                    |                               | Purchase Made By:   |          |
|                   |         |                                    |                               | <input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |
| Name of Purchaser |         |                                    |                               | Purchase Made By:   |          |
|                   |         |                                    |                               | <input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |
| Name of Purchaser |         |                                    |                               | Purchase Made By:   |          |
|                   |         |                                    |                               | <input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |
| Name of Purchaser |         |                                    |                               | Purchase Made By:   |          |
|                   |         |                                    |                               | <input type="radio"/> Business Entity <input type="radio"/> Other<br><input type="radio"/> Individual/Sole Proprietorship |          |
| Street Address    |         | City                               |                               | State   | Zip Code |
| Date Received     | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase   |          |

|  |  |
|--|--|
| <b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>  |  |
| <b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>  |  |
| <b>TOTAL of additional Section L3 Pages</b>  |  |
| <b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b><br><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> | TYPE OF REPORT  |
| Andrew for Bristol 2023   | April 10 filing |

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

|                |  |      |       |          |
|----------------|--|------|-------|----------|
| Name of Donor  |  |      |       |          |
| Street Address |  | City | State | Zip Code |

|  |                         |         |                                |                               |
|--|-------------------------|---------|--------------------------------|-------------------------------|
| Donation Given By:<br><input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship | Description of Donation |         |                                | 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:<br><input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship | Description of Donation |         |                                | 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:<br><input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship | Description of Donation |         |                                | 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:<br><input type="radio"/> Business Entity<br><input type="radio"/> Individual<br><input type="radio"/> Sole Proprietorship | Description of Donation |         |                                | Fair Market Value of Donation |
|  | Date Received           | Event # | Aggregate value for this Event |                               |

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

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

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

|  |   |   |                               |       |
|--|---|---|-------------------------------|-------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                   |   |   | TYPE OF REPORT                |       |
| Andrew for Bristol 2023  |   |   | April 10 filing               |       |
| <b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>          |   |   |                               |       |
| Name of Host   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |                               |       |
| Street Address   |   | City  |                               | State |
| Street Address   |   | City  |                               | State |
| Description of Donation  |   |   | Fair Market Value of Donation |       |
| Event #  | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate   |                               |       |
| Name of Host   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |                               |       |
| Street Address   |   | City  |                               | State |
| Street Address   |   | City  |                               | State |
| Description of Donation  |   |   | Fair Market Value of Donation |       |
| Event #  | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate   |                               |       |
| Name of Host   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |                               |       |
| Street Address   |   | City  |                               | State |
| Street Address   |   | City  |                               | State |
| Description of Donation  |   |   | Fair Market Value of Donation |       |
| Event #  | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate   |                               |       |
| Name of Host   |   | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No<br><i>If yes, complete Itemization in Addendum L5</i> |                               |       |
| Street Address   |   | City  |                               | State |
| Street Address   |   | City  |                               | State |
| Description of Donation  |   |   | Fair Market Value of Donation |       |
| Event #  | Aggregate Value of this Event—all hosts | Aggregate Value of all Events—this host/candidate   |                               |       |
| <b>SUBTOTAL Section L5 — This Page</b>   |   |   |                               |       |
| <b>TOTAL of additional Section L5 Pages</b>  |   |   |                               |       |
| <b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> |   |   |                               |       |
| <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>                                 |   |   |                               |       |

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

|  |                 |
|--|-----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT  |
| Andrew for Bristol 2023  | April 10 filing |

#### M. In-Kind Contributions

|  |   |                         |   |
|--|---|-------------------------|---|
| Name   |   |                         |   |
| Street Address   |   | City                    | State    Zip Code                             |
| Type of contributor: <input type="radio"/> Committee<br><input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other                    | Date Received   | Aggregate Contributions | Description of In-Kind Contribution           |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 type="radio"/> No                       |                         | <b>Fair Market Value of this Contribution</b> |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> |                         |   |
| Name   |   |                         |   |
| Street Address   |   | City                    | State    Zip Code                             |
| Type of contributor: <input type="radio"/> Committee<br><input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other                    | Date Received   | Aggregate Contributions | Description of In-Kind Contribution           |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 type="radio"/> No                       |                         | <b>Fair Market Value of this Contribution</b> |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No<br><i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> |                         |   |
| Name   |   |                         |   |
| Street Address   |   | City                    | State    Zip Code                             |
| Type of contributor: <input type="radio"/> Committee<br><input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other                    | Date Received   | Aggregate Contributions | Description of In-Kind Contribution           |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input 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 type="radio"/> No                       |                         | <b>Fair Market Value of this Contribution</b> |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> |                         |   |

**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 | <b>Amount of Deposit</b> |
| Name of Telephone Company  |  |       |                   |                          |
| Street Address             |  | City  | State    Zip Code |                          |

**TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)**

### IV. EXPENDITURES (Sections P—T)

|  |  |         |                 |   |          |
|--|--|---------|-----------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |         |                 | TYPE OF REPORT  |          |
| Andrew for Bristol 2023  |  |         |                 | April 10 filing   |          |
| <b>P. Expenses Paid by Committee</b>   |  |         |                 |   |          |
| Name of Payee  |  |         | Date of Payment | Method of Payment:<br><input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address   |  | City    |                 | State   | Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event # |                 | <b>Amount</b>   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |         |                 |   |          |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |                 |   |          |
| Name of Payee  |  |         | Date of Payment | Method of Payment:<br><input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address   |  | City    |                 | State   | Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event # |                 | <b>Amount</b>   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |         |                 |   |          |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |                 |   |          |
| Name of Payee  |  |         | Date of Payment | Method of Payment:<br><input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address   |  | City    |                 | State   | Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event # |                 | <b>Amount</b>   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |         |                 |   |          |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |                 |   |          |
| Name of Payee  |  |         | Date of Payment | Method of Payment:<br><input type="radio"/> Check # _____<br><input type="radio"/> Debit Card <input type="radio"/> EFT |          |
| Street Address   |  | City    |                 | State   | Zip Code |
| Purpose of Expenditure (by code)   | Description  | Event # |                 | <b>Amount</b>   |          |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)   |         |                 |   |          |
|  | <input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent<br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |         |                 |   |          |
| <b>SUBTOTAL Section P — This Page</b>  |  |         |                 |   |          |
| <b>TOTAL of additional Section P Pages</b>                                     |  |         |                 |   |          |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>                                 |  |         |                 |   |          |
| <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>               |  |         |                 |   |          |

**IV. EXPENDITURES (Sections P—T)**

|   |                 |
|---|-----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT  |
| Andrew for Bristol 2023   | April 10 filing |

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

**SUBTOTAL Section Q — This Page**

**TOTAL of additional Section Q Pages**

**TOTAL OF ALL EXPENSES PAID BY CANDIDATE**  
*(Enter total on Line 26, Column A of Summary Page Totals)*





### IV. EXPENDITURES (Sections P—T)

|   |  |  |       |                 |  |   |          |
|---|--|--|-------|-----------------|--|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> |  |  |       | TYPE OF REPORT  |  |   |          |
| Andrew for Bristol 2023   |  |  |       | April 10 filing |  |   |          |
| <b>T. Itemization of Reimbursements and Secondary Payees</b>                          |  |  |       |                 |  |   |          |
| Last Name of Worker/Consultant  |  |  | First |                 | MI   | Date of Payment to Vendor, Person or Entity |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant                  |  |  |       |                 | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant        |  |  | City  |                 |  | State                                       | Zip Code |
| Purpose of Expenditure (by code)  | Description  |  |       | Event #         |  | <b>Amount</b>                               |          |
| Expenditure # <i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |       |                 |  |   |          |
| Last Name of Worker/Consultant  |  |  | First |                 | MI   | Date of Payment to Vendor, Person or Entity |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant                  |  |  |       |                 | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant        |  |  | City  |                 |  | State                                       | Zip Code |
| Purpose of Expenditure (by code)  | Description  |  |       | Event #         |  | <b>Amount</b>                               |          |
| Expenditure # <i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |       |                 |  |   |          |
| Last Name of Worker/Consultant  |  |  | First |                 | MI   | Date of Payment to Vendor, Person or Entity |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant                  |  |  |       |                 | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant        |  |  | City  |                 |  | State                                       | Zip Code |
| Purpose of Expenditure (by code)  | Description  |  |       | Event #         |  | <b>Amount</b>                               |          |
| Expenditure # <i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |       |                 |  |   |          |
| Last Name of Worker/Consultant  |  |  | First |                 | MI   | Date of Payment to Vendor, Person or Entity |          |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant                  |  |  |       |                 | Payment to Reimburse Committee Worker/Consultant as reported in Section P:<br><input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |   |          |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant        |  |  | City  |                 |  | State                                       | Zip Code |
| Purpose of Expenditure (by code)  | Description  |  |       | Event #         |  | <b>Amount</b>                               |          |
| Expenditure # <i>(if applicable)</i>  | Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i><br><input type="radio"/> None of the below<br><input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/><br><input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D |  |       |                 |  |   |          |
| <b>SUBTOTAL Section T — This Page</b>   |  |  |       |                 |  |   |          |
| <b>TOTAL of additional Section T Pages</b>  |  |  |       |                 |  |   |          |
| <b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>                |  |  |       |                 |  |   |          |