

STATE FORM 20

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



Page 1 of 17

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COVER PAGE

TOWN AND CITY CLERK
BRISTOL, CT

1. NAME OF COMMITTEE

Re Elect Chery

2. TREASURER NAME

First	MI	Last	Suffix
Dante	A	Tagariello	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
139 Grove Street	Bristol	CT	06010

4. ELECTION/REFERENDUM DATE **5. OFFICE SOUGHT** *(Complete only if Candidate Committee)* **6. DISTRICT NUMBER**

(mm/dd/yyyy)	City Council	(if applicable) 3
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7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

First	MI	Last	Suffix
Chery		Thibeault	

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 <i>(PACs ONLY)</i> |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input type="radio"/> July 10 filing | <input 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 <i>(State Central Committees Only)</i> | <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	Ending Date
07/01/2023	thru 9/30/2023

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)

Dante Tagariello
 PRINT NAME OF SIGNER

10/10/2023
 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.

SUMMARY PAGE 3 TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
Re E ect Chery		
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	1,477.54	
13. Contributions Received from Individuals (Sections A and B)	0	1,770.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	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	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	1,770.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	0
19. Expenses Paid by Committee (Section P)	0	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0	1,770.00
21. In Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In Kind Donations not Considered Contributions House Party (Section L5)	0	0
23. In Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	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	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Re E ect Chery	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name	First	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 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	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input 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 type="radio"/> No	
Method of Contribution: <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		Date Received _____ Aggregate Contributions _____

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 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	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input 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 type="radio"/> No	
Method of Contribution: <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		Date Received _____ Aggregate Contributions _____

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 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	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input 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 type="radio"/> No	
Method of Contribution: <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		Date Received _____ Aggregate Contributions _____

Last Name	First	MI
Residential Street Address	City	State Zip Code
Principal Occupation	Name of Employer	

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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Re Elect Chery

C1. Contributions from Other Committees

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

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 <i>If yes, list Event # _____</i>	Amount of Contribution
City	Date Received	Aggregate Contributions
State	Zip Code	

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 <i>If yes, list Event # _____</i>	Amount of Contribution
City	Date Received	Aggregate Contributions
State	Zip Code	

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 <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution	
Amount of Receipt			
Description			

Name of Committee	Name of Treasurer
-------------------	-------------------

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

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

SUBTOTAL Section C This Page	
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TOTAL of additional Section C Pages	
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TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 - C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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Re Elect Chery

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
Name of Cosigner/Guarantor (if applicable)		Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
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
Name of Cosigner/Guarantor (if applicable)		Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
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
Name of Cosigner/Guarantor (if applicable)		Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
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		
		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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT

Re E ect Chery

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 type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No	Amount

TOTAL SECTION F

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

Date of Receipt	Amount	Date of Receipt	Amount	Date of Receipt	Amount

TOTAL SECTION G

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

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

TOTAL SECTION III

IV. 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.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Re E ect Chery	

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			
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)		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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Re E ect Chery

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? Yes (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.) 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? Yes (If yes, go to Section L4 in Kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) 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? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) 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? Yes (If yes, enter Total Receipts here.) 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? Yes (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.) 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? Yes (If yes, go to Section L4 in Kind Donations not Considered Contributions and complete required information.) No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) 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? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) 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? Yes (If yes, enter Total Receipts here.) 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 15a, Column A of Summary Page Totals)</i>	

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 (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
--------------------------------------------------------------------------------	----------------

Re Elect Chery

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
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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
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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
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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
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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
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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>		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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Re E ect Chery

L4. In Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	

Name of Donor

Street Address	City	State	Zip Code
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Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	

SUBTOTAL Section L4 This Page

TOTAL of additional Section L4 Pages

TOTAL OF ALL IN KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS
(Enter total on Line 21, Column A of Summary Page Totals)

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

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

Re E ect Chery

M. In Kind Contributions

Name

Street Address City State Zip Code

Type of contributor: Committee Individual / Sole Proprietorship Other
Date Received Aggregate Contributions Description of In Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? Yes No
If yes, list Event # _____
Is contributor a principal of a state contractor or prospective state contractor? Yes No
If yes, indicate which branch or branches of government the contract is with: Executive Legislative

Name

Street Address City State Zip Code

Type of contributor: Committee Individual / Sole Proprietorship Other
Date Received Aggregate Contributions Description of In Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? Yes No
If yes, list Event # _____
Is contributor a principal of a state contractor or prospective state contractor? Yes No
If yes, indicate which branch or branches of government the contract is with: Executive Legislative

Name

Street Address City State Zip Code

Type of contributor: Committee Individual / Sole Proprietorship Other
Date Received Aggregate Contributions Description of In Kind Contribution

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No

Fair Market Value of this Contribution

Is this contribution associated with an event reported listed in Section L1? Yes No
If yes, list Event # _____
Is contributor a principal of a state contractor or prospective state contractor? Yes No
If yes, indicate which branch or branches of government the contract is with: Executive Legislative

Name

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 Amount of Deposit

Name of Telephone Company

Street Address City State Zip Code

Name

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

Re Elect Chery

P. Expenses Paid by Committee

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
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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"/> Independent	<input type="radio"/> Organization
	<input type="radio"/> Coordinated without reimbursement sought (in kind contribution)	<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
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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"/> Independent	<input type="radio"/> Organization
	<input type="radio"/> Coordinated without reimbursement sought (in kind contribution)	<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"/> Independent	<input type="radio"/> Organization
	<input type="radio"/> Coordinated without reimbursement sought (in kind contribution)	<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
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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"/> Independent	<input type="radio"/> Organization
	<input type="radio"/> Coordinated without reimbursement sought (in kind contribution)	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P This Page
TOTAL of additional Section P Pages
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Re E ect Chery

Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)

Date of Payment

Is reimbursement claimed?

Yes No

Street Address

City

State

Zip Code

Purpose of Expenditure (by code)

Description

Event #

Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)

Date of Payment

Is reimbursement claimed?

Yes No

Street Address

City

State

Zip Code

Purpose of Expenditure (by code)

Description

Event #

Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)

Date of Payment

Is reimbursement claimed?

Yes No

Street Address

City

State

Zip Code

Purpose of Expenditure (by code)

Description

Event #

Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)

Date of Payment

Is reimbursement claimed?

Yes No

Street Address

City

State

Zip Code

Purpose of Expenditure (by code)

Description

Event #

Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)

Date of Payment

Is reimbursement claimed?

Yes No

Street Address

City

State

Zip Code

Purpose of Expenditure (by code)

Description

Event #

Amount

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)

Date of Payment

Is reimbursement claimed?

Yes No

Street Address

City

State

Zip Code

Purpose of Expenditure (by code)

Description

Event #

Amount

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)