REVISED 05/09/2016 8:30 AM

Page 1 of 12

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement For Independent Expenditure Political Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised May 2016

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			2. ELECTION/REFERENDUM DATE				
3. TREASURER NAME							
First	МІ	Last	Suffix				
4. TREASURER ADDRESS	·	•					
Street Address		City	State Zip Code				
5. TYPE OF REPORT (Check One Box)							
□ January 10 filing	☐ 7th day preceding primary	y 7th day preceding referendu	m Initial Contribution or Disbursement				
□ April 10 filing	☐ 7th day preceding election	\square 45 days following referendu	^m ☐ Amendment to				
□ July 10 filing	☐ 45 days following election not held in November	n	Type of Report:				
□ October 10 filing	not neid in November						
☐ 24 Hour Independent Expenditure O Primary O Election							
6. PERIOD COVERED							
	Beginning Date	Ending Date					
		thru					
-							
7. 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, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.							
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)				
A person who is foun		illfully violated any provisions of th nalty or imprisonment or both.	e campaign finance statutes				

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement For Independent Expenditure Political Committees CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised May 2016

SUMMARY PAGE IDIALS NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE OF REPORT								
MAINE OF CONTINITIEE (As reported on Fage 1, Line 1)	TYPE OF REPORT							
	COLUMN A This Period	COLUMN B Aggregate						
 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 								
9. Balance on hand at the beginning of Reporting Period								
10. Monetary Receipts (Sections A and B)								
11. Loans (Section C)								
12. Total Monetary Receipts (add totals for Lines 10 through 11)								
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)								
14. Expenses Paid by Committee (Section G)								
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)								
16. In-Kind Contributions Received (Section D)								
17. Refundable Deposit to Telephone Company (Section E)								
18. Beginning Loan Balance								
18a. + Loans Received (Section C)								
18b. + Interest and Penalties on Loan								
18c. – Payments on Loan								
18d. Total Outstanding Loan Amount								
19. Expenses Incurred on Committee Credit Card (Section H)								
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)								
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)								

SUMMARY PAGE TOTALS

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT			
A. Total Contributions from Small Individual Contributors-Received this Period ONLY				
(See instructions for definition of Small Individual Contributor) SUBTOTAL SECTION A	\$			
B. Itemized Monetary Receipts				
Name				
Street Address City	State Zip Code			
Principal Occupation (<i>if applicable</i>) Name of Employer (<i>if applicable</i>)	able)			
	Reimbursement for Shared Expense Bank Interest			
Is this receipt associated with an event reported in Section F? Yes If yes, list Event # No Method of Receipt: Credit/Debit Card Payroll Deduction	Aggregate Receipts			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution a state contractor, prospective state contractor or principal of government the contract is with: Executive Legisla	□ No			
Description (<i>if applicable</i>)	e Received			
Name				
Street Address City	State Zip Code			
Principal Occupation (<i>if applicable</i>) Name of Employer (<i>if applic</i>	iable)			
	Reimbursement for Shared Expense Bank Interest			
Is this receipt associated with an event reported in Section F? Yes Method of Receipt: Cash EFT Check If yes, list Event # Credit/Debit Card Payroll Deduction Money	Aggregate Receipts Order			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a state contractor, prospective state contractor or principal <i>If yes</i> , indicate which branch or branches of government the contract is with: Executive Legisla	□ No			
Description (<i>if applicable</i>) Date	e Received			
SUBTOTAL Section B — This Pa	nge			
TOTAL of additional Section B Pag	jes			
TOTAL OF ALL RECEIPTS (Sections A + (Enter total on Line 10, Column A of Summary Page Total)				

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT				
	C. Loans Rec	eived this Period	• •		
Name of Lender		Source of Loan:			Date of Receipt
		🔲 Bank 🔲 Individual	Comn		
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:	Comn	nittee 🗖 Other	Date of Receipt
Street Address	City	L	State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	1			1	Amount Received
Street Address	City		State	Zip Code	
Name of Lender	·	Source of Loan:	Comn	nittee 🗌 Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	-
Name of Lender		Source of Loan:	Com	nittee 🔲 Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)			1	1	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:			Date of Receipt
		Bank Individual	Comn	nittee 🗖 Other	Sate of recorpt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	·				Amount Received
Street Address	City		State	Zip Code	
	SUBTO	TAL Section C — This Pa	ige		
	TOTAL of	f additional Section C Pag	ges		
(Enter total on	Line 11and Line 18,	TOTAL OF ALL LOA Column A of Summary Page Tota			

NAME OF COMMITTEE (As reported on Pa	age 1, Line	1)			TYPE OF RE	PORT		
N		D. In-Ki	ind Con	tributions				
Name								
Street Address				City			State	Zip Code
Type of contributor: Individual/Sole Prop	orietorship	Committee		Date Received	Agg	regate Receip	ts	
Other Affiliated Business Entity		iliated Organization						
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If yes,	utor a state contractor, pro indicate which branch o ernment the contract is wi	or branches	ate contractor or principal		Yes No		arket Value Contribution
Is this contribution associated with an event reported in Section F? <i>If yes</i> , list Event #	☐ Yes ☐ No	Description of In-Kind Con	tribution					
Name								
Street Address				City			State	Zip Code
Type of contributor: Individual/Sole Prop	prietorship	Committee		Date Received	Agg	regate Receip	ots	1
Other Affiliated Business Entity	Aff	iliated Organization						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If yes	utor a state contractor, pro , indicate which branch o ernment the contract is wi	or branches	ate contractor or principal		Yes No		arket Value Contribution
Is this contribution associated with an event reported in Section F? <i>If yes</i> , list Event #	☐ Yes ☐ No	Description of In-Kind Con	ntribution					
Name		ſ				I		
Street Address				City			State	Zip Code
Type of contributor: Individual/Sole Prop		_		Date Received	Agg	regate Receip	its	
Other Affiliated Business Entity		iliated Organization				**		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	If yes	utor a state contractor, pro , indicate which branch o ernment the contract is wi	or branches	ate contractor or principal		Yes No		arket Value Contribution
Is this contribution associated with an event reported in Section F? <i>If yes</i> , list Event #	☐ Yes ☐ No	Description of In-Kind Con	ntribution					
			SU	BTOTAL Section D -	— This Page			
			ТО	TAL of additional Sec	ction D Pages			
TOTAL OF ALL IN-KIND	CONTR	IBUTIONS (Enter to	tal on Line	16, Column A of Summa	ry Page Totals)			
	E.	Refundable Dep	osit to T	elephone Compar	ny			
Last Name of Individual			First			MI	Date Deposit	Made
Residential Street Address		City	7		State Zip	Code		Amount of Deposit
Name of Telephone Company					1			
Street Address		City	r		State Zip	Code	_	
					Elp			
т	DTAL S	ECTION E (Enter tot	tal on Line	17, Column A of Summa	ry Page Totals)			

II. EVENT ACTIVITY (Section F)

Page (5 of	12
--------	------	----

NAME OF COMMITTEE (As reported on Page 1,	Line 1)	TYPE OF REPORT
	F. Event Information	
Event # Description		Was this a fundraising event?
Date of Event Letter		□ Yes □ No
Location: Street Address	City	State Zip Code
Event # Description		Was this a fundraising event
		TYes No
Location: Street Address	City	State Zip Code
Event # Description		Was this a fundraising event
Date of Event Letter		Yus tins a fundationing event
Location: Street Address	City	State Zip Code
Event # Description Date of Event Letter		Was this a fundraising event
Location: Street Address	City	State Zip Code
Event # Description Date of Event Letter		Was this a fundraising event
		□ Yes □ No
Location: Street Address	City	State Zip Code
Event # Description Date of Event Letter	· · · · · ·	Was this a fundraising event
		□ Yes □ No
Location: Street Address	City	State Zip Code
Event # Description	· · · · · · · · · · · · · · · · · · ·	Was this a fundraising event
		□ Yes □ No
Location: Street Address	City	State Zip Code
Event # Description	· · · · · · · · · · · · · · · · · · ·	Was this a fundraising event
		□ Yes □ No
Location: Street Address	City	State Zip Code
Event # Description Date of Event Letter		Was this a fundraising event
<u> </u>		
Location: Street Address	City	State Zip Code

NAME OF COMMITTEE (As reported	TYPE OF REP	EPORT				
	G. Expenses	Paid by Com	mittee			
Name of Payee Date of Payment						Payment: : # Card □EFT
Street Address		City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complet Section G. Addem.	te	enditure has ONE Expendi	ture Code—if	more than one, Complete Secu	tion G. Addendum)	Event #
	Expenditure is on behalf of ONE candidate—if more than	n one, Complete Section G.	Addendum)	Office Sought		Supported Opposed
Does Independent Expenditure have more than one expenditure code? If yes, complete □ Yes □ No Section G. Addendum	Purpose of Expenditure by Code (only complete i Independent Expenditure has ONE Expenditure Code)	f Expenditure Numb Section Number G	1.0000	iated with Referendum? □ Yes □ No	Am	ount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I?	If yes, what is the expenditure number of the expense previously incurred?			r Full Payment with Balance Owing		
Name of Payee		:		Date of Payment	Method of H Check Debit	#
Street Address		City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complet Ves No Section G. Addenu	te	enditure has ONE Expendi	iture Code—if i	more than one, Complete Secu	tion G. Addendum)	Event #
Name of Candidate (only complete if Independent	Expenditure is on behalf of ONE candidate—if more than	n one, Complete Section G.	Addendum)	Office Sought		Supported Opposed
Does Independent Expenditure have more than one expenditure code? If yes, complete Yes No Section G. Addendum	Independent Expenditure has ONE Expenditure Code)	Section Number G	1.0000	iated with Referendum? □ Yes □ No	Am	ount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I?		nditure Number		r Full Payment with Balance Owing		
Name of Payee				Date of Payment	Method of I Check Debit	: #
Street Address		City		I	State	Zip Code
If an Independent Expenditure, is it on behalf d more than one candidate? If yes, complete $\Box V_{es} \Box N_0$ Section G. Adden	te	enditure has ONE Expendi	iture Code—if	more than one, Complete Sec.	tion G. Addendum)	Event #
	Expenditure is on behalf of ONE candidate—if more that	n one, Complete Section G.	Addendum)	Office Sought		Supported Opposed
Does Independent Expenditure have more than one expenditure code? If yes, complete Yes No Section G. Addendum	Independent Expenditure has ONE Expenditure Code)	Section Number G	10000	iated with Referendum?	Am	ount
Is this expenditure payment for an expense previously reported as an expense incurred in Section I?	If yes, what is the expenditure number of the expense previously incurred?	nditure Number		r Full Payment with Balance Owing		
		SUBTOTAL	Section (G— This Page	·	
		TOTAL of add	itional Se	ection G Pages		
TOTAL OF ALL EXPENSES	PAID BY COMMITTEE (Enter to	tal on Line 14, Colum	nn A of Sur	nmary Page Totals)		

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)					TYPE OF REPO	TYPE OF REPORT			
	H. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution		Type of C	redit Card:						
		□ Visa	☐ Mast	er Carc	l 🔲 Discover 🗌	Amerio	can Express	0	ther:
Name of Vendor, Person or Entity							Date of Transa	ction	
<u>0 </u>		C:					State	Zin	Code
Street Address		City					State	Ζıp	Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete ☐ Yes ☐ No Section H. Addend		enditure has C	NE Expenditure C	ode—if m	nore than one, Complete Secti	on H. Ad	ldendum)	Eve	ent #
Name of Candidate (only complete if Independent E	Expenditure is on behalf of ONE candidate—if more than	one, Complet	e Section H. Adder	ndum)	Office Sought			-	Supported Opposed
Does Independent Expenditure have more than	Purpose of Expenditure by Code (only complete ij	f Expend	iture Number	Associ	ated with Referendum?		Am	ount	L
one expenditure code? If yes, complete Yes No Section H. Addendum	Independent Expenditure has ONE Expenditure Code)		Number		🗆 Yes 🗖 No			Juni	
Name of Vendor, Person or Entity			:				Date of Transaction		
Street Address		City					State	Zip	Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Ves No Section H. Addend		enditure has C	ONE Expenditure C	ode—if n	nore than one, Complete Secti	on H. Aa	ldendum)	Eve	ent #
	Expenditure is on behalf of ONE candidate—if more than	one, Complet	e Section H. Adde	ndum)	Office Sought				☐ Supported ☐ Opposed
one expenditure code? If yes, complete	Purpose of Expenditure by Code (only complete ij Independent Expenditure has ONE Expenditure Code)	f Expend Section	iture Number		iated with Referendum?		Am	ount	
□ Yes □ No Section H. Addendum		Н			Yes No				
Name of Vendor, Person or Entity							Date of Transa	ction	
Street Address		City					State	Zip	Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section H. Addend		enditure has C	ONE Expenditure (ode—if n	nore than one, Complete Secti	ion H. Aa	ldendum)	Eve	ent #
	Expenditure is on behalf of ONE candidate—if more than	one, Complei	e Section H. Adde	ıdum)	Office Sought				□ Supported □ Opposed
Does Independent Expenditure have more than	Purpose of Expenditure by Code (only complete ij	f Expend	iture Number	Associ	ated with Referendum?		Am	ount	L
one expenditure code? If yes, complete Yes No Section H. Addendum	Independent Expenditure has ONE Expenditure Code)	Section H	Number		🗆 Yes 🗖 No				
	s	UBTOT	AL Section	Н — 1	This Page				
	то	TAL of a	dditional S	ection	H Pages				
TOTAL OF AL	L EXPENSES INCURRED ON								
	(Enter total on Lin	ie 19, Coli	imn A of Sun	mary I	Page Totals)				

SEEC FORM 40 Revised May 2016

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported o	n Page 1, Line 1)		TYPE OF RE	PORT		
I.	Expenses Incurred by Comm	ittee but Not Pa	id During this Per	iod		
Name of Creditor				D	ate Incurred	
Street Address		City			State	Zip Code
If an Independent Expenditure, is it on behalf of	Description (only complete if Independent Exper	diture has ONE Expenditure (ada if more then one Complete S	action I Adda	n dama)	Event #
more than one candidate? If yes, complete		unure nus one expenditure c	oue—y more man one, comprete 5	ection 1. Adde	naum)	
Yes No Section I. Addendua						
Name of Candidate (only complete if Independent Ex	xpenditure is on behalf of ONE candidate—if more than o	one, Complete Section I. Adden	dum) Office Sought			□ Supported
						Opposed
Does Independent Expenditure have more than one expenditure code?	Purpose of Expenditure by Code (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number	Associated with Referendum	?	Amo	unt
□ Yes □ No Section I. Addendum		Section Number	🗖 Yes 🗖 No			
Name of Creditor					Date Incurred	
Name of Creditor				L	vate incuired	
					1_	7: 0.1
Street Address		City			State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?		nditure has ONE Expenditure C	Code—if more than one, Complete S	ection I. Adde	ndum)	Event #
Information one candidate? If yes, complete □ Yes □ No Section I. Addendu.						
Name of Candidate (only complete if Independent E	xpenditure is on behalf of ONE candidate—if more than	one, Complete Section I. Adden	dum) Office Sought			
						□ Supported □ Opposed
Does Independent Expenditure have more than	Purpose of Expenditure by Code (only complete if	Expenditure Number	Associated with Referendum	.2	Amo	unt
one expenditure code? If yes, complete	Independent Expenditure has ONE Expenditure Code)	Section Number			71110	unt
Yes No Section I. Addendum		I	□ Yes □ No			
Name of Creditor				Ľ	Date Incurred	
Street Address		City			State	Zip Code
If an Independent Expenditure, is it on behalf of	Description (only complete if Independent Exper	nditure has ONE Expenditure C	Code—if more than one, Complete S	ection I. Adde	ndum)	Event #
more than one candidate? If yes, complete □ Ves □ No Section I. Addendu						
Yes No Section I. Addendu. Name of Candidate (only complete if Independent E:		one. Complete Section I. Adden	dum) Office Sought			
······································	r					□ Supported □ Opposed
		1				
Does Independent Expenditure have more than one expenditure code? If yes, complete	Purpose of Expenditure by Code (only complete if Independent Expenditure has ONE Expenditure Code)	Section Number	Associated with Referendum	1?	Amo	unt
□ Yes □ No Section I. Addendum		I	🗋 Yes 🗋 No			
		SUBTOTAL Sec	ction I-This Page			
		FOTAL of addition	al Section I Pages			
TOTAL OF ALL EXPENSES IN	CURRED BY COMMITTEE DUR (Enter total on L	ING THIS PERIOD Line 20, Column A of S				
	Previously reported Exp	enses Unpaid and s	till Outstanding			
ТОТА	L OF ALL EXPENSES INCURREI	D DV COMMITTEI	F BUT NOT PAID			
10111		ne 20a, Column A of Si				

III. EXPENDITURES (Sections G-J)

Page 10 of 12

NAME OF COMMITTEE (As reported on Page 1, Line 1)						TYPE	TYPE OF REPORT			
J. Itemization of Reimbursements and Secondary Payees										
Last Name of Worker/Consultant		First					MI	- 1		ent to Vendor,
									Person or Ent	ty
Name of Vendor, Person or Entity Paid by Con	nmittee Worker/Consultant	•					ayment to I eported in S			/orker/Consultant as
							Check			oit Card 🔲 EFT
Street Address of Vendor, Person or Entity Paid	d by Committee Worker/Consultant		City						State	Zip Code
If an Independent Expenditure, is it on behalf or	f Description (only complete if Indepen	ndent Exper	nditure has (ONE Expenditure C	Code—if mo	ore than one, C	Complete Secti	ion J. Adde	endum)	Event #
more than one candidate? If yes, complete □ Ves □ No Section J. Addend.										
Yes No Section J. Addend. Name of Candidate (only complete if Independent.		more than	ona Comple	ata Saation I Adda	adum)	Office Sough	+			
Traine of Candidate (only complete y Independent)	Expenditure is on denail of ONE canaliaale—y	more inan	one, comple	ne section J. Adder	uum) ()	Jince Sough	ι			☐ Supported ☐ Opposed
Does Independent Expenditure have more than	Purpose of Expenditure by Code (only of		Expend	liture Number	Associat	ted with Re	ferendum?		Amo	 unt
one expenditure code? If yes, complete Ves D Ves D No. Section J. Addendum	Independent Expenditure has ONE Expenditu	re Code)	Section	Number		Yes 🗆				
□ Yes □ No Section J. Addendum		-	J							
Last Name of Worker/Consultant		First					MI		Date of Payme Person or Entit	
										-
Name of Vendor, Person or Entity Paid by Com	nmittee Worker/Consultant									/orker/Consultant as
							eported in S			oit Card 🔲 EFT
Street Address of Vendor, Person or Entity Paid	d by Committee Worker/Consultant		City						State	Zip Code
If an Independent Expenditure, is it on behalf of	f Description (only complete if Indepen	dent Exper	nditure has C	ONE Expenditure C	ode—if mo	ore than one, C	Complete Secti	ion J. Adde	ndum)	Event #
more than one candidate? If yes, complete □ Ves □ No Section J. Addenda										
Yes No Section J. Addendation		more than	one. Comple	te Section J. Adder	udum) O	Office Sough	t			
	1 00 0				, -					□ Supported □ Opposed
	1									
Does Independent Expenditure have more than one expenditure code? If yes, complete	Purpose of Expenditure by Code (only a Independent Expenditure has ONE Expenditu	complete if re Code)	· ·	iture Number	Associat	ted with Rei	erendum?		Amo	unt
□ Yes □ No Section J. Addendum			J	number		Yes	No			
Last Name of Worker/Consultant		First		:			MI			ent to Vendor,
									Person or Ent	ty
Nome of Vandar, Darson or Entity Daid by Can	mittee Werker/Consultent					Т	Payment to I	Daimhura	a Committaa V	/orker/Consultant as
Name of Vendor, Person or Entity Paid by Con	innittee worker/Consultant					r	eported in S	ection G:		orker/Consultant as
							Check	#		oit Card 🔲 EFT
Street Address of Vendor, Person or Entity Paid	d by Committee Worker/Consultant		City						State	Zip Code
If an Independent Expenditure, is it on behalf of	f Description (only complete if Indepen	ndent Exper	nditure has (ONE Expenditure C	Code—if mo	ore than one, C	Complete Secti	ion J. Adde	ndum)	Event #
more than one candidate? If yes, complete □ Yes □ No Section J. Addended										
Name of Candidate (only complete if Independent)	Expenditure is on behalf of ONE candidate—if	more than	one, Comple	ete Section J. Adder	ndum) O	Office Sough	t			
										□ Supported □ Opposed
Does Independent Expenditure have more than one expenditure code? If the complete in the pendent Expenditure has ONE Expenditure Code on the complete in the pendent expenditure has ONE Expenditure Code on the complete in the pendent expenditure has ONE Expenditure Code on the complete in the pendent expenditure has ONE Expenditure Code on the complete in the pendent expenditure has ONE Expenditure Code on the complete in the pendent expenditure has ONE Expenditure Code on the complete in the pendent expenditure has ONE Expenditure Code on the complete in the pendent expenditure has ONE expenditure the complete in the pendent expenditure has ONE expenditure the complete in the pendent expenditure has ONE expenditure expenditure has O						ferendum?		Amo	unt	
Yes No If yes, complete Section J. Addendum		,	Section J	Number		Yes	No			
		SU	UBTOT.	AL Section	J — Th	nis Page				
TOTAL of additional Section J Pages										
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS										
TOTAL OF ALL REIMBURS		E WU	KKĽK	S AND CO	INSUL	TANIS				

NAME OF COMMITTEE (As reported on Page 1, Line 1)	ORT	Т					
K. Five Largest Contributions Disclosed in Communication							
If the independent expenditure reported in this form was for a communication made or date that is ninety days immediately prior to the applicable primary or election, please a contributions in excess of \$5,000 received during the twelve month period prior to the	report the fi	ve largest a	ggregate				
Source of Contribution—Name of Person Making Contribution		Expenditure Nur	nber Number				
Address of Person Making Contribution—City		State	Zip Code				
Source of Contribution-Name of Individual who Signed Check or Authorized Contribution		Am	iount				
Source of Contribution —Name of Person Making Contribution	1	Expenditure Nur	nber Number				
Address of Person Making Contribution —City		State	Zip Code				
Source of ContributionName of Individual who Signed Check or Authorized Contribution		An	iount				
Source of Contribution —Name of Person Making Contribution		Expenditure Nur Section	nber Number				
Address of Person Making Contribution —City		State	Zip Code				
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		An	iount				
Source of Contribution —Name of Person Making Contribution	- I	Expenditure Nur Section	nber Number				
Address of Person Making Contribution —City		State	Zip Code				
Source of ContributionName of Individual who Signed Check or Authorized Contribution		Am	iount				
Source of Contribution —Name of Person Making Contribution		Expenditure Nur Section	nber Number				
Address of Person Making Contribution —City		State	Zip Code				
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		An	iount				

IV. DISCLOSURE IN COMMUNICATIONS (Sections K-L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPO	ORT	
L. "Nesting Dolls" Provision for Top 5 Contributions Disclose	d in Commu	inication	
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numl	Number
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (<i>if known</i>)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numl	ber Number
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numl	per Number
		Section	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number Section Number	
		Section	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Num	ber Number
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number	
		Section	Number
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code